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Vulnerable populations and health: A call for «social literacy» in primary care

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Study Background

- Poor patients have the highest needs and have poor access to care.
- Health care professionals meet great difficulties with the poor:
 - Low adherence, social distance, etc.

Study Background

- Poores patients feel stigmatized by health care professionals and encounter difficulties with clinical interaction and medical treatment.
- Social factors greatly influence their perceptions and experience of health/illness and recourse to health care.

Research objectives

➔ **First study:** Describe and understand experience of dentists working in a deprived area with poor patients. (2006-2008)

Second study: Identify tools develop by primary care practitioners in their interaction with the poor. (2008-2010)

Methodology

- Semi-structured interviews with dentists
- Qualitative analysis:
 - Pair debriefing sessions
 - Codification (Nvivo)
 - Creation of categories
 - Interpretative and thematic analysis

Preliminary Results

- 52 dentists practicing in private clinic
- Among them 9 work in a deprived area with welfare persons:
 - Age: 35-70 (mean: 50.5) Sex: 7 men; 2 women
 - Number of years of practice: 12-45 years (mean: 25)
 - Type of practice: They are all business owner: 5 Solo; 3 Team; 1 Mix

Preliminary Results

- Dentists working with the poor have develop knowledge and tools:

Example 1: Dentist X

- Man aged 52 years. He comes from a popular milieu and chose to practice in a deprived area.
- He has worked for more than 20 years in this community and 40% of his patients are on welfare

Preliminary Results

- **His theory of poverty.**
- « If you are born in a fragile family, a «poor» one, poor... I mean not only poor financially but poor in family resources, without any tools for facing difficulties in life. And I will say that's the real definition of being poor. Being poor is not only a matter of money but it's the resources you receive as a child in your family.»

Dentist X

Preliminary Results

- **He has develop empathy with the welfare person**

« Yes, that makes me sad because if their mouth is like this, their life is like this too.. And that's what makes me feel pretty bad inside. A patient who doesn't show up at his appointment, needs help!!! »

Dentist X

Preliminary Results

- This allow them to develop strategy that enhance therapeutic alliance:

Example: Dentist Y

- Man aged 66 years. Dental clinic in a house where there is also a medical clinic.
- He has worked for more than 38 years and was attached to the history of this community.

Preliminary Results

- **He spend time to explain and to interact**

«Today, time is money. (He explain how dentist don't spend time anymore to talk with the patient) I always tried to keep that (to talk with my patients) in my practice...you know the human side of the patient. My patient is not a number!»

Dentist Y

Preliminary Results

	Biomedical approach	Socio humanist approach
Poor	A patient not motivated vs. health	A human being – life conditions (family, work, etc)
Poverty	Individual failures Result of a lack of efforts	Threat conditions that can affect capabilities
Focus in health care	Diagnosis and treatment	Human interaction
Strategy of care	Convince patient to adopt healthy behavior	Develop social literacy to enhance therapeutic alliance



What is «social literacy»?

- **The concept of social literacy =**
 - ☛ Knowledge on poverty and it's societal causes.
 - ☛ Knowledge on social factors that affect health and influence recourse to health care and access to care.
 - ☛ Willingness to adapt clinical practice to the needs and capabilities of the poor.
 - ☛ Aptitudes to understand how individuals on social assistance or with low-income experienced and perceived health + treatment

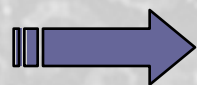
Why «social literacy»?

- Public health research have focused on modification of individual health behavior.
- Those interventions don't take into account the social context.

➔ Health is a resource and health care a social process.

«Social literacy» and health literacy

- Health literacy is not only a question of information, education and skills.
- Health promotion definition of health literacy:



- *Better equipping people to overcome structural barriers to health* (Nutbeam, 2000)
- Health literacy focus on the patient: what about the role of health care professionals?



The role of health care professionals

- Health professionals have a position of authority and power. They have the opportunity to make a difference.
- Health literacy interventions cannot work without a profound understanding of the impact of social factors on health and recourse to health care among health professionals.

Conclusion

- We need a socio-humanist approach in health care.
- This can be accomplished if professionals are aware of:
 - 1. The scientific evidence on social determinants of health;
 - 2. The knowledge on social milieu and social conditions of the individuals and populations in the community.



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