Title
Language concordance and diabetes care in managed care.

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IS WHAT WE HAVE HERE A FAILURE TO COMMUNICATE? A STATEWIDE EVALUATION OF THE ADEQUACY OF HOSPITAL INTERPRETER SERVICES FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY.

BACKGROUND: Forty-seven million Americans speak a non-English language at home and 21 million (including 4 million children) are limited in English proficiency (LEP). With 11% of its population LEP, New Jersey is a model state for investigating LEPO-related issues. The objective of this study is to assess the adequacy of interpreter services in NJ hospitals meeting LEP patients’ needs.

METHODS: We analyzed data from the 23 provider groups in the Texas site of Translating Research into Action for Diabetes (TRIAD), a multicenter study of diabetes care in managed care. Patient information was obtained from surveys and medical records and provider information from surveys and administrative data of LEPO language groups. Latino Spanish-speaking patients seen by providers who speak Spanish (SP PT/SP MD) were compared to Latino English-speaking patients seen by providers who speak Spanish (LE PT/ENG MD), Latino English-speaking patients seen by providers who speak English (LE PT/SP MD), and white patients (WHITE PT). There were too few Spanish-speaking patients seen by providers who did not speak Spanish to include in these analyses. Multivariate models were adjusted for patient age, sex, income, education, and duration of diabetes; physician age, specialty, and sex; and clinic-level clustering. Dependent variables included satisfaction with getting needed care, provider communication, and the courtesies and helpfulness of the office staff from the Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) patient experience surveys. Percentages of LEPO patients who indicated proficiency (LEP) in the short-form Test of Functional Health Literacy in Adults (s-TOFHLA), in English or Spanish. We separately analyzed the relationship between self-efficacy score and the proportion reporting optimal performance in each self-care domain. We then examined whether the observed relationships varied by ethnicity and literacy level.

RESULTS: The study participants were ethnically diverse (18% Asian, 25% Black, 42% Latino, 15% White), and 48% had adequate functional health literacy (s-TOFHLA score >23). The mean self-efficacy score was 74/100 (SD 18). The internal consistency-reliability for the self-efficacy scale was high (standardized Cronbach alpha 0.78) and was highly consistent across ethnicity and literacy levels. The proportion of patients who reported optimal self-management over the prior week ranged from 33% for diet to 64% for medication adherence. The associations between self-efficacy and self-management were consistent across adequate (s-TOFHLA score ≥23), marginal (s-TOFHLA score 17-22), and inadequate (s-TOFHLA score 0-16) literacy levels for diet, exercise, self-monitoring of blood glucose ( SMBG), and foot care, but not medication adherence (OR 1.00, p=0.40). The associations between self-efficacy and self-management were consistent across ethnicity and between English- and Spanish-speaking patients. Similar associations were consistently observed among African Americans (OR 1.00, p=0.40). The associations between self-efficacy and self-management were consistent across ethnicity and between English- and Spanish-speaking patients. Similar associations were consistently observed among African Americans (OR 1.00, p=0.40).

CONCLUSIONS: In a diverse urban population of low-income patients with type 2 diabetes, self-efficacy was a robust predictor of self-care, both across domains of self-care and across ethnicity and literacy level. Further research should explore the ethnic variation in the relationship between self-efficacy and specific domains of self-management. Self-efficacy appears to represent an appropriate target for interventions among diverse patients with diabetes.