Addressing the Social Determinants of Health: The Role of Health Literacy

Ola Pono: Language Access in the Community Health Setting

August 8, 2013

Neal A. Palafox MD MPH
Department of Family Medicine and Community Health
JABSOM- University of Hawaii
Godzilla
Ola Pono

• Language Access
  – what it is (theory)- culturally and linguistically appropriate services (CLAS) -better health care / outcomes
  – what it looks like (attributes-standards)
  – how to deliver (training)
Objective

1. Describe the context / (environment) in which language access functions:
   related systems, organizational, political, financial, social

2. Describe how the context may enhance / or negate the efficacy of language access and CLAS initiatives

3. How can we improve the utility of CLAS standards?
Language of LA
Context /Environment

• health equity, cultural competence
• disparity, quality care, affirmative action
• LEP, ACA, CLAS
• marketplace – exchange
• translation, interpretation, communication
• identity; patient centered
• plain language, language threshold
• navigation, patient navigation
A Context

CLAS and Language Access are an Integral and Important part of:

Health Literacy
Health Literacy:

“ability to obtain, process, and understand health information and use that information to make appropriate decisions about one’s health and medical care.”

Institute of Medicine, Committee on Health Literacy, 2004
FUNCTIONAL HEALTH LITERACY

- RECEIVE
- PROCESS / UNDERSTAND
- USE
Health Literacy

• to participate successfully in the health system requires a constellation of skills —
• reading, writing, basic mathematical calculations, speaking, listening, networking, and rhetoric (discourse)
• totality of which defines health literacy.
Receiving Information

- Most patient educational materials require at least a 10th grade reading ability.

- Persons with lower literacy more likely to rely on spoken information (radio / TV / conversation) for health issues.

- Language / Culture / Language Access
Understanding Information

• 2,659 patients in 2 public hospitals

  – 30% couldn’t understand appointment slip

  – 33% did not understand instructions written at fourth grade level

  – 58% could not tell what “take pills on an empty stomach” meant

Framework for Health Literacy

- Health Systems
- Health Outcomes & Costs
- Education System
- Culture & Society

Nielsen-Bohlman, et al, IOM, Prescription to End Confusion, 2004
Cultural Safety

• reg. utilized on Maori populations in nursing studies (see Richardson).
• perspective that people who go to M.D.s may feel marginalized through perceived racism by the patients.
• people avoid going to the doctor for diagnoses or treatments.
• Particular groups have real reasons for not wanting to visit the doctor.
Language Access occurs in the Medical System

- I recommend a 1200 calorie ADA diet, eat legumes and fungi, small proportions of trans-fats. Some of the medications will not be covered by Medicare part D—a generic statin perhaps. Lower your risk profile, aerobic exercise is good, and your visit to the podiatrist and retina specialist are important following your colonoscopy and Dexa. Your payment today will apply to the deductible. Come back earlier if you still have anorexia.

- Sorry how culturally insensitive of me—a Dexa Scan is to measure your bone density.
Framework for Health Literacy

Culture & Society

Health Literacy

Health Systems

Education System

Health Outcomes & Costs

Nielsen-Bohlman, et al, IOM, Prescription to End Confusion, 2004
• Healthy People 2010 broadened this definition to note that health literacy is not just the problem of the individual, but also a by-product of system-level contributions.
What is the health literacy status of the USA?

- National Assessment of Adult Literacy (NAAL) 2003
  - US Department of Education
  - 19,000+ interviews
  - Literacy: prose, document, quantitative
  - Health Literacy: clinical, prevention, navigation of health care system
93 Million Adults have Basic or Below Basic Health Literacy Skills
Characteristics of Below Basic Adults

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent in Below Basic population</th>
<th>Percent in total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not graduate from high school</td>
<td>51</td>
<td>15</td>
</tr>
<tr>
<td>Did not speak English before starting school</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td>Adults reporting poor health</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Hispanic adults</td>
<td>35</td>
<td>12</td>
</tr>
<tr>
<td>Age 65+</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>No medical insurance</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>Did not obtain health information over the Internet(^1)</td>
<td>80</td>
<td>43</td>
</tr>
<tr>
<td>Black adults</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>One or more disabilities(^2)</td>
<td>48</td>
<td>30</td>
</tr>
</tbody>
</table>

Disabilities include vision, hearing, learning disability, or “other health problems”

Kutner et al, 2006
Vulnerable Populations

- Elderly
- Certain racial / ethnic groups
- Persons with fewer years of education
- Primary language other than English
- Income status: poor or near poor
- Prisoners
Health Literacy by race/ethnicity

Vernon, J.A., University of Connecticut, NBER, October 2007
Health Literacy

• 12% of America’s adult population have a proficient level health literacy

• 36 % of America’s adult population are considered functionally health illiterate – 87 million
Hawaii population

- Elderly: 14%
- Live at / or below poverty level: 8-13%
- Uninsured: 13%
- High school graduates or equivalent: 86%
- Self-report speaking English “less than very well”: 11-20% (50% of API)
- English not spoken at home: 27%

Low literate patients less likely to know diagnosis

% Know Diagnosis

- English
- Spanish

- Adequate
- Marginal
- Low
Low literate diabetic patients less likely to know correct management

Know symptoms of low blood sugar (hypoglycemia)

Know correct action for hypoglycemic symptoms

Williams, et al. Arch Int Med '98
THE IMPACT

- Patient
- Provider
- Healthcare System
PATIENT

• Poor Health Outcomes
  – Higher disease morbidity and mortality rates
  – Decreased functional status among elderly

• Fewer Preventive services
  – More likely to present with advanced disease

• Decreased Self Efficacy

• Shame / Embarassment
PROVIDER

- Overestimate patient’s understanding
- Malpractice
- Fragmentation of care
- Job satisfaction/burnout
- Use of interpreters/patient’s rights
HEALTHCARE SYSTEM

– Cost to U.S. economy:
  • $106 billion - $236 billion annually.

– More expensive hospitalizations and emergency services

– Fewer preventive services

– low levels of health literacy least equipped to benefit from the ACA & language access
Triple Whammy

• The LEP community in the US:
  – Tend to be people from minority / ethnic / cultures are of lower SES, lower education
    • 1) Require more / better CLAS
    • 2) disproportionate lower levels of health literacy
    • 3) real access to health care– options less and more complex

  – # 2 & # 3 challenge full utility of CLAS
SUMMARY

• Health Literacy is the ability to RECEIVE, UNDERSTAND and USE information about one’s health.
• About 1 in 3 Americans are estimated to have limited health literacy.
• Poor and uneducated have the poorest health literacy rates.
• The disenfranchised, have the highests: 59% of persons over 65 have limited health literacy.
SUMMARY

• **Impact** of low health literacy
  – Lower health knowledge
  – Increased medication and treatment errors
  – Reported worse health status
  – Increased hospitalizations and urgent services
  – Higher health care costs
Transformation

• Increasing individual health literacy

• Health System structured to be unified and functional – promote health literacy - simple
Transformation

• **Strengthening the foundation:** understanding socio–cultural environment, enhancing education, decreasing poverty

• **Social Determinants of Health** = socio-cultural environment, education, poverty
Conclusion

• Language Access is the beginning

• Health Literacy is the context

• Health literacy - linked to the social determinants of health (education, poverty, socio-cultural environment)
How can we improve the utility of CLAS standards?

• Working upstream
  – Understanding the dynamics of health literacy and CLAS / language access
  – Changing the context.
  – Improving individual health literacy
  – Improving the functionality of the health system
  – relevance of the relationship of health literacy determinants = social determinants of health
The main problem with communication is the assumption that it has occurred.

George Bernard Shaw
Your work is BRILL
I’m sooo Jelly
Mahalos "’an Tanks
U-kea
I-kea
Pau for now

Credits:
Health Literacy Slides and Graphics:
Karin Lubimir MD (Hon HI)
Resources


