Health Literacy in Vulnerable Populations:

A Medical Anthropological Perspective

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Overview

1. Culture: Two definitions
2. Explanatory models of illness
3. How do cultural beliefs affect health behaviors?
4. How do cultural beliefs affect health literacy?
5. Measuring health literacy in diverse populations
6. Recommendations

Who are Vulnerable Populations?

- Immigrants
- Low-income
- Minorities
- Medically underserved areas (MUAs)
- Limited English Proficient (LEP) patients

Culture: Two definitions

- “the integrated pattern of human behavior that includes actions, communication, beliefs, values and institutions” (NCCC 2001)
- Learned patterns of thought (knowledge) and behavior shared by a social group and acquired through acculturation

“There is no
culture-free way to
think about disease”
--
including
the culture of science

Explanatory models of illness

- The “emic,” culturally informed understandings of
  - **causes** and **treatments** of illness
  - the role of patients, healers, and family members in caring for illness
  - meaning of suffering and death

How do cultural beliefs affect health behaviors?

- Russian patients lack a concept of "chronic disease" based on their experiences with Soviet health care,
  - may be more likely to discontinue diabetes or hypertension meds once they feel better
- Sharing food among family members as expression of love or mutual support

How do cultural beliefs affect health behaviors?

Latino focus group excerpt:

P2: I don't like to take pills.

Q: And what is it that you don't like about taking your pills?

P2: I don't know. It's like I have a fear of how my body is going to react. Maybe it is from an experience that I had one time, of pills that I took and I felt my body, I don't know, that it wasn't me. And I am afraid of that.

Q: And you all? How do you feel about taking pills?

P4: I have to take them because they are for my condition.

P3: Let's talk about the truth, there are pills that in one way make you better but in another hurt you. Because even Advil is bad for your liver.

P4: True. The way that you take them and the quantity...

P3: It's no good, and you never know how much. They are good for headaches, "Give me that pill." (chuckling) Whoa! The next day-- "Oh my gosh!" (in English).

P2: You are helping you there and hurting you here.

How do cultural beliefs affect health literacy?

- Language contains embedded beliefs about chronology, causation, agency
- What constitutes physical activity? When and why would one exercise?
- Cultural norms of deference
- How do we measure reading ability?
- What does literacy imply about cognition, and vice versa?

Measuring health literacy in diverse groups

Strategy:

- Formative research for acculturation and HL scales
  - focus groups to generate culturally relevant terms
  - translating existing scales into Vietnamese (TOFHLA numeracy)
  - pre-testing revised scales
- Matching scales to language:
  - Latinos: TOFHLA numeracy; SAHLSA
  - White, Black: TOFHLA numeracy; REALM
  - Vietnamese: TOFHLA numeracy

Measuring health literacy in diverse groups

Limitations:

- TOFHLA numeracy is only consistent score across ethnic groups
- The TOFHLA numeracy scale has not been normed or validated for Vietnamese-speakers
- Translation issues

Recommendations

For Providers:

- Universal approaches to health literacy and cultural competence:
  - Communication tools (Ask Me 3, ABCDE, Teach Back, plain English)
  - Medical interpreter for LEP patients
- Negotiation and patient-centered care
- Educate providers about patients' cultures, health beliefs (particularistic approach)

Recommendations

For Health Literacy Researchers:

- Add qualitative pre-testing to explore diverse patients' understanding of instruments
- Educate researchers about patients' diverse cultures and health beliefs
- Use qualitative methods to discover health beliefs and practices
- Back-translate instruments for accuracy or use outside proofreaders

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