Health Literacy and Health Disparities

Background

Low health literacy and health disparities are neither isolated social problems nor independent attributes of certain disadvantaged groups of people. As parts of society-wide patterns of social and economic inequity, they bring the focus of health-related issues to the wider phenomena of chronically underserved populations within the general public. They are as inextricable from each other as they are from the collective force of social injustice. The following discussion of health disparities and low health literacy along with a description of how their intertwining consequences create a cycle of poor health outcomes will highlight the need for improved policies and programs, with a focus on Missouri.

Health Disparities

Health disparities are differences that exist among specific population groups in the United States related to the incidence, prevalence, and mortality of disease, the burden of cancer, and related adverse health conditions. Disparities can occur by gender, age, ethnicity, education, income, social class, disability, geographic location, or sexual orientation. As of 2006 for emergency room visits in Missouri, African Americans are 8 times more likely to be treated for asthma complications, 3 times more likely to be seen for high blood pressure, 3 times more likely for a diabetes-related incident, and are twice as likely to be treated in the ER for an infection. In addition, Black Missourians are twice as likely to die from diabetes as Whites, are 4 times more likely to have an asthma-related preventable hospitalization, and experience 50% more fetal deaths.

Health Literacy

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Health literacy encompasses the skills of reading, writing, mathematics, listening, and speaking, and relies on cultural and conceptual knowledge. People with limited health literacy have less knowledge of disease management, report poorer health status, and are less likely to seek preventative services.

Over a third of the general public (nearly 40%), or 60 million Americans are affected by limited health literacy. Minorities tend to have greater rates of low health literacy; 15% of Whites are estimated to have low health literacy while 26% of American Indians and Alaskan Natives, 35% of Asians and Pacific Islanders, 41% of African Americans, and 52% of Latinos struggle with health literacy. As a result, these groups of people don’t have adequate skills to understand health risks, evaluate treatment options, or follow health care recommendations. In Missouri, the costs of poor health literacy are estimated to be between $3.3 billion to $7.5 billion each year.
The Impact of Health Literacy on Health Disparities

There is a direct correlation between a person’s level of health literacy and their overall health status. For example, African Americans self-report having a lower health status than their White counterparts; as much as 25% of the difference can be attributed to lower health literacy. Furthermore, a person’s health can be more effectively predicted by low health literacy than income, age, education level, employment status, or even race. This can all be compounded when health care providers do not take a person’s health literacy or other cultural factors into account. Cultural competency issues, including limited provider awareness of effective cross-cultural communication, are often entwined with health literacy problems, both of which contribute to difficulties in accessing and receiving the adequate health care. The concept of literacy can also be expanded to include such skills as nutritional literacy, which is an important factor regarding the burden of nutrition-related chronic diseases among rural disadvantaged communities.

The long-term impact of health literacy on health disparities could be initiated during a woman’s pregnancy, when she may experience her first encounter with the health care system. A low level of health literacy is a major concern because she may not receive the best level of care or understand proper care techniques. And because mothers with low health literacy are less likely to utilize social welfare programs for their children, the cycle of health disparities perpetuates as children and new generations of families enter the health care system.

Policy Implications

As illustrated above, low health literacy and health disparities are tightly bound together. In response to the lower health status resulting from this correlation, it is paramount that projects and research aimed at improving health literacy and eliminating health disparities continues to be funded far into the future. In Missouri, there are a number of programs and initiatives that are designed to improve the health of the state’s constituents. The hallmark of many such efforts is widespread collaboration encompassing all sectors of society, providing expertise, resources, or both. Sustained funding from public and private entities gives established collaboratives and organizations poised to impact inequities the ability to continue their work in training and educating patients, providers, the general public, and policy makers as improvement continues. Furthermore, the state government can play a major role by engaging in or endorsing existing efforts to improve health outcomes and establishing the funding framework that supports taskforces and public programs directly. Two coalitions that have already addressed many of the issues discussed—the Missouri Health Equity Collaborative and Health Literacy Missouri—are described below. CHP plays a major role in each.

The Missouri Health Equity Collaborative (MOHEC)

The History of MOHEC

In an effort to eliminate racial and ethnic health disparities in Missouri, in 2006, under direction of the Missouri Foundation for Health (MFH), the Centers for Health Policy at Washington University in St. Louis and the Center for Health Policy (CHP) at the University of Missouri in Columbia created a formal partnership known as the Missouri Health Equity Collaborative (MOHEC). The purpose of this collaboration is to support community organizations, researchers, health care providers, state agencies, and policy experts as they work to promote health equity throughout the state. In 2007, the Health Care Foundation of Greater Kansas City, representing six counties in Kansas and Missouri,
joined MOHEC which significantly broadened its reach and strengthened the bonds by contributing significant resources to the efforts.

The Objectives of MOHEC

Before the collaboration was forged, researchers, health providers, and other various organizations often worked independently throughout the state, frequently duplicating each other’s efforts around issues of disparities and equity. In an effort to reduce such inefficiencies, MOHEC strives to facilitate the cooperation of all stakeholders affected by these issues in hopes of garnering a greater understanding of why health disparities exist. The belief is that by combining the shared expertise and experiences of university research groups, health care organizations, outreach programs, and the communities they all serve, studies will ultimately be conducted in a more timely and concise way while relevant, effective programs can be developed and administered.

Health Literacy Missouri (HLM, formerly MHLE)

In 2007, CHP became a Missouri Health Literacy Enhancement (MHLE) Resource Center through grants from MFH in response to the increasing awareness of the role health literacy plays in the health of Missourians. The initiative, renamed Health Literacy Missouri (HLM), fosters collaboration among MFH and other HLM resource centers to build an infrastructure that will become a single non-profit entity. The stated goals of HLM are to:

- improve the health literacy of Missouri's population in order to encourage better health decisions and healthy behaviors;
- promote health literacy education and training for health professionals; and,
- enhance communication between consumers and care providers.

By providing technical assistance, policy analysis, and outreach to existing and potential partners, CHP continues to be a strong bridge between HLM and the people of Missouri and beyond by continually forging relationships with local, regional, state, and national stakeholders. These proactive endeavors range from assisting community-based organizations seeking funding for projects that demonstrate effective health literacy interventions to working with hospitals, clinics, and health professional schools to enhance provider education.

Bringing It All Together

The key to effective programs and polices aimed at improving health outcomes in Missouri is an awareness of the interplay of health literacy, social disparities, and evidence-based interventions. When robust initiatives such as MOHEC and HLM are in alignment and work together in a complementary manner, a wide range of determinants for healthy behaviors and wellness can be addressed. One of the primary goals for private and public funders may be to acknowledge the need for leveraged financial support and work together with established, proven collaboratives. By so doing, committed people may globally fulfill the combined missions within all of their respective organizations. This synergy of missions can create lasting, deeply rooted social institutions with the capabilities and resources required to maintain the health and well-being of Missourians and beyond.


