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HEALTH Literacy

Health Literacy Barriers to Healthcare

Racial and socioeconomic disparities in morbidity and mortality have been apparent virtually as long as health statistics have been collected (include people with disabilities/double jeopardy). In the United States, African Americans in particular fare worse than the majority population on nearly all measures of health, including infant mortality; life expectancy; cancer, heart disease, stroke, and trauma incidence and mortality; and self-rated health status. Individuals with low levels of educational attainment and income also tend to experience higher rates of illness and death, independent of race. Over the past several decades, though the U.S. population as a whole has enjoyed substantial declines in morbidity and mortality—largely due to better living conditions, public health measures, and advances in medical care—racial and socioeconomic disparities have persisted or even widened.

One of the goals of Healthy People 2020 is to:

Use health communication strategies and health information technology (IT) to improve population health outcomes and health care quality, and to achieve health equity.

Health literacy is an important part of this goal, as are efforts and technology platforms that promote more effective partnerships between patients and their health care providers (HCPs).

Expanding definitions of health literacy

If you've investigated the issue of health literacy before, you've probably come across this definition:

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

-Healthy People 2010

Health care access issues have become more, not less, complex. A wide-range of competencies are implicated by this definition. Individuals who have proficient health literacy must have the ability to:

- Read and identify credible health information
- Understand numbers in the context of their health care (numeracy)
- Make appointments
- Fill out forms
- Gather health records and ask appropriate questions of physicians
- Advocate for appropriate care
- Navigate complex insurance programs, Medicare/Medicaid, and other financial assistance programs
- Use technology to access information and services

All of these many competencies may be required at times when individuals feel particularly vulnerable and even well-educated people can find some of these competencies very daunting.

Poor health literacy has serious human and economic consequences.

Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.

(Berkman, DeWalt, Pignone, et al., 2004)

As reported by the American Medical Association (AMA), poor health literacy is “a stronger predictor of a person’s health than age, income, employment status, education level, and race” (AMA, 1999).

the 3As of health information

Because 9 out of 10 Americans struggle with health literacy issues, any health communication effort must consider how health information is framed and delivered to achieve the 2020 objectives. Healthy People 2020 reiterate the “3As” identified by National Action Plan to Improve Health Literacy (2010), stating that health information must be:

- Accurate-providing evidence-based information
- Accessible - supporting the variety of ways in which learners access health information
- Actionable -supporting lifelong learning skills to promote healthy behaviors
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Information must also be targeted and tailored. Thus, an objective of Healthy People 2020 is to provide personalized self-management tools and resources for health. Additionally, the initiative recognizes the important role of social support networks in promoting health care and health equity.

Health literacy and the effectiveness of patient-HCP partnerships are intimately connected. Effective communications require the ability to create shared understanding. Therefore, health literacy efforts are not just aimed at individuals trying to navigate the health care system but at health care providers as well since they

must be able to assess patients' medical histories and the important, and personal, quality of life issues that can impact treatment decisions (I believe this is also where cultural competency will play a critical role). While it's true that doctors can only recommend health care strategies and treatments, for patients with poor health literacy, these recommendations may be viewed as prescriptive or ignored. In either case, the element of choice is removed or significantly diminished.

Without a health literacy agenda that transcends cultural barriers at all levels, all efforts and initiatives aimed at achieving sustainable healthcare will ultimately fail. When I speak of becoming culturally competent, I am not speaking just about race and ethnicity. I am speaking in terms of being able to provide adequate service to everyone who comes through your door.