

## CONFERENCE ABSTRACT

# Transitional Care among Minority Patients: the role of Health Literacy, Caregiver Presence and Language-concordant Care

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**Introduction:** Patients with low health literacy (HL) and minority patients encounter many challenges during transition from hospital to community care. We aimed to assess care transitions of patients from minority Arab and immigrant population groups and various HL levels and to test whether presence of caregivers and provision of language-concordant care are associated with better transitions.

**Methods:** This prospective cohort study included 598 internal medicine patients, Hebrew, Russian, or Arabic native speakers, at a tertiary medical center in central Israel, from 2013 to 2014. Baseline measures included: HL (Brief Health Literacy Screen); mental and physical health status (SF-12v.2); daily functioning. A follow-up telephone survey assessed patients' care transitions (Care Transition Measure [CTM]). Additionally, patients reported on care provisions at discharge: caregiver presence (family members/ close relations) and patient-provider language concordance.

**Results:** Caregivers were present in 59% (351/598) of discharge briefings and patient-provider language concordance was available in 30% (123/408) of minority patients' discharge briefings. Patients with low HL and without language-concordance or caregiver presence had the lowest CTM scores (33.1). When language-concordance and caregivers were available, CTM scores did not differ between the medium-high and low HL groups (72.30 and 68.40, respectively,  $p=0.118$ ). The adjusted analysis with tests of interaction, showed that language-concordance and caregiver presence during discharge moderate the relationship between HL and patients' care transition experience ( $p<0.001$ ).

**Discussions:** This study examined the relationship between HL and patients' transitional-care experience. Collectively, our data underscore two important points: (1) HL is inversely associated with patients' ratings of their care transitions, and (2) provisions of care during discharge moderate the relationship between HL and patients' care transition experience. These findings show that the negative impact of low HL is potentially mitigated when language-concordance and caregiver presence are available during discharge. Moreover, our

findings on the independent effect of caregiver presence and language-concordance, at both low and medium-high HL levels, show that transitional care of all patients is better when these provisions are available. Nonetheless, for patients with low HL, absence of caregivers and lack of language-concordance is detrimental for their transitional care.

**Conclusions:** This study shows that language-concordance care and caregiver presence are associated with better patients' transitional-care experience among patients with low HL levels and among minorities in general

**Lessons learned:** Our findings point to a need to identify patients at risk for poor understanding and execution of hospital discharge instructions. This entails determining patients' HL levels and ensuring that discharge briefings are given by language-concordant providers and when caregivers are present.

**Limitations:** The findings reflect cultural and healthcare characteristics of the Israeli society, which might not be applicable to other countries. However, studies from various developed countries show that deficits in communication at hospital discharge are a common problem that may adversely affect patient care.

**Suggestions for future research:** Future studies should explore how these provisions may lead to improved health outcomes and reductions in hospital readmissions.

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**Keywords:** health literacy; transitional care; minority patients; caregivers; language concordance

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