

# Health Literacy in Context: San Diego

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# What is Health Literacy?

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Emphasizes a person's ability to **use health information** rather than just understand it

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Focuses on the ability to make **"well-informed" decisions** vs "appropriate" ones

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Incorporates a public health perspective and acknowledges that **organizations have a responsibility** to address health literacy



# Health Literacy in the U.S.

- 12% of English-speaking adults in the U.S. demonstrate proficient health literacy
- 45% of High School graduates have **Limited Health Literacy**
- NO data on health literacy skills of populations who are also Limited English Proficiency (LEP)
  - Critical element of literacy and health literacy in the U.S.



# What is the impact of **Limited Health Literacy**?

## Health System Impact

- Greater distrust and misunderstanding of system and providers
- Increased medication and treatment errors and adherence
- Patient-Provider communication barriers

## Health Disparities Impact

- Mental health status
- Discrimination can increase shame and stigma
- Burden of chronic conditions increased
- Fear and worry increase hesitancy in accessing information/vaccines/care

## Health Outcomes

- Limited use of preventive services, health information
- Management of chronic conditions
- Increase in avoidable hospital visits
- Greater use of social media for health information

# Who is more at risk?



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Older Adults (+65 years)

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Racial and ethnic groups other than White

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Recent refugees and immigrants

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People with less than a high school degree or GED

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People with incomes at or below the poverty level

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Limited English or Non-native speakers of English

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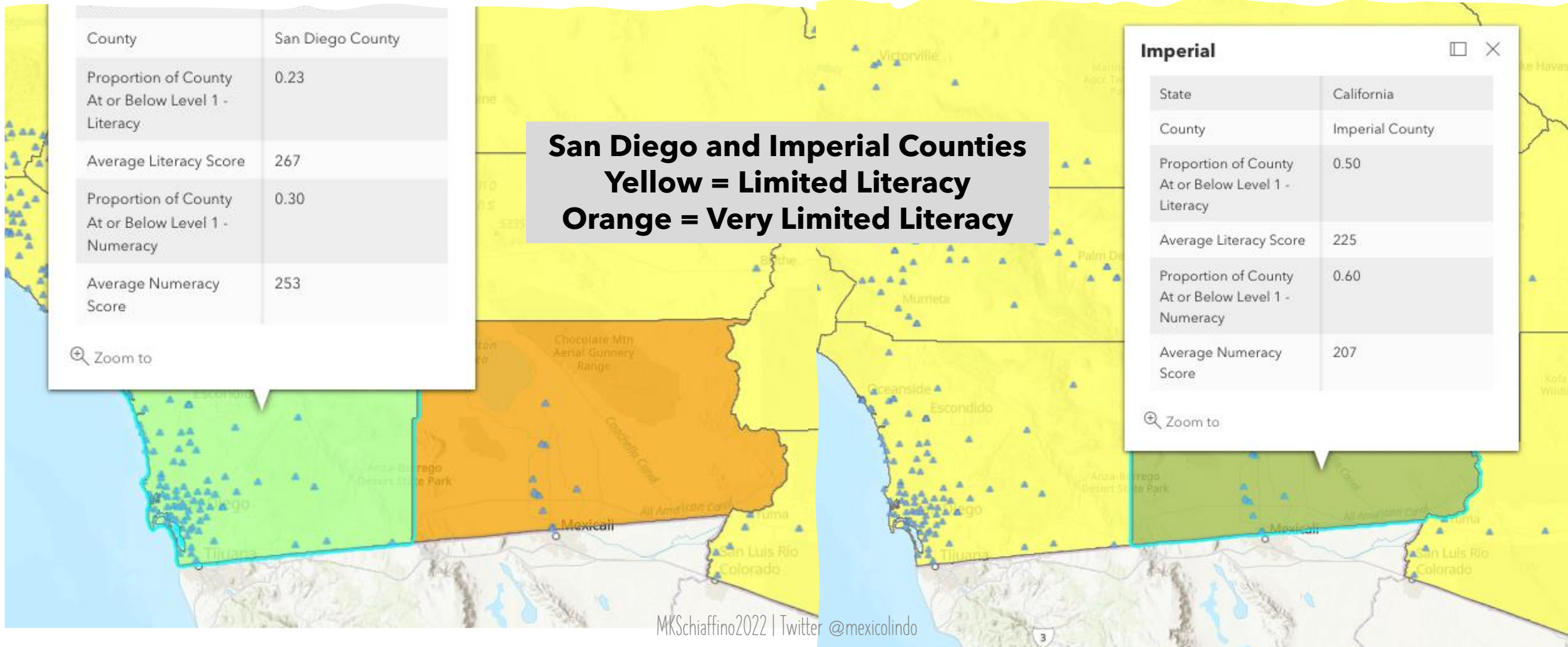
Persons with disabilities (PWD)

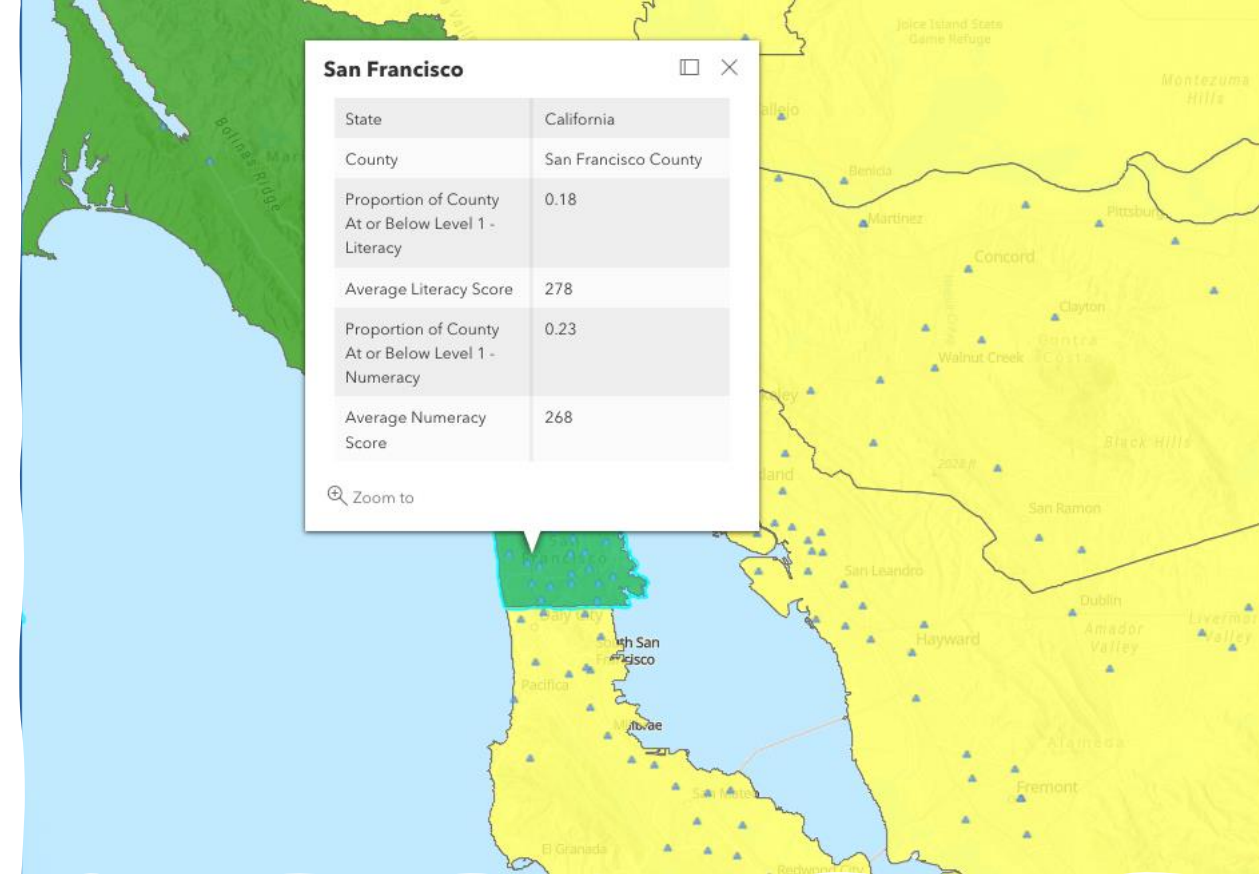
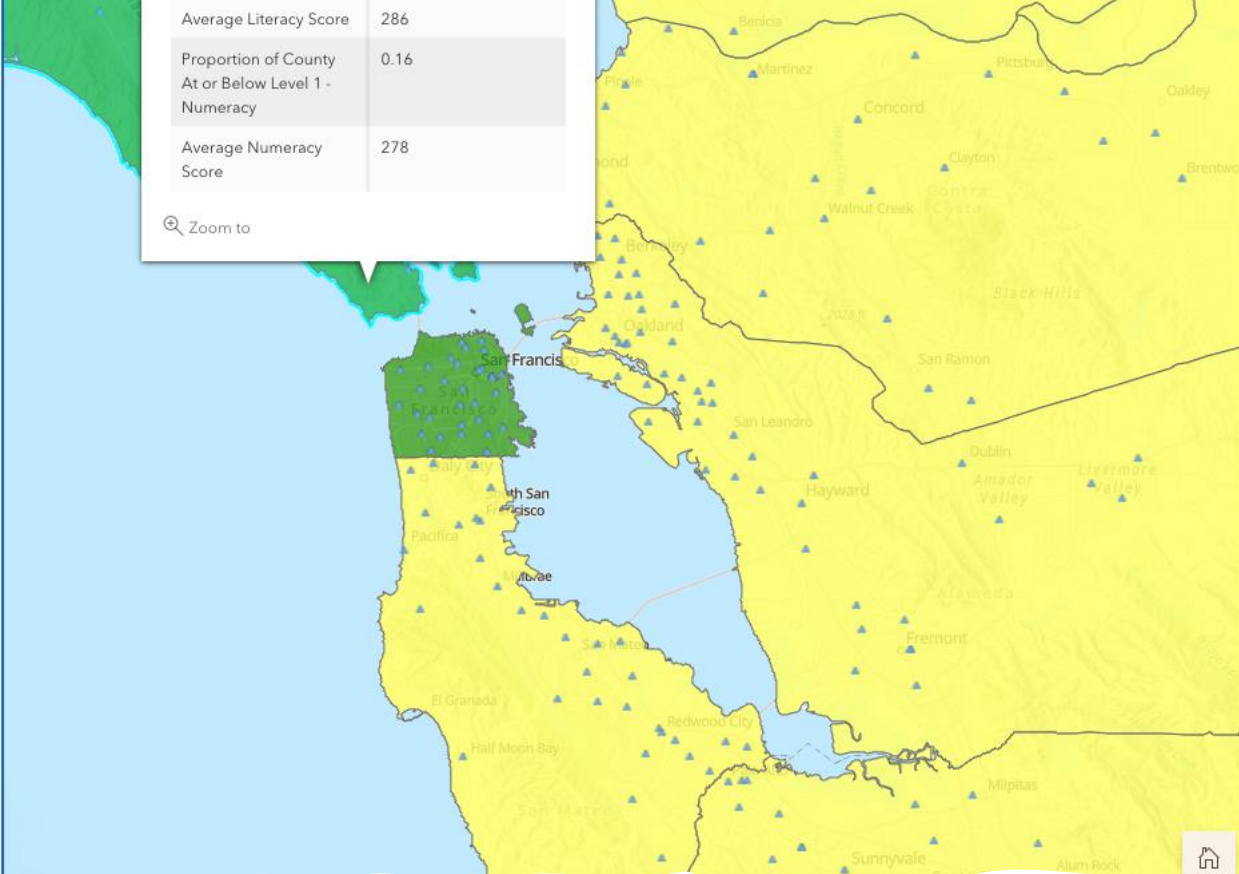
# Limited Health Literacy

- Contextualizes literacy and numeracy
  - Not predicted only by education or income
  - Product of culture, language, nurture, interaction with health system, access to health system – social determinants, even our health status can impact our health literacy!
- Complex – not easily addressed with a single intervention or program
  - Dependent on the intricacy, priority, source of the process (e.g. number of steps) among other factors – e.g. handwashing vs COVID prevention
- Health literacy depends on the interaction between people and system



# Limited Literacy: San Diego County





# Literacy: Comparison

- Marin and SF County for comparison



# Language: San Diego County

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- ~1.2 million San Diego residents (36%, or over 1:3) over age 5 speak a language other than English at home (bilingual)
  - Languages are overwhelmingly Spanish (~65%+); Tagalog, Vietnamese, Chinese, and Arabic (in that order)
  - Specifically, Spanish speakers are the largest group of bilingual SD county residents - **65.6% speak Spanish at home**; of this group (N=765, 532),
  - The 2nd largest group is comprised of Asian and Pacific Islander languages (Tagalog, Vietnamese, and Chinese). They represent **21.3% of residents that speak a language other than English**

# Language Barrier: San Diego County

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- Among those that speak a language other than English (bilingual), a similar % reports speaking English less than "Very Well" or being Limited English Proficient (LEP)
- Spanish speakers who are LEP represent over a third of all LEP (35.1%). Asian-origin LEP represent the largest proportion of LEP at 42.7%, though smaller in overall size, the risk is significant.

# Limited English Proficiency:SD County

LANGUAGE SPOKEN AT HOME	N	% of Total Population over 5 years	% over 5 yrs that speak other language: Bilingual of Total Pop	N (%) <u>LEP</u> of Bilingual
Population 5 years and over	3,106,393	3,106,393	100%	
English only	1,938,538	62.40%		
<b>Language other than English (Bilingual) - All</b>	<b>1,167,855</b>	<b>37.60%</b>	37.6%	
Speak English less than "very well"	426,297	13.70% of Total		<b>426, 297 (36.5%)</b>
<b>)Spanish</b>	765,532		65.6%	
Speak English less than "very well"	268,664			<b>268, 664 (35.1%)</b>
<b>Other Indo-European languages</b>	101,178		8.7%	
Speak English less than "very well"	26,685			<b>26, 685 (26.4%)</b>
<b>Asian and Pacific Islander languages</b>	248,518		21.3%	
Speak English less than "very well"	106,157			<b>106, 157 (42.7%)</b>
<b>)Other languages</b>	52,627		4.5%	
Speak English less than "very well"	24,791			24, 791 (47.1%)

# Limited Health Literacy + Covid-19



In addition to barriers from limited health literacy, COVID-19 makes many of elements worse, including:



Information barriers: High-speed internet access (device and speed)

Information accuracy and mis-information



Communication barriers: Telemedicine, internet, and patient portal barriers

LEP populations do not have the same information access or accuracy (accountability of sources)



Remote care coordination is difficult for all – increased for minoritized populations



# Connection: San Diego County

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- Research shows that high-speed broadband (internet) is an important part of equitable access to timely, accurate, health information and health services (eHealth Literacy)
- San Diego County is not equal in its availability and access to the minimum standards for high-speed broadband (25Mbps down/3Mbps up).

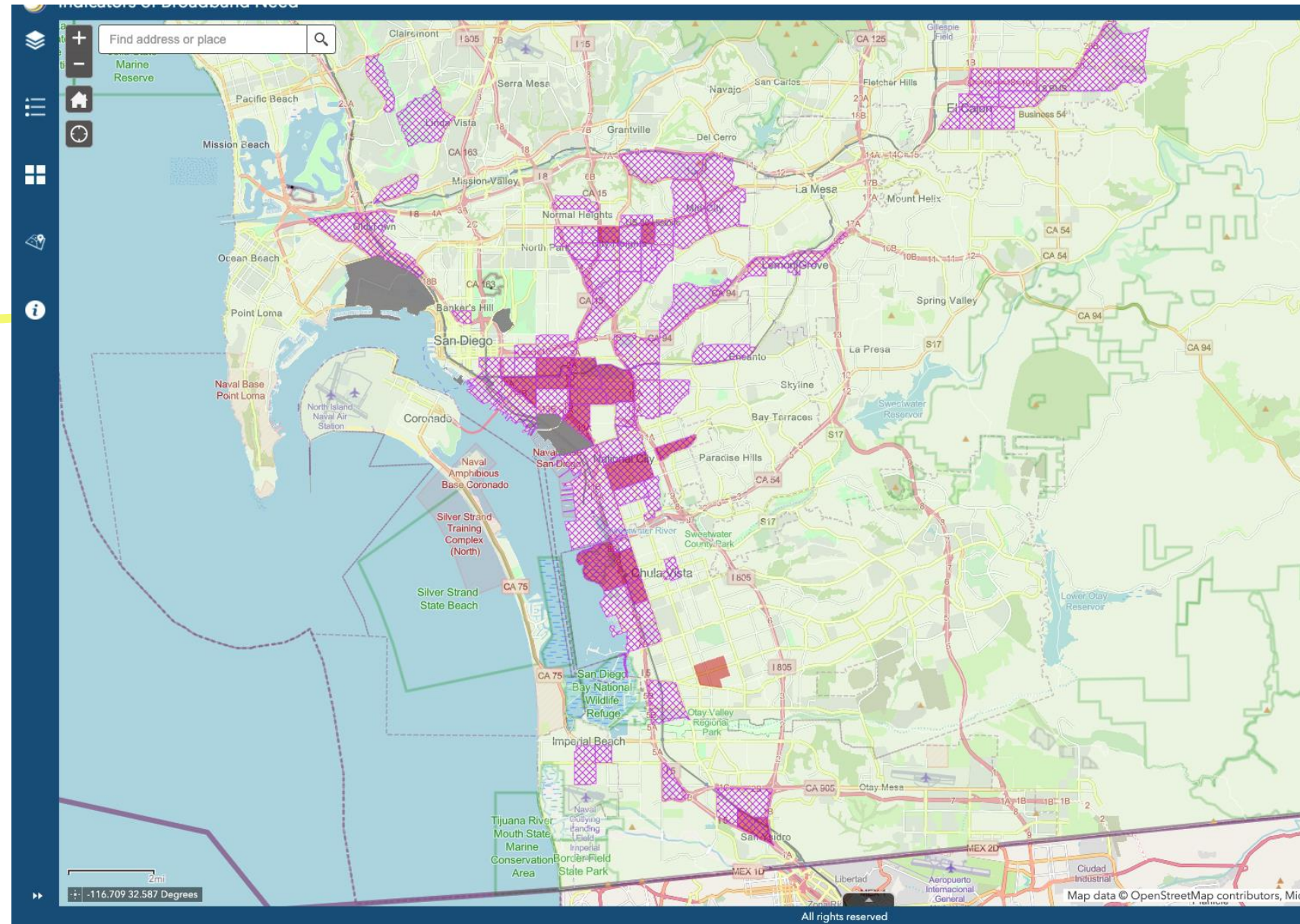
# eHealth Literacy: SD County



COMPUTERS AND INTERNET USE		
	N	%
Total households	1,125,286	1,125,286
With a computer	1,067,658	94.9%
With a broadband Internet subscription	1,014,451	90.2%

# SD County Broadband (Internet) Need

- Pink mesh squares indicate % of population whose income in the past 12 months is below 100% FPL (ACS, Census Tract)
- Darker red shading: 25% or more HH Report NO internet access (ACS, Census Tract)



# What can we do?

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- Tailor Information and Communications - Know your community and listen to their needs; build trust/reliable source of information (Accurate)
- Use a **Universal Precautions** or Universal Design Approach
- Cultural and Linguistic Framing / Organizations should integrate cultural competence
- CONTEXT is everything
- Evaluate openly and constantly
- Provide information that is **Accurate**, **Accessible**, and **Actionable**



# National Action Plan to Improve Health Literacy

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## 2 Core Principles

- All people have the right to health information that helps them make informed decisions
- Health services should be delivered in ways that are easy to understand and use

## 7 Goals

- Develop and disseminate health and safety information that is accurate, accessible, and actionable
- Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
- Build partnerships, develop guidance, and change policies
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
- Increase the dissemination and use of evidence-based health literacy practices and interventions

# San Diego: Call to Action

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Co-Identify needs and goals	Nothing about me without me Be flexible in ALL areas; universal precautions approach
Be Accurate	Write the truth Do not elaborate, complicate, or over-simplify
Provide Actionable Content	Always include information in every communication (good redundancy) Help folks act: where to go, what to do and cost, eligibility, etc.
Make it all Accessible	Make information interactive and actionable content brief – checklists are empowering Make all transitions 'warm' (referrals, handoffs, information)

# Universal precautions

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- Assume in favor of the community – design for equity not to marginalize
- Tailor content for lowest health literacy population – everyone will benefit
- Above all, **INCLUDE** your community in your decisions and be open to scrutiny and feedback – are you a health literate and culturally and linguistically competent organization?



# Be Accurate

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Accurate information is up-to-date and evidence-based or science-backed



Data are presented in easy to digest and informative bits



Consistency of message



# Be Accessible

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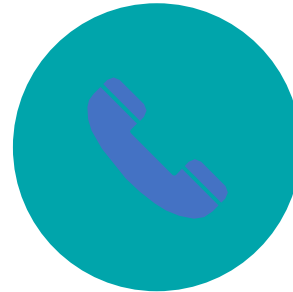
- Accessible information is easy-to-read for any age, ability, language
- Information is designed for mobile and desktop reading AND use
- User-experience testing, and input is key here

# Be Actionable

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Actionable information is useful immediately (steps) and tells us why we take an action (buy-in)



Phone or contacts are easy to find, fewer clicks online; easy to read, easy to find, fonts, etc

# To Wrap-Up

## Brainstorm

Brainstorm what you think your community has and needs with respect to COVID-19 and health information; ask yourself, your colleagues then ask your community and stakeholders

- We are okay regarding...
- We need...

## Act

Act on these answers (across multiple groups) to form the basis for your goals and activities

## Remember

Remember Triple As!

- Accurate
- Accessible, and
- Actionable

Questions? Please email me in the language of your choice –  
[mschiaffino@sdsu.edu](mailto:mschiaffino@sdsu.edu)

¿Alguna pregunta? No dude en comunicarse en el idioma que prefiera –  
[mschiaffino@sdsu.edu](mailto:mschiaffino@sdsu.edu)

May katanungan pa ba? I-email ninyo sa akin sa sarili ninyong lenguahe –  
[mschiaffino@sdsu.edu](mailto:mschiaffino@sdsu.edu)

Câu hỏi? Vui lòng gửi email cho tôi bằng ngôn ngữ bạn chọn –  
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请用您选择的语言给我发电子邮件  
[mschiaffino@sdsu.edu](mailto:mschiaffino@sdsu.edu)



# Thank you!

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## Acknowledgement

- SchiaffinoLab at SDSU
  - Kathy Vu for language assistance and all my students!
- Dr. Noe Crespo and the AMHL Team

## Resources

- <https://health.gov/healthliteracyonline/> great step by step guide to developing digital tools
- <https://www.cdc.gov/healthliteracy/developmaterials/visual-communication.html>
- <https://health.gov/our-work/national-health-initiatives/health-literacy/health-literate-care-model>
- Additional resources for implementation: <https://health.gov/our-work/national-health-initiatives/health-literacy/health-literate-care-model/resources-implementation>
- <https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html>