



**Tennessee Charitable Care Network:
Exploring Health Literacy Issues Throughout the State**
May 13- 14, 2015

ATTACHMENT B: USE OF ADAY MODEL TO DESCRIBE SIGNIFICANT HEALTH
ISSUES FOR PATIENT OF TCCN CLINICS



Health Issue: OBESITY

Measures:

- BMI – waist/hip
- Skin fold
- TN ranked 47th in obesity and 49th in physical inactivity
- TN had 5th highest rate of childhood obesity in 2010
- 5 of 10 top 10 causes of death in TN (2013) related to obesity

Characteristics of Population

- TDH survey of TCCN clinics (Jan 2015) indicate 50% of patients diagnosed with obesity and report 39% are physically inactive.
- According to America’s Health Rankings, physical inactivity increased in 2014 from the prior year by 17% among adults in TN.
- Low-income communities have fewer grocery stores. Local shopping options are often convenience stores.
- Higher rates of obesity are associated with lower education levels and poverty.
- Some patients are unable to read or comprehend nutritional labels.
- Low-income families rely on “fast food” options.
- Some cultures have traditions of eating higher fat foods.

Characteristics of Health System

- The healthcare system focuses more on symptoms than addressing underlying causes of chronic conditions.
- There are limited funds invested in prevention resources.
- Providers are not always educated about or aware of the complex determinants of obesity.
- Cultural and language barriers may not be adequately addressed in providing instructions or resources for weight loss.
- Patients with insurance may receive preferential treatment.
- Providers not aware of community resources available to support healthy lifestyle changes.
- Focus on wellness is limited when patients present with multiple conditions requiring immediate attention.

Interactions

- Materials and information about nutrition and weight loss are not always available in culturally sensitive formats and language.
- Providers need education on strategies to address health literacy barriers including motivational interviewing and goal setting.
- Increase provider knowledge about community resources accessible to the patient population.
- Some clinics offer “wellness programs” to provide information on nutrition, physical activities, cooking, etc. in a supportive environment.



OBESITY – Problem Statements:

1. The number of people with low levels of physical activity (less than 30 minutes 5x/week) is a contributing factor in the growing epidemic of obesity in the U.S. and in Tennessee. Obese individuals face significant health consequences in comparison to the active population.
2. Inadequate nutritional education, limited understanding of healthy eating guidelines, and lack of access to quality foods are direct contributors to obesity. Evidence shows that obesity is linked to many serious health problems including heart disease, stroke, diabetes and some types of cancer. These conditions are among the leading causes of death in the U.S. and are more prevalent with obese individuals when compared to populations consuming proper nutrition.
3. Financial limitations of low-income individuals and families negatively impact access to quality nutrition and access to community resources for weight loss when compared to higher income populations. The incidence of obesity has grown at an alarming rate throughout the southern U.S. and in Tennessee.



Health Issue: TOBACCO

Measures:

- Tobacco use is linked to 6 of top 10 leading causes of death in TN
- TN adult smoking rate (24.3%) is ranked 47th in US (1 is low)
- Incidence of heart disease, cancer, emphysema, vascular disease, dental issues, COPD

Characteristics of Population

- TN has one of the lowest tax rates (ranked 39th) on cigarettes in the US.
- According to Campaign for Tobacco Free Kids, TN has a youth smoking rate of 15.4%.
- CDC reported (for 2011) use of smokeless tobacco by adults in TN at 6.4% and by youth at 12.6% (32nd among 40 states).
- Many communities in TN are at higher risk due to cultural impact of tobacco heritage.
- For some populations, there is no negative social perception about smoking because it is accepted as the norm.
- Tobacco use is higher among individuals with lower education levels.
- Tobacco enforcement resources are inadequate to monitor sales to minors (ranked 51st in 2007 by CDC).

Characteristics of Health System

- Spending on tobacco prevention in TN is 6.6% of CDC recommended target amount
- Providers express frustration at limited success in persuading patients to quit using tobacco.
- Providers have limited knowledge of community resources and support.
- Tennessee's Medicaid program provides incomplete coverage through Medicaid for tobacco-dependence treatment (CDC, 2011).

Interactions

- There are time limitations in the clinical setting on use of effective techniques such as motivational interviewing.
- Providers do not often initiate referrals or follow-up treatment recommendations.
- Some patients do not receive information or instruction about the risks associated with smoking.



TOBACCO – Problem Statements:

1. There is a high prevalence of smoking in the State of TN and even higher incidence of smoking among the populations served by free and charitable clinics. Since TN is ranked by CDC *Best Practices* as the 45th worst state in terms of spending on anti-tobacco media campaigns, we are not reaching enough adults or youth with effective prevention and cessation messages to increase knowledge or impact behaviors.
2. There is an increase in health risks associated with adult smokers with income under \$25k annually and with high school or less education levels. These same populations face multiple barriers in accessing smoking cessation programs and medications.
3. Cigarette smoking by youth and young adults has immediate adverse health impacts and increases the incidence of chronic health disease throughout the life span. Tennessee is not focusing adequate resources on enforcement or prevention/cessation promotion to lower the number of youth and young adults who begin or continue smoking.



Health Issue: ADULT ORAL HEALTH

Measures:

- ER visits
- Frequency of dental visits
- Caries rate
- Incidence of preventive treatment for children (sealants)
- Number of people missing teeth
- Dental referrals (clinic level data)

Characteristics of Population

- 20% of adults ages 18-64 in TN have lost 6 or more teeth due to decay, infection or gum disease (2x national median) according to a study published by the Commonwealth Fund.
- Only 66% of adults in TN visited a dentist in 2010 (CDC).
- For some, it is a cultural norm to get dentures at relatively young age.
- According to ADA research (2014), non-elderly low-income adults most frequently mention lack of funds/ insurance as barrier to care.
- Various studies estimate 9 – 15% of Americans avoid dental care due to fear and anxiety.
- TN is ranked 37th among states for smoking and 41st for smokeless tobacco use in 2011 (CDC).
- Individuals living in poverty have less access to healthy food and poor nutrition is associated with increased risk for dental caries.
- Many individuals in poverty over consume sugar sweetened beverages (it is readily available and inexpensive) which increases caries risk

Characteristics of Health System

- Tennessee is among 6 states that do not cover dental care for Medicaid enrollees 21 and older (2012).
- The number of dentists available in “safety net” settings is inadequate to need.
- The U.S. Dept. of HHS categorizes 94 percent of Tennessee counties (89 of 95) as having dental health professional shortage areas.
- County health departments provide care to children under 21, but only emergency dental care to adults
- Endodontic (root canal) and oral surgery specialty services (complex extractions and biopsies) are very rarely available at safety net clinics

Interactions

- ER staff lack knowledge about how to explain dental disease to patients, how to appropriately prescribe antibiotics and pain meds for dental problems and lack resources to actually treat the cause of the dental problem.
- Dentists have insufficient knowledge about low income populations and cultural issues of this patient population
- Patients and PCPs have limited knowledge about the importance of regular dental care to adult health.
- There is a lack of patient education about connection between healthy foods, sugar sweetened beverages and dental health.
- ER staff and PCPs are not aware of dental referral sources.
- Stopgap measures in primary care are utilized in the absence of affordable dental care.
- Patient education should include an emphasis on the benefits of continuing care.



ORAL HEALTH – Problem Statements:

1. In Tennessee, the availability of ongoing, regular, preventive affordable dental care for adults is limited to universities, FQHCs, and faith-based clinics (and many of these see more children than adults). This reflects the ADA's report that fewer than 2% of the nation's dentists work in safety net settings (August 2011).
2. In Tennessee, 33.7 % over 65 have had all teeth extracted. According to Oral Health America's *State of Decay* report, Tennessee is ranked 49th in the nation for adequacy of dental care. The barriers to adult dental care, including lack of funds/insurance, fear, lack of knowledge about benefits of preventive care, and avoidance due to cultural norms and language barriers, have not been adequately addressed in order to improve access to care leading to better dental outcomes.
3. ER visits for preventable oral disease are on the rise with very limited efficacies. Contributing factors include lack of access to dentists, lack of knowledge/education, and financial issues/lack of insurance. All adult visits, especially 20 – 40 years, are increasing every year; the number is under-documented due to patients who present with multiple issues. Oral disease is more common (by 5x) than the number of patients presenting to ER with burns. There is an estimate of more than 53,000 dental ER visits per year in TN (Pew Center).