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## **Title**

Increasing Equity Through Health Literacy

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# **Increasing Equity Through Health Literacy**

By: Ani Gevorkian

## What is Health Literacy?

Health literacy is one of the most overlooked aspects of our everyday lives. The term describes the measurement of an individual's ability to collect and understand their health information in their own unique context. Almost 88% of adults do not have the skill set needed to supervise their health and lessen their risk of disease. <sup>1</sup> Individuals' comprehension of fundamental health literacy can be used as a tool for informed decision-making to promote overall equity. It is essential that we focus on bridging the gap between BIPOC communities and medical professionals.

# Why Should We Care About Health Literacy

Why care about health literacy when we have doctors to explain things for us? By promoting equity across all sectors, we prioritize bridging the gap between medical professionals and Americans through increasing health literacy. Developing health literacy:

- 1. Bridges the negative relations between medical professionals and marginalized individuals
- 2. Gives patients more autonomy over their health
- 3. Reduces economic and social disparities
- 4. Prevents serious health conditions from arising

#### **Factors That Affect Health Literacy**

However, there are several factors, many of which are beyond patients' control, that affect their ability to be health literate.

# 1. Individuals in BIPOC Communities

a. It is widely believed that trust has declined within the past forty years, particularly in the healthcare field. <sup>2</sup> This decline in health care related trust has a lot to do with the exponential advancement of managed care and the growth of for-profit health care. The rise of medical errors, malpractice, with fraud and abuse has been particularly problematic in BIPOC communities. The notion of distrust surrounds the Black population due to the extensive history around the violent maltreatment of Black individuals by medical professionals. <sup>3</sup> The cultural mistrust not only roots in history when slave experimentation, like the Tuskegee Syphilis Study, but thrives on the inequitable racial disparity present in our healthcare system.

<sup>&</sup>lt;sup>1</sup> Cutilli CC and Bennett IM. Understanding the Health Literacy of America Results of the National Assessment of Adult Literacy. *Orthopaedic Nursing*. 2009. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668931/

<sup>&</sup>lt;sup>2</sup> Balkrishnan R, Dugan E, Camacho FT, Hall MA. Trust and satisfaction with physicians, insurers, and the medical profession. *Med Care*. 2003;41:1058–1064. [PubMed] [Google Scholar]

<sup>&</sup>lt;sup>3</sup> Kohn LT, Corrigan JM, Donaldson MS. *To Err Is Human: Building a Safer Health Care System*. Washington, DC: Institute of Medicine, National Academy Press; 1999:22–41. Available at: <a href="http://stills.nap.edu/html/to-err-is-human">http://stills.nap.edu/html/to-err-is-human</a>. Accessed November 12, 2005.

#### 2. Individuals with Lower-Income Levels

a. Those with lower-income levels are some of the largest health illiterate groups since they have less access. Individuals who are uninsured, or publicly insured through programs like Medicaid, are more prone to low health literacy. <sup>4</sup> Medicare beneficiaries with low health literacy have increased medical costs, more visits to hospitals, and less accessibility. <sup>5</sup> Those with premium insurance options have higher accessibility to specialist doctors, better insurance coverage, and more financial stability. \*

## 3. Non-Native English Speakers

a. Refugees, immigrants, and all other individuals who identify as non-native English speakers, have less accessibility to the resources present for them to increase health literacy. A language barrier can make it very difficult to comprehend your health chart whilst trying to navigate the terminology of the health sector as well.

### **How We Can Improve Health Literacy**

Understanding the basics of health terminology is like understanding the fundamentals of a new language. In order to start on the path to fluency, there needs to be action taken from different stakeholders to allow for individuals to become health literate.

# 1. Public Education - Create classes for Health Literacy in K-12 Education

a. Research shows that students who participate in health education curricula, have fewer rates of obesity with increased rates of health-promoting behaviors. <sup>6</sup> By educating students on health terminology, we are investing in our future generations' autonomy over their health.

## 2. Employers - Enforcing health literacy through employer-based insurance

a. A majority of nationwide healthcare plans put a lot of power in the hands of employer-based health insurance as one of the main tools for the financing of health care. <sup>7</sup> Employers should also enforce health care education as a part of their health coverage through hosting forums, seminars or Q&A sessions.

# 3. Workplace Conferences - Through medical institutions

a. The lack of distrust amongst many POC communities and doctors makes it difficult to maintain a positive relationship with medical professionals. Medical institutions need to host yearly conferences where protocols on racial equity are presented as a

<sup>&</sup>lt;sup>4</sup> Kutner M, Greenburg E, Jin Y, Paulsen C. The health literacy of America's adults: results from the 2003 national assessment of adult literacy. National Center for Education Statistics; 2006. Report No.: NCES 2006-483.

<sup>&</sup>lt;sup>5</sup> Sudore RL, Mehta KM, Simonsick EM, Harris TB, Newman AB, Satterfield S, et al. Limited literacy in older people and disparities in health and healthcare access. J Am Geriatr Soc. 2006;54(5):770–76.

<sup>&</sup>lt;sup>6</sup> Elaine , A. M., Allen, M. P., Hampton, C. J., Parson, K., Alvarado-Little, W., Logan, R. A., Mickalide, A. D., Sherry, C., & Montes, H. (2020, July 20). *Health literacy and health education in Schools: Collaboration for action*. National Academy of Medicine.

https://nam.edu/health-literacy-and-health-education-in-schools-collaboration-for-action/

<sup>&</sup>lt;sup>7</sup> Wallen J, Williams SR. Employer-based health insurance. J Health Polit Policy Law. 1982 Summer;7(2):366-79. doi: 10.1215/03616878-7-2-366. PMID: 7108173.

<sup>\*</sup> Private health insurance coverage is exceedly superior, covering anywhere from 34.1% to 68% of the population during the year.

tool for bettering doctor-patient relations. These conferences should consist of providing increased provider-patient communication to improve cultural competence in health organizations through:

- i. Providing guidance in accordance to the patients' particular values <sup>8</sup>
- ii. Being knowledgeable about cultural norms and respecting it
- iii. Confirming comprehension for all patients to prevent miscommunication

#### Conclusion

Health illiteracy is a nationwide problem that makes it increasingly difficult for members within diverse communities, mostly marginalized ones, to gain equity. Increasing health literacy increases national health statuses, patient autonomy, and creates positive relations within the community. We need to create an open space working to promote safe and open communication between patients and medical professionals.

<sup>&</sup>lt;sup>8</sup> CDC. (2013, October). *Health Literacy and the Role of Culture*. https://www.chcs.org/. https://www.chcs.org/media/Health Literacy Role of Culture.pdf