

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

## **Ola Pono: Language Access in the Community Health Setting**

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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.

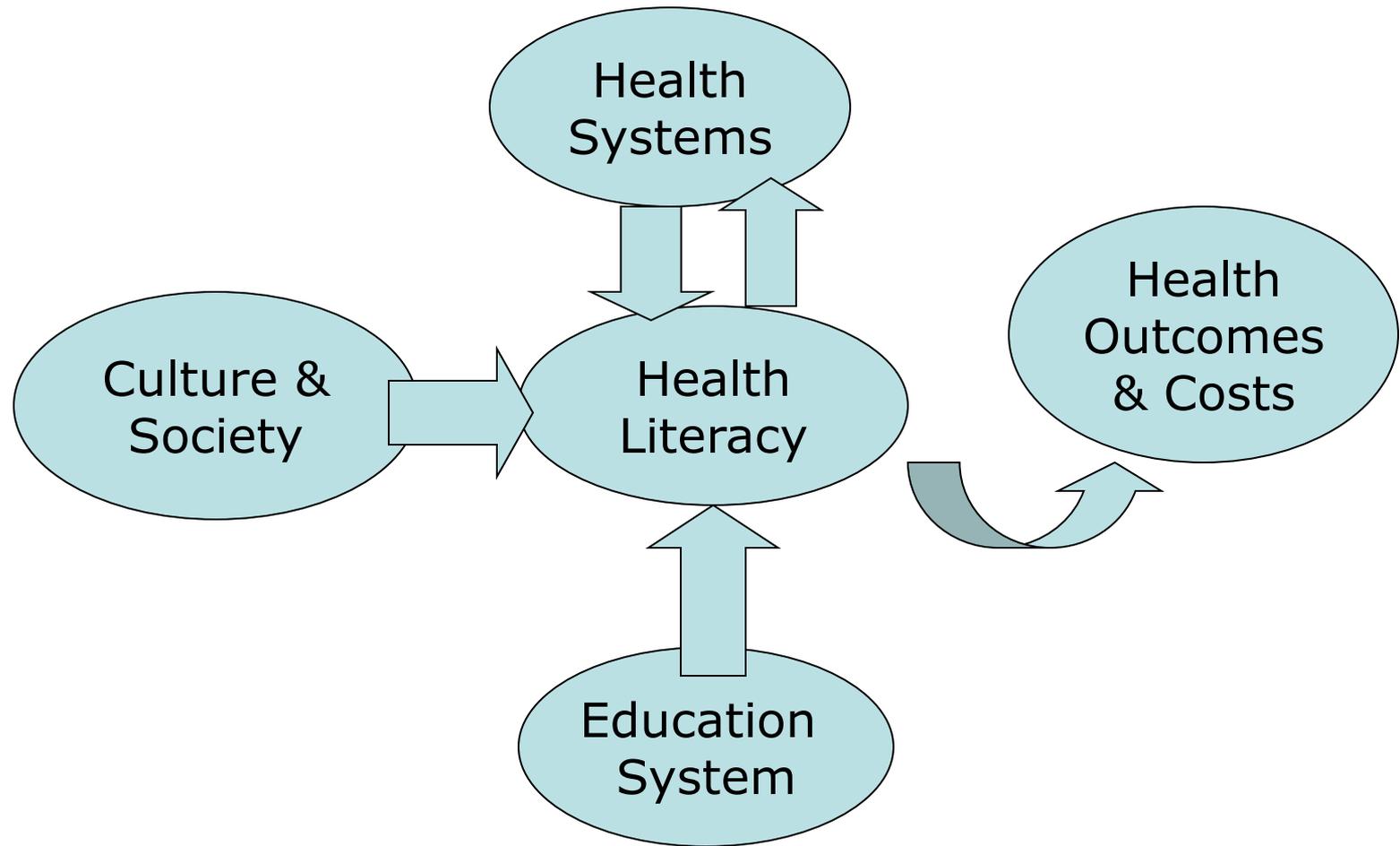
# Receiving Information

- Most patient educational materials require at least a 10<sup>th</sup> 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
    - Williams, M.V., et al. “Inadequate Functional Health Literacy among patients in 2 public hospitals”, JAMA, 1995

# Framework for Health Literacy



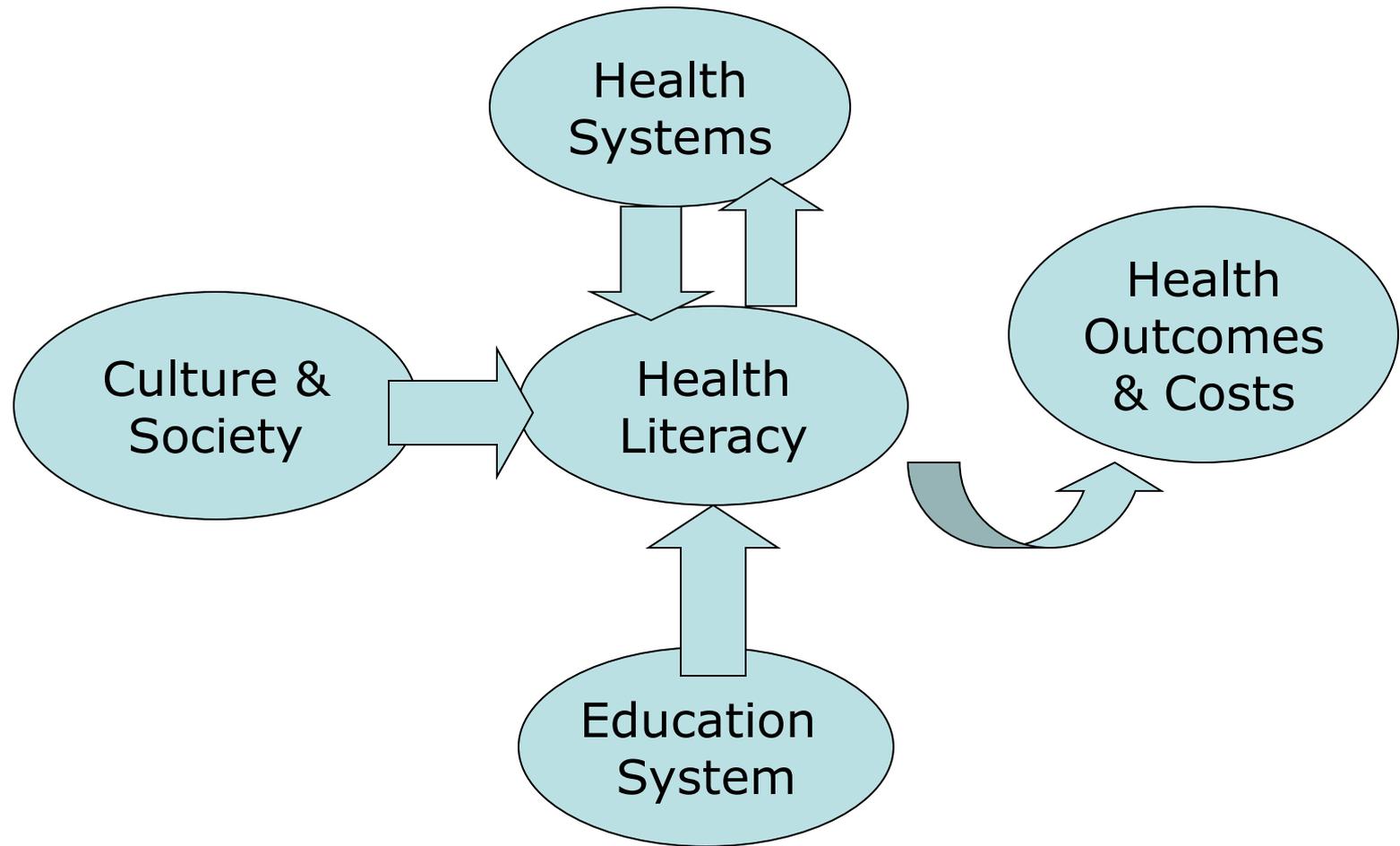
# Cultural Safety

- 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

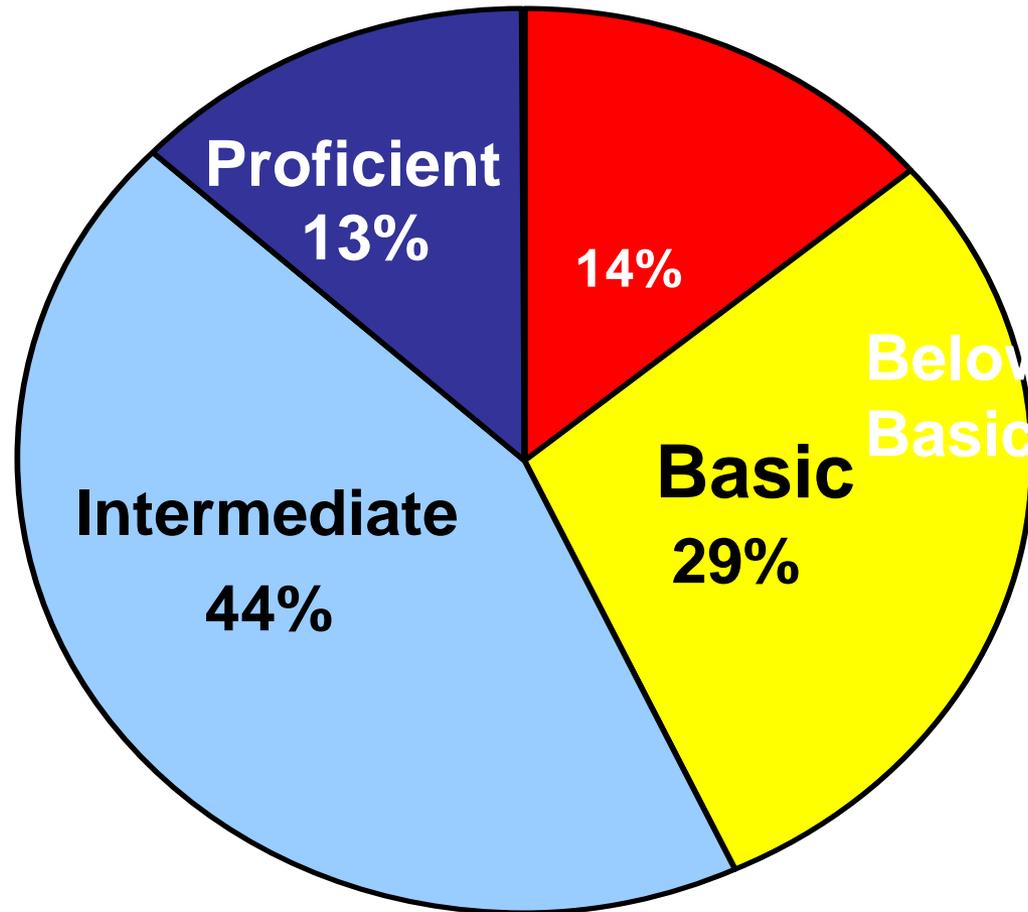


- *Healthy People 2010* broadened this definition to note that health
- literacy is not just the problem of the individual, but also a by-product of system-level contributions.

# 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

# 2003 National Assessment of Adult Health Literacy



**93 Million Adults have Basic or Below Basic  
Health Literacy Skills**

# Characteristics of Below Basic Adults

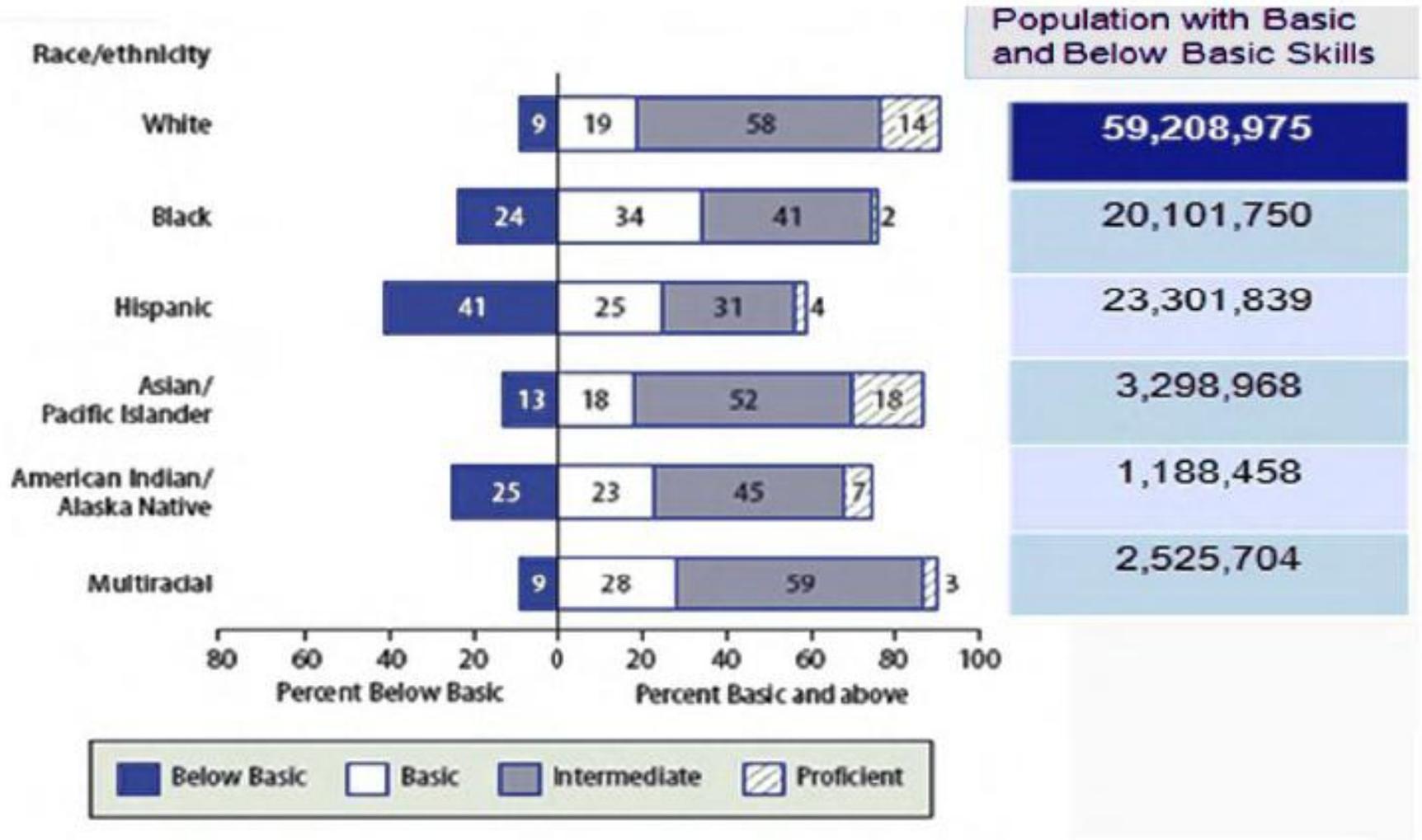
Characteristic	Percent in <i>Below Basic</i> population	Percent in total population
Did not graduate from high school	51	15
Did not speak English before starting school	39	13
Adults reporting poor health	10	4
Hispanic adults	35	12
Age 65+	31	15
No medical insurance	36	18
Did not obtain health information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

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

# 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

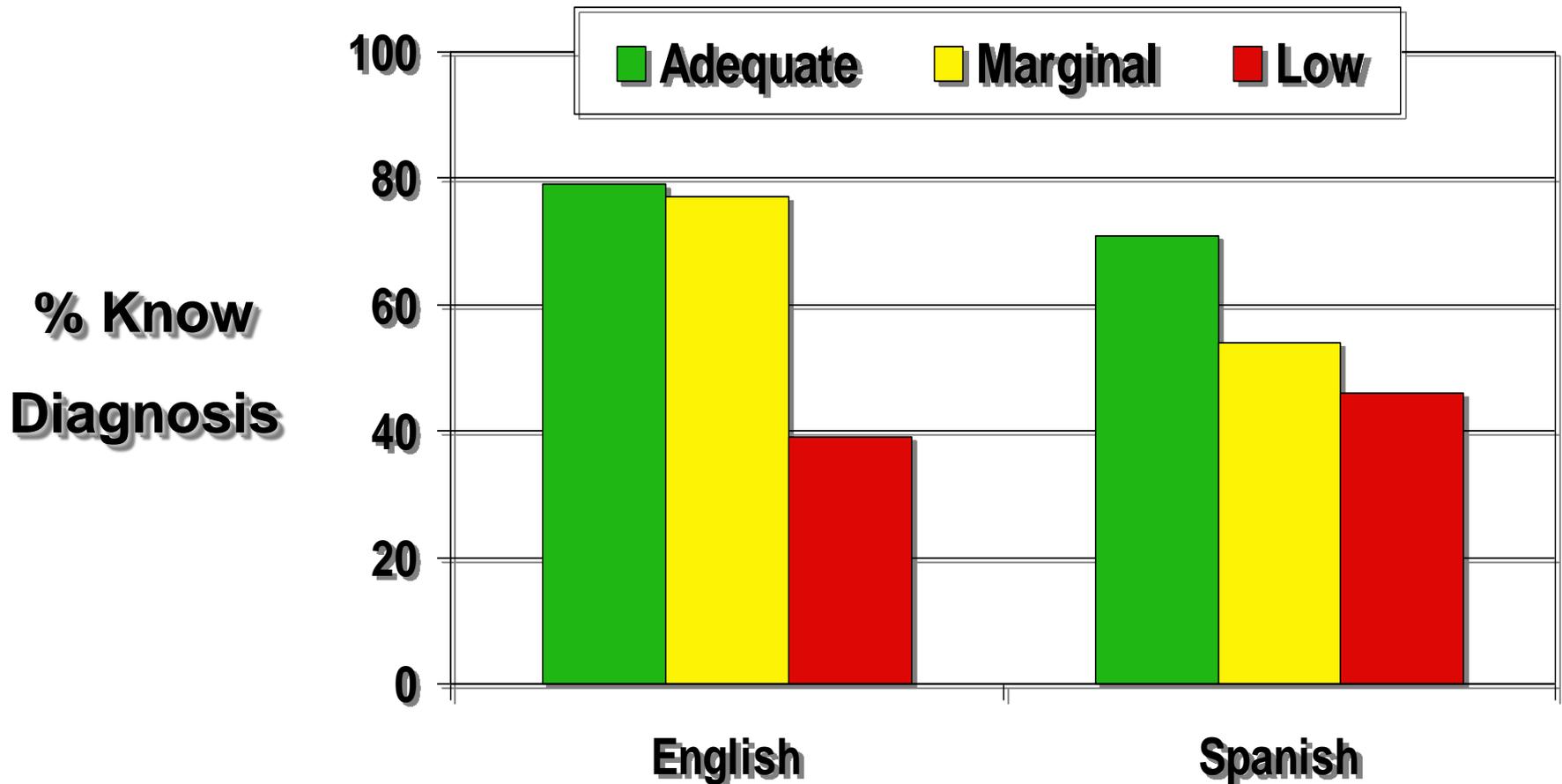
- 12% of America's adult population have a proficient level health literacy
- 
- 36 % of America's adult population are considered functionally health illiterate
  - 87 million

# Hawaii population

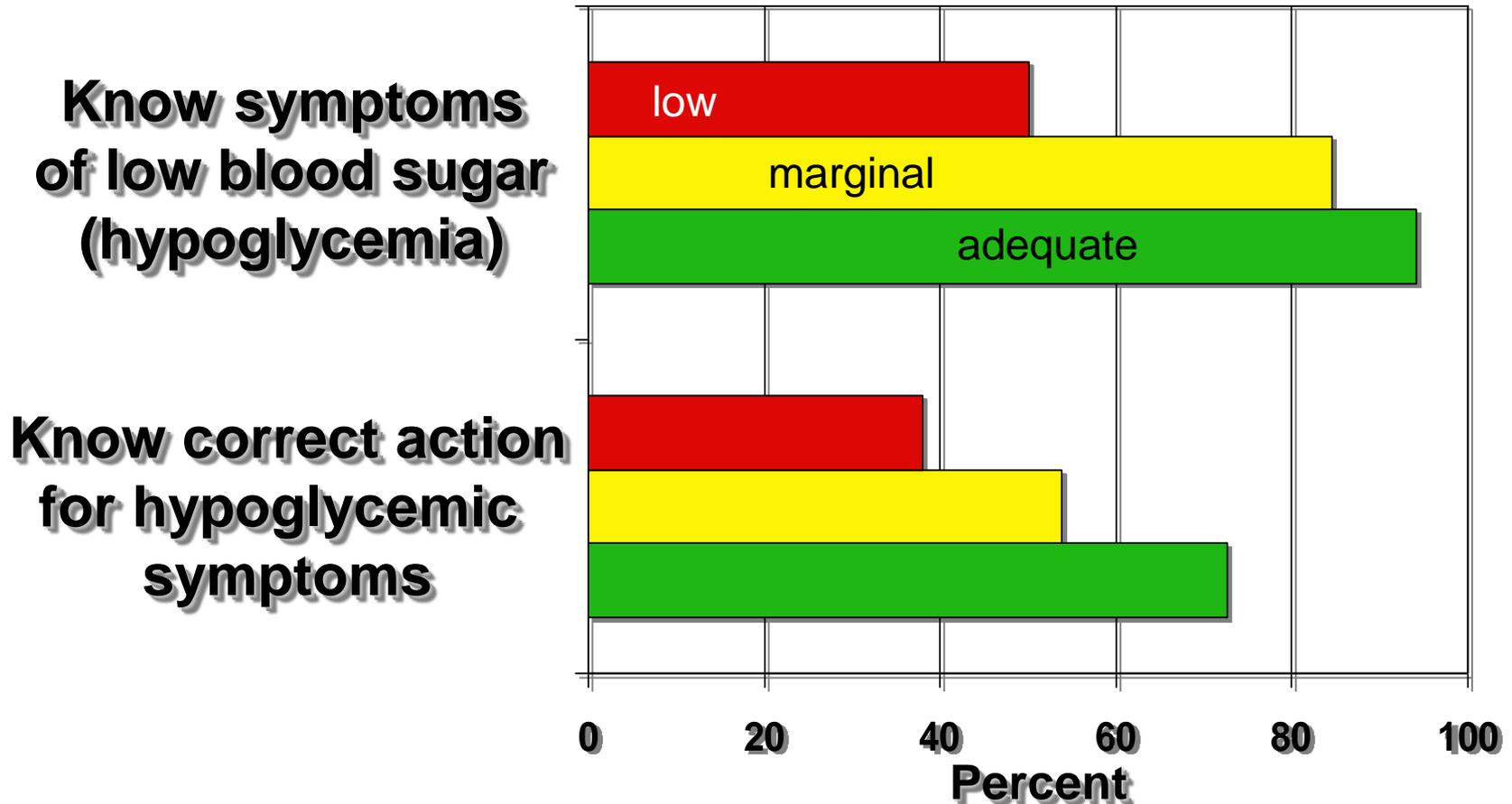


- **Elderly :14%**
- **Live at / or below poverty level : 8-13%**
- **Uninsured: 13%**
- **High school graduates or equivalent : 86%**
- **Self-report speaking English  
“less than very well”: 11-20% ( 50% of API)**
- **English not spoken at home: 27%**

# Low literate patients less likely to know diagnosis



# Low literate diabetic patients less likely to know correct management



# 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 / Embarrassment

# 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

- U.S. National Assessment of Adult Literacy, 2003.  
<http://nces.ed.gov/NAAL>
- Institute of Medicine Report on Health Literacy, “A Prescription to End Confusion”, 2004. <http://books.nap.edu/catalog/10883.html>
- American Medical Association Foundation, Health Literacy Initiative.  
<http://www.amafoundation.org/go/literacy>
- Institute of Medicine, “Measures of Health Literacy. Workshop Summary”, 2009. <http://www.iom.edu/Reports/2009/Measures-of-Health-Literacy.aspx>
- Institute of Medicine and Center for Health Care Strategies, Inc., “Health Literacy Implications of the Affordable Care Act”, 2010.  
[http://www.chcs.org/usr\\_doc/Health\\_Literacy\\_Implications\\_of\\_the\\_Affordable\\_Care\\_Act.pdf](http://www.chcs.org/usr_doc/Health_Literacy_Implications_of_the_Affordable_Care_Act.pdf)