

# CONNECTIVITY

Presentation to the Health Care Services Master Plan Task Force

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# Presentation Objectives

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1. Address range of connectivity gaps highlighted in Task Force discussions and public comment.
2. Discuss health care access implications of connectivity gaps on San Francisco's vulnerable populations.
3. Initiate discussion of land use-specific and other policy considerations that may help bridge San Francisco's connectivity gaps.

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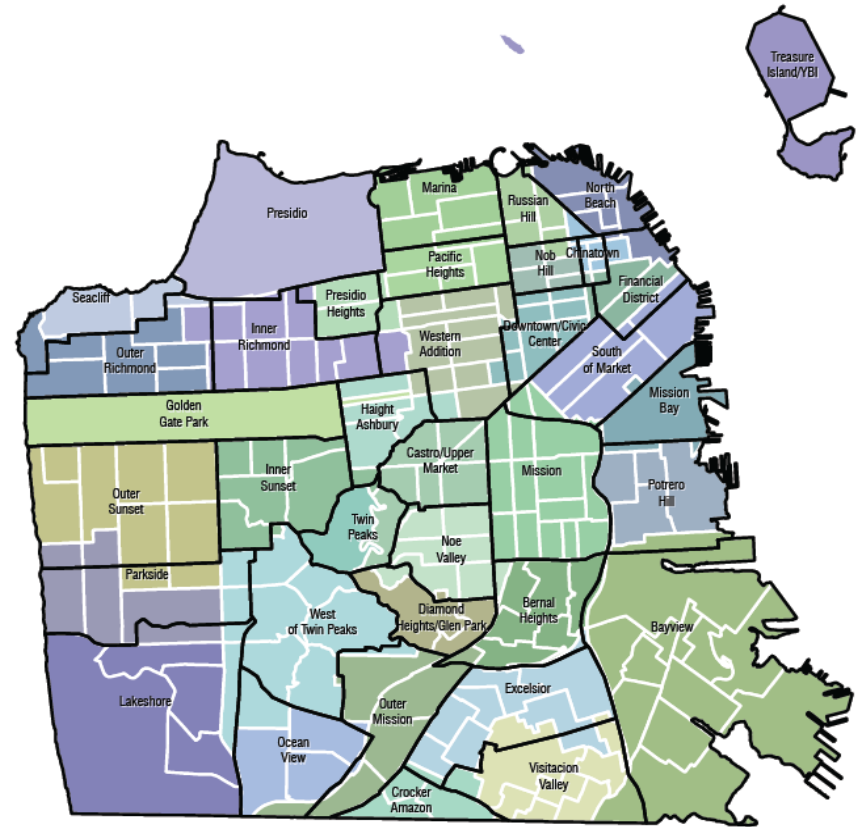
# Physical Connectivity



# Geographic Proximity

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- Key Access Element
- No Universal Standards
- Proximity  $\neq$  Access Guarantee
  - ▣ Safety
  - ▣ Insurance
  - ▣ Cultural/Linguistic Competency
- San Francisco Reality
  - ▣ 49 square miles
  - ▣ Rich array of existing services



# Public Transportation

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Usual Type of Transportation to Get to Doctor's Office,  
San Francisco Adults Without Regular Car Access

Source: California Health Interview Survey, 2007

Transit Mode	Percentage (n=137,000)
Personal Vehicle as Driver or Passenger	6.1
<b>Public Transportation</b>	<b>71.6</b>
Paratransit/Transit Provided by Health and Human Services	3.5*
Walk or Ride Bike	15.8
Taxi/Other	3.1

\* Percentage statistically unstable.

- No universal standard for travel time
  - ▣ California Code of Regs
- Low-income San Franciscans more likely to use public transit
- No clear data re: average time from home to health care in SF
  - ▣ CPA Data
  - ▣ Public Comment

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# Health Literacy, Language + Culture



# Health Literacy Overview

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- US Health Literacy Stats
  - ▣ 12% adults proficient
  - ▣ 36% basic or below basic
- Education Level  $\neq$  Health Literacy Level
- Possible Impacts
  - ▣ Medication errors
  - ▣ Difficulty following provider instructions
  - ▣ ↓ likelihood of seeking preventive care
  - ▣ ↑ hospitalization and ER use
  - ▣ ↓ health outcomes
  - ▣ ↑ mortality



# Some Populations More Susceptible to Limited Health Literacy

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**39 Percent**

Estimated number of African Americans in San Francisco with a health literacy of 8<sup>th</sup> grade or below.

*Source: Black Coalition on AIDS African American Health Equity Council*

- Older adults (65+)
- Minority populations
- Immigrant populations
- Low-income persons
- People with chronic mental and/or medical conditions





# Linguistic Competence Overview

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**110,000**

Number of LEP Californians that may fail to enroll in the California Health Benefit Exchange if outreach not targeted effectively.

*Source: UCLA Center for Health Policy Research  
+ California Pan-Ethnic Health Network*

- Limited English Proficiency (LEP)
  - ▣ Risk factor for health disparities
  - ▣ ↓ satisfaction with services
  - ▣ ↑ incidence of misdiagnosis
  - ▣ Longer hospital stays
  - ▣ Poorer health outcomes

# Linguistic Connectivity an Issue for San Francisco's Diverse Population

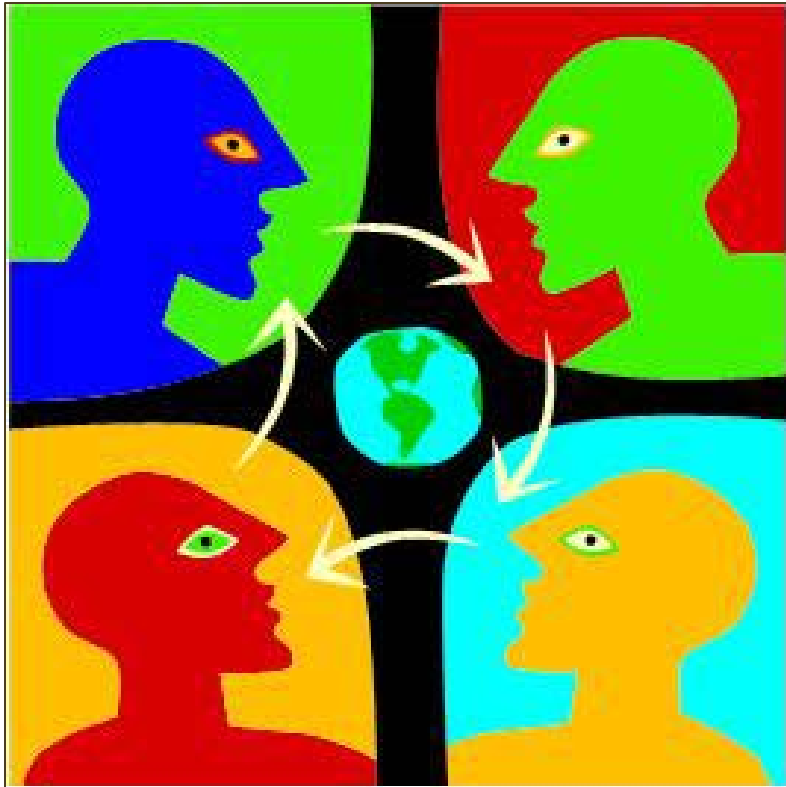
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- Speak English “Less Than Very Well” (Age 5+)
  - ▣ 24.1 percent of *all* San Franciscans
  - ▣ 53.6 percent of San Franciscans *who do not exclusively speak English at home*
- Innovations
  - ▣ Interpretation services
    - Health Care Interpreter Network
    - SFGH Interpretation Services
  - ▣ Recorded discharge instructions in native language



# Cultural Connectivity Overview

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## □ Culture Broadly Defined

- ▣ Age
- ▣ Gender
- ▣ Race/ethnicity
- ▣ Sexual Orientation
- ▣ Homeless
- ▣ People with disabilities

## □ Negative Health Impacts of Cultural Disconnect

- ▣ Unequal clinical treatment
- ▣ Lower patient satisfaction
- ▣ Poorer health outcomes
- ▣ Perceived/real discrimination

# Diverse, Well-Trained Workforce Key to Increasing Cultural Connectivity

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## □ Training

### ▣ Impact

- ↑ provider knowledge and skill
- ↑ patient satisfaction

### ▣ Drivers + Supports

- CLAS Standards
- HRSA + National Centers of Excellence

## □ Workforce Diversity

### ▣ Benefits

- More culturally competent workforce
- ↑ provider supply in underserved areas

### ▣ Drivers + Supports

- National Prevention Strategy
- CA Health Workforce Development Council
- CA Medical Board Survey



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# Summary + Policy Considerations



# Summary

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- San Francisco offers a rich array of existing services within its relatively small footprint (approx. 49 square miles).
- It is unclear how long it takes public transit users to get from home to health care; however, public comment suggests that public transit travel times may be a barrier to care access.
- Health literacy and cultural + linguistic issues act as barriers to health care access and can negatively impact health outcomes.
  - Culture must be defined broadly.
  - Innovations such as shared interpreter networks may improve care for patients struggling with health literacy and language challenges.
  - ↑ workforce training may help address these connectivity issues.
  - ↑ diversity in the health care workforce may better the patient experience, improve care, and increase availability of care in underserved areas.

# Preliminary Policy Considerations for Discussion

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## □ Land Use-Specific Policy Considerations

- Explore the possibility of incentivizing Medical Use projects that:
  - Demonstrate the provision of culturally and linguistically competent services via policies and workforce development efforts.
  - Demonstrate participation in a health care interpreter network or other means of providing timely patient access to interpretation services.
  - Hire staff who reflect the diversity – and needs of – the patient population and are members of the community they serve.



# Preliminary Policy Considerations for Discussion

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## □ Broader Policy Considerations

- Support the development of patient-centered medical home models in which the provider best suited to the patient's primary health need may serve as the interdisciplinary team lead.
- Ensure that the CHBE is designed to meet the accessibility needs of California's vulnerable populations, including those with specific cultural, linguistic, and health literacy concerns.
- Support the recommendations of the Municipal Transit Authority's Transit Effectiveness Project, which is expected to positively impact passenger travel times on high ridership routes, including those that service San Francisco's major health care facilities.
- At intake, providers or qualified clinic staff should assess the health literacy and cultural/linguistic needs of the patient, so care may be tailored to the patient's needs.
- Expand the availability of provider "warm lines" to foster the exchange of information – including best practice information on the provision of culturally competent services – in San Francisco.

# QUESTIONS + TASK FORCE DISCUSSION

Thank you!