

Health Literacy and the Role of Culture

Individuals' social and cultural contexts are inextricably linked to how they perceive and act on health information.

An individual's perception of his or her health is shaped not only by personal convictions, but also by the beliefs of his or her racial, ethnic, religious, social and/or linguistic communities. These personal and collective values can be summed up as culture, and they influence an individual's health literacy. Culture can impact how individuals:

- Define what they feel is a health problem;
- Express concerns about the problem or report symptoms;
- Decide what type of service should be obtained, when, and from whom; and
- Respond to treatment guidance.

HEALTH LITERACY SNAPSHOT

A young Latina woman is told by her physician she needs to lose 30 lbs to lower her risk of diabetes and heart disease. Her family cannot afford a gym membership and she is too embarrassed to play sports at school, where she is often teased. Her physician told her simply to "improve her lifestyle and run outside," but she does not feel safe running in her neighborhood, where crime rates have been rising.

If cultural norms do not match up with the dominant values of the health care system, an individual – even with adequate reading, writing, and numeracy skills – can have trouble accessing health services, communicating with providers, and pursuing effective self-management. Such cultural mismatches – along with low socio-economic levels and historic discrimination – have contributed to disparities in health and health care experienced by individuals in racial, ethnic, and linguistic minority groups.

Low health literacy is both a key cause and effect of these disparities. National estimates suggest that minority populations tend to have greater rates of low health literacy.¹ Further, studies show that when controlling for health literacy, racial and ethnic disparities in health care quality and outcomes often disappear.²

Cultural Competency

Cultural competency refers to the “practices and behaviors that ensure that all patients receive high-quality, effective care irrespective of cultural background, language proficiency, socioeconomic status, and other factors that may be informed by a patient's characteristics.”³ Improving the cultural competency of health materials, personal interactions, and services is an important step toward addressing low health literacy among diverse populations.

National Standards for Culturally and Linguistically Appropriate Services

In 2000, the Office of Minority Health developed National Standards on Culturally and Linguistically Appropriate Services (CLAS) to provide a common understanding and consistent definition of culturally and linguistically appropriate services in health care. These standards are designed to offer a practical framework for providers, payers, accreditation organizations, policymakers, health administrators, and educators. Learn more about the CLAS guidelines at <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>.

This is one in a series of health literacy fact sheets that address topics like identifying low health literacy and improving print and oral communications, produced with support from Kaiser Permanente Community Benefit. For more information, visit www.chcs.org.

Strategies to Improve Cultural Competency in Health Organizations

Provider-Patient Communication

- Give guidance on nutrition and lifestyle that aligns with patients' cultural, dietary, and/or religious values;
- Respect cultural norms around body language, clothing, and gender during appointment interactions; and
- Be sensitive when asking questions to clarify understanding or dispel pre-conceived notions.

Care Management

- Include diverse backgrounds and skill sets in care teams to meet patients' range of medical and social needs;
- Provide culturally-relevant education and management tools to facilitate self-care and shared decision-making; and
- Link patients with community-based services and supports outside of the clinic.

Health Information

- Reduce the use of health industry jargon;
- Translate health materials into multiple languages and provide interpreter services for in-person encounters;
- Represent racially and ethnically diverse groups in the images and content of materials; and
- Tailor prevention and health promotion messages to diverse communities using social marketing strategies.

Workforce Training

- Increase racial, ethnic, and linguistic diversity among professional and paraprofessional providers (e.g., physicians, physician assistants, nurses, behavioral health specialists, community health workers, peer navigators, etc); and
- Train providers and front-line staff in cross-cultural communication, trust-building, and motivational interviewing.⁴

SPOTLIGHT ON LIMITED ENGLISH PROFICIENCY

More than 23 million Americans have limited English proficiency (LEP). While their lack of skills in English drives their low health literacy, it is important to differentiate literacy from English-language proficiency. For example, some individuals with adequate health literacy may be more adept at a non-English language than English, and there are many individuals who have inadequate health literacy, even though English is their primary language. Individuals with LEP experience similar problems to those with low health literacy, such as delay or denial of services, issues with medication management, and underutilization of preventive services.⁵ Translation and interpretation services are recognized as best practices in engaging individuals with LEP.⁶ Title VI of the Civil Rights Act of 1964 requires all entities (e.g., state agencies, hospitals, providers) receiving federal funds to provide these services.⁷

Resources for Providing Culturally Competent Care

Visit the hyperlinks for more information.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set:** Survey instruments that assess provider cultural competency. Part of the suite of CAHPS Clinician & Group Surveys developed by the Agency for Healthcare Research and Quality.
- **Health Resources and Services Administration – Culture, Language and Health Literacy:** Resources such as tools, assessments, and articles for health care providers, particularly those serving the uninsured, isolated or medically vulnerable, such as Federally Qualified Health Centers, Essential Community Providers, Rural Health Centers, and Community Health Centers.
- **DiversityRx:** Resource website for delivering health care to minority, immigrant, and indigenous communities.

¹ L. Nielson-Bohlman, A.M. Panzer, and D.A. Kindig (Eds.) *Health Literacy: A Prescription to End Confusion*. (Washington, DC: The Institute of Medicine & The National Academies Press, 2004).

² A.E. Volandes and M.K. Paasche-Orlow. "Health Literacy, Health Inequality and a Just Healthcare System." *The American Journal of Bioethics*, 7, no.10 (2007), 5-10.

³ Office of Minority Health, Department of Health and Human Services. *What is Cultural Competency?* Accessible at:

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

⁴ M.K. Paasche-Orlow, D. Schillinger, S.M. Green, and E.H. Wagner. "How Healthcare Systems Can Begin to Address the Challenge of Limited Literacy." *Journal of General Internal Medicine*, 21, no.8 (2006), 884–887.

⁵ M. Youdelman. "The Medical Tongue: U.S. Laws and Policies on Language Access." *Health Affairs*, 27, no. 2 (2008): 424–433.

⁶ A. Sampson. National Health Law Program (2006). "Language Services Resource Guide for Health Care Providers." Available at:

<http://www.healthlaw.org/images/pubs/ResourceGuideFinal.pdf>.

⁷ M. Au, E. Taylor, and M. Gold. "Improving Access to Language Services in Health Care: A Look at National and State Efforts." Mathematica Policy Research, April 2009. Available at: <http://www.ahrq.gov/legacy/populations/languageservicesbr.pdf>.