



# Health literacy: Tools to promote health equity in the context of COVID-19

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# ***Health Literacy: Tools to Promote Health Equity in the Context of COVID-19***

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# Disclosures

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## **Dr. Berggren has no financial conflicts of interest to disclose for the content of this presentation**

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# Learning Objectives

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1. Compare and contrast the most recent definitions of personal and organizational health literacy
2. Describe the link between low health literacy and poor health, including COVID19 outcomes in San Antonio.
3. Identify health equity-promoting tools within the layers of our health systems-of-care.
4. Develop proficiency in practicing the first of six health communication skills: using plain language

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”



# Demographic Context of San Antonio

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Community is 64.5% Hispanic

17.8% Living below poverty

19% Uninsured: **nearly 283,000 San Antonio** residents are uninsured. (Sep 17, 2020)

25% of University Health System patients are unfunded; approximately 23% are assisted by interpreters/translators

14.3% Foreign born population

35-37% of immigrant population is undocumented

SA has resettled >10,000 international refugees since 2010

City expected 19,000 migrants to travel legally through San Antonio in June '22

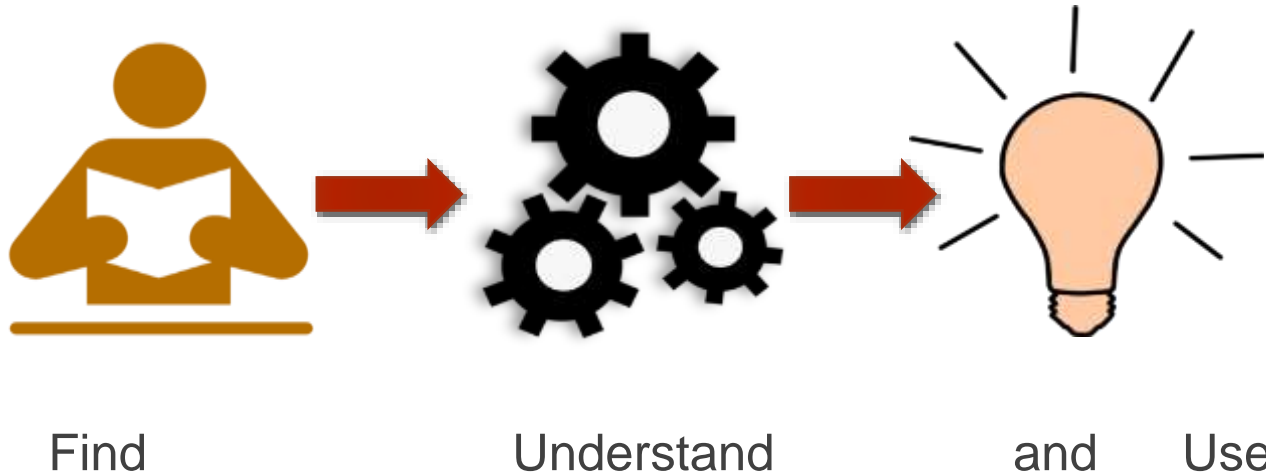
Demographics have implications for health literacy interventions



# Individual Health Literacy Definition

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The degree to which individuals have the ability to



information and services to inform health-related decisions and actions for themselves and others

# Organizational Health Literacy Definition

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The degree to which organizations equitably enable individuals to



Find

Understand

and Use

information and services to inform health-related decisions and actions for themselves and others

(U.S. [Healthy People 2030](#) initiative)



# What's important about these definitions?

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Emphasize people's ability to *use* health information rather than just understand it

Focus on ability to make “well-informed” decisions rather than “appropriate” ones

Incorporate a public health perspective

Acknowledge that organizations have a responsibility to address health literacy

**These definitions indicate that people and organizations can use their health literacy skills to improve the health of their communities and its members.**

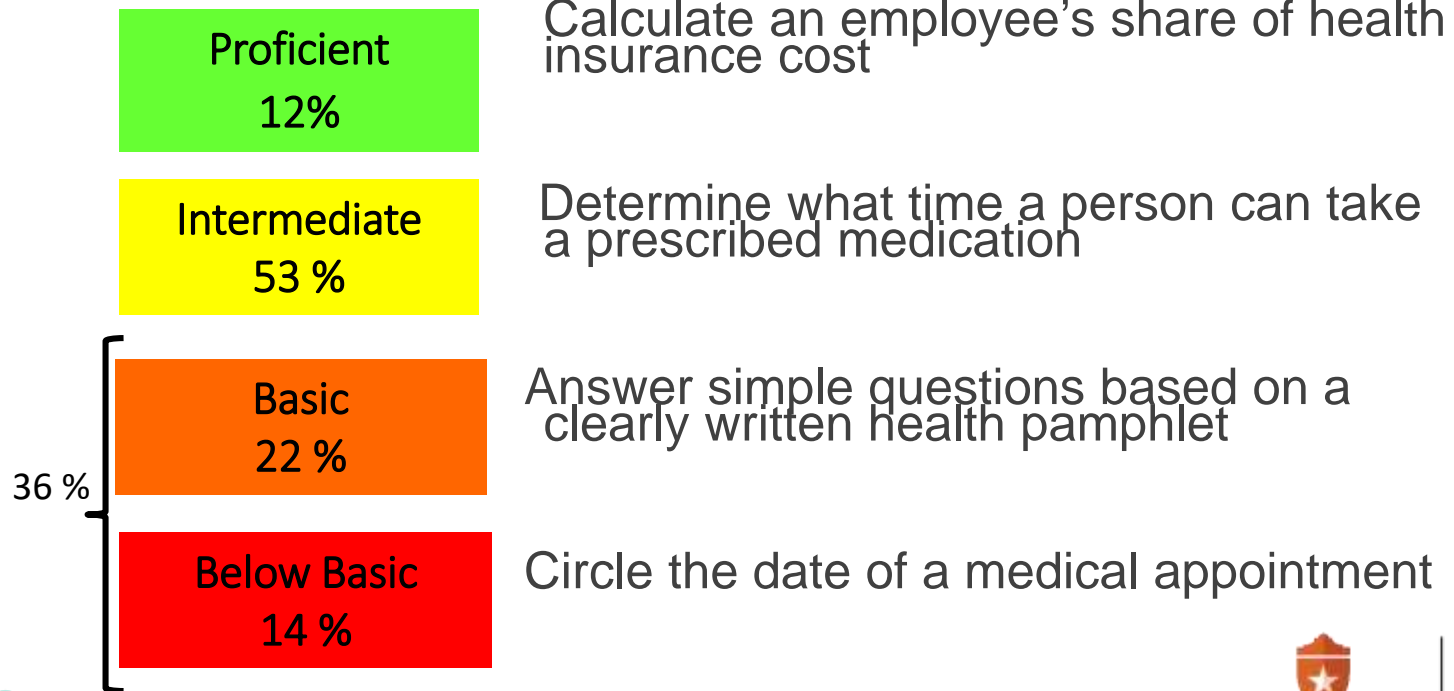


# Nearly 9 out of 10 adults have difficulty using everyday health information.

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## 2003 National Assessment of Adult Literacy (NAAL)

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author.



# People with low health literacy are

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More likely to be hospitalized

More likely to have chronic health issues

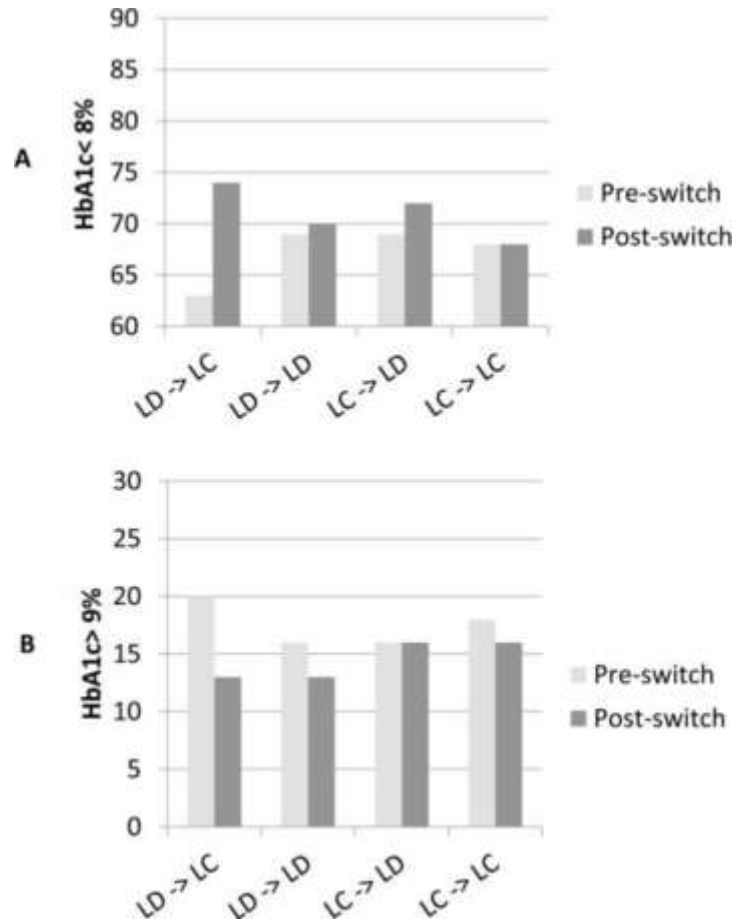
Less likely to seek treatment

Low health literacy is estimated to have added up to \$238 billion\* of unnecessary costs to an already overburdened health-care system.

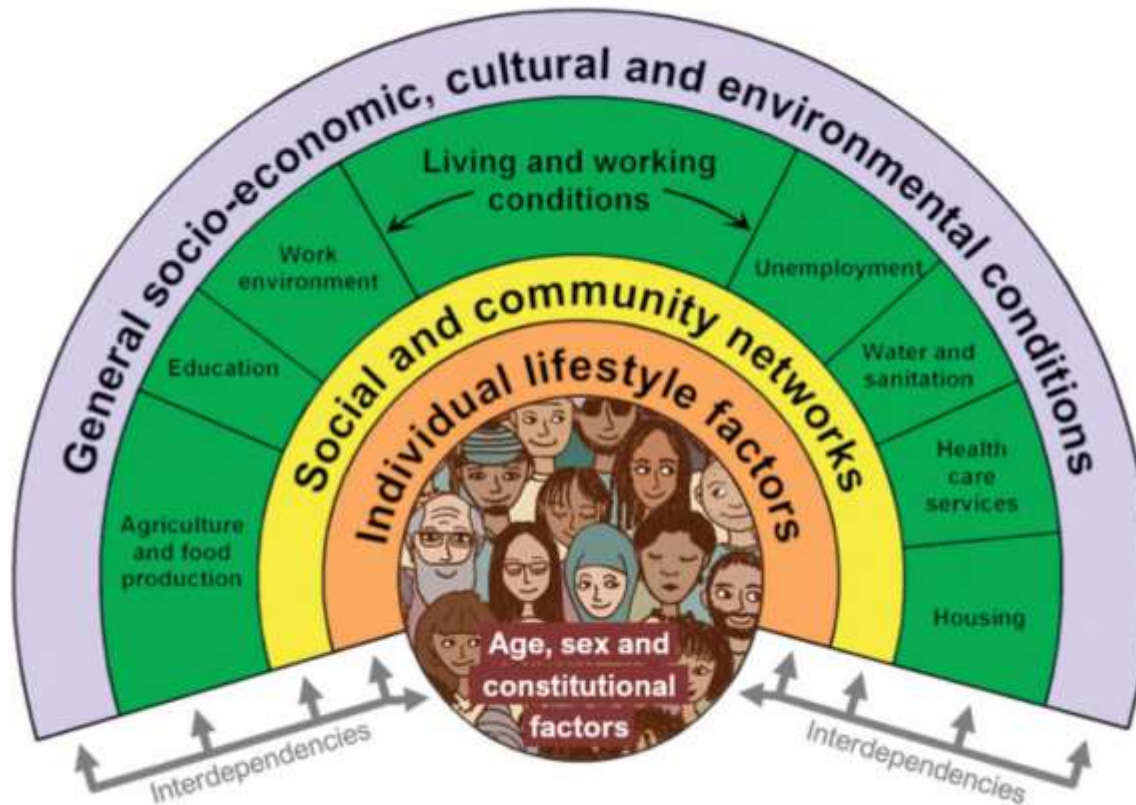
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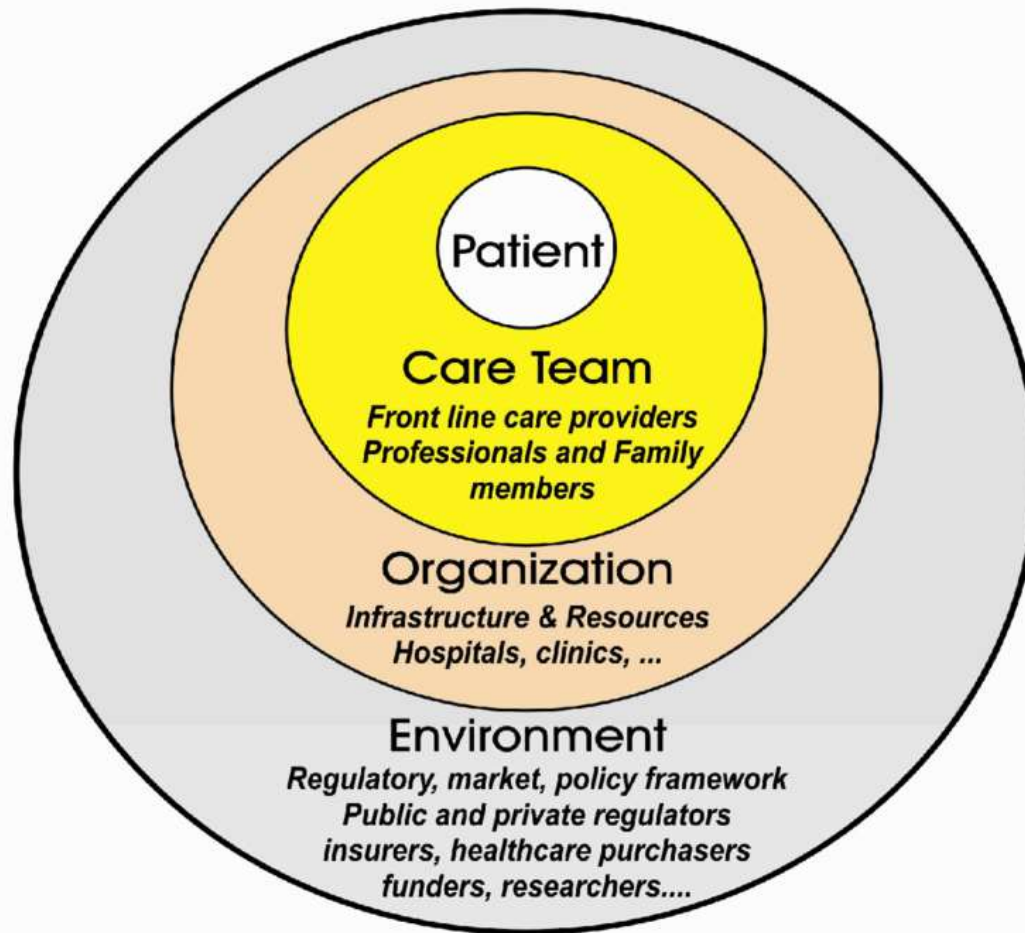


# When Patients and Physicians Speak the Same Language: Glycemic Control Improves



# The main determinants of health. Adapted from Dahlgren and Whitehead (1991)



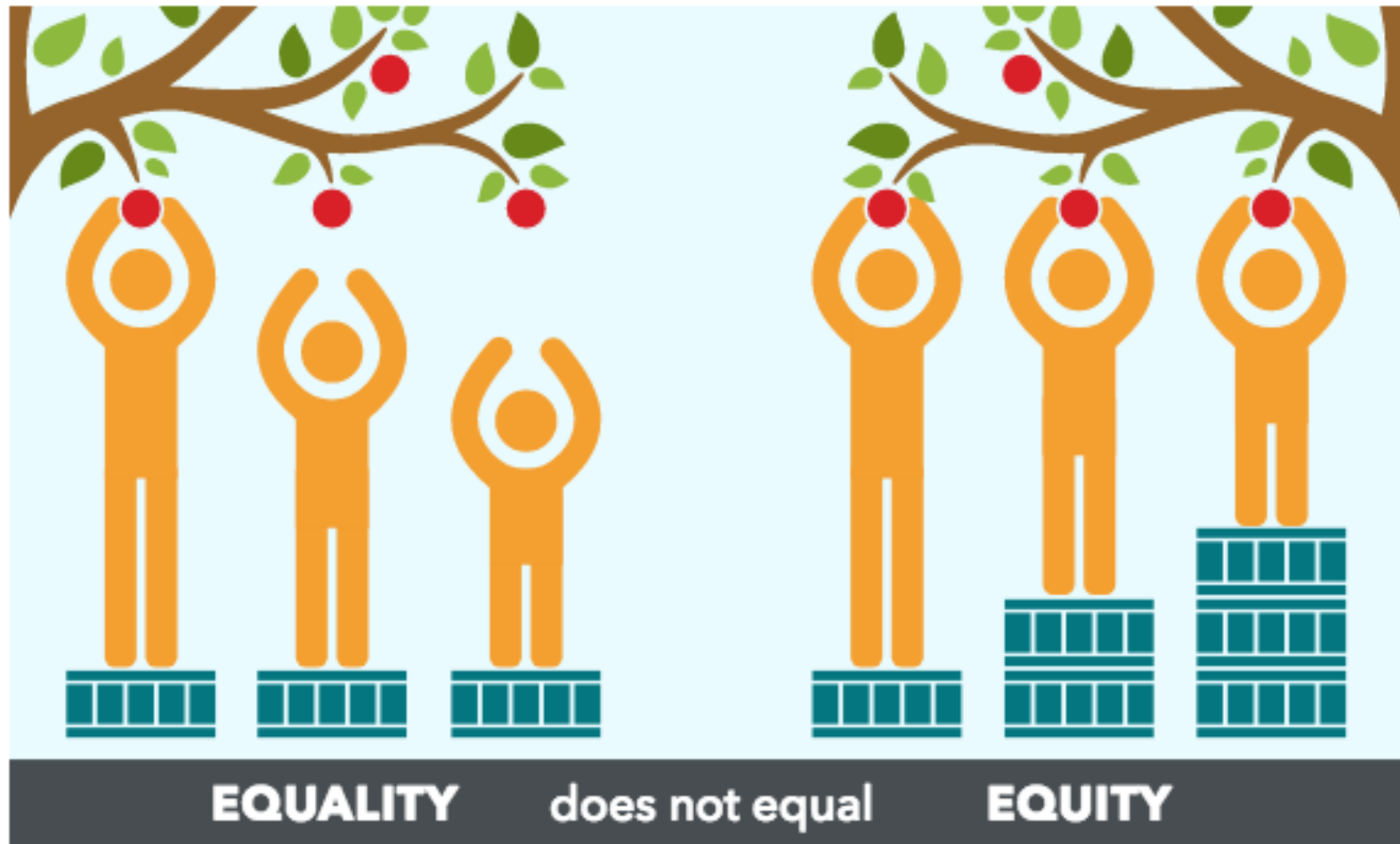


Ferlie and Shortell (2001) / **Conceptual drawing of a four-level healthcare system**

Source: National Academy of Sciences

A New Engineering Health Care Partnership, Page 19-20

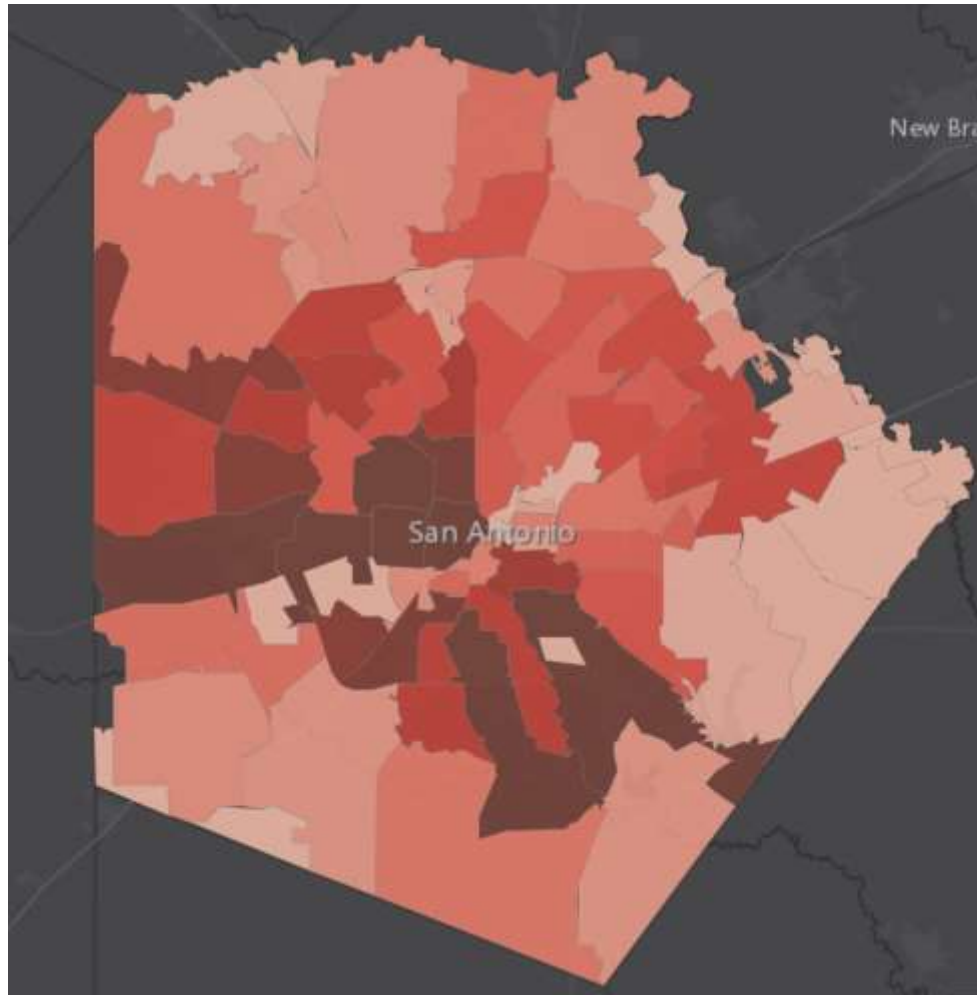
# Achieving equity requires understanding the root causes of disparate health outcomes



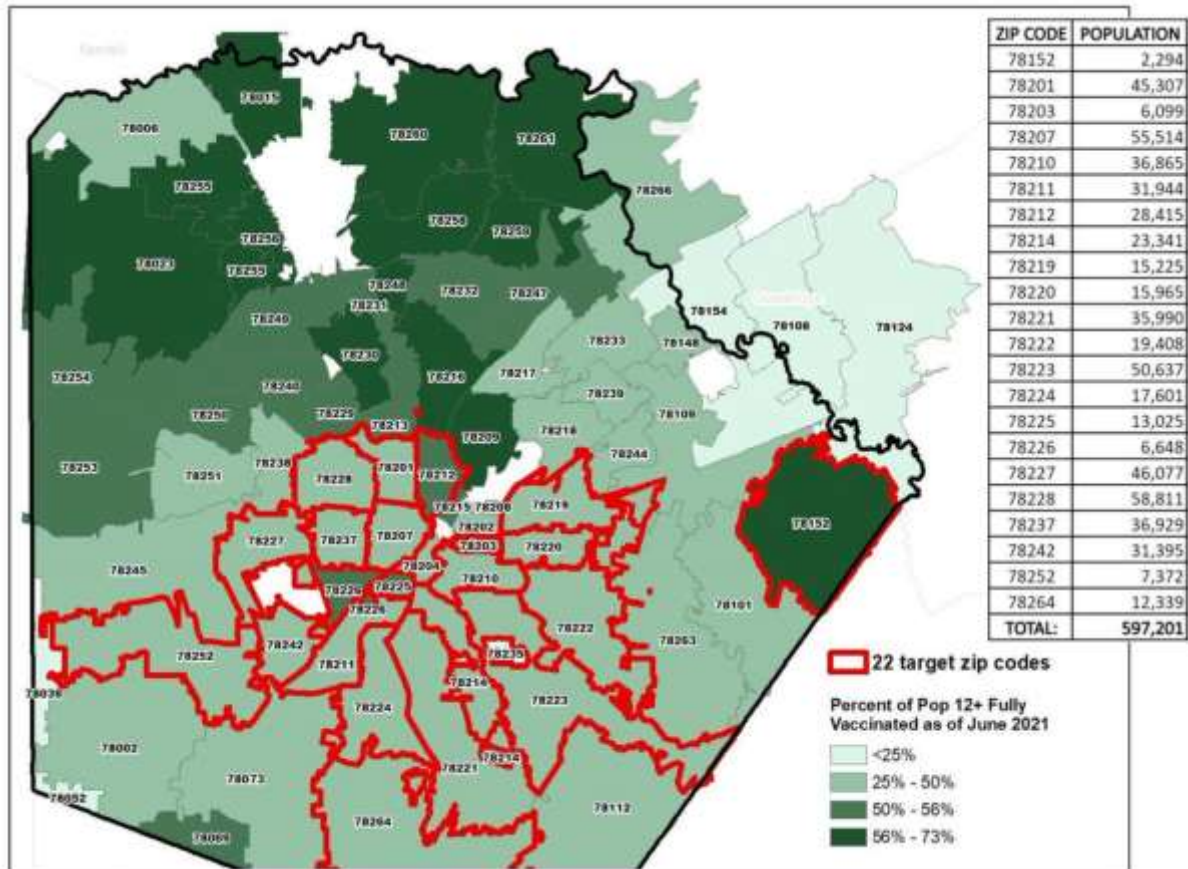


# COVID-19 Surveillance

Bexar County data reported daily at 7:00 PM



# Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 : HHS Grant





# Health Confianza: a multi-level health literacy plan for San Antonio

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## What we will do with HHS funding:

### Develop and disseminate

information about preventing and mitigating the negative consequences of COVID-19 that is accurate, accessible and actionable.

### Promote and facilitate

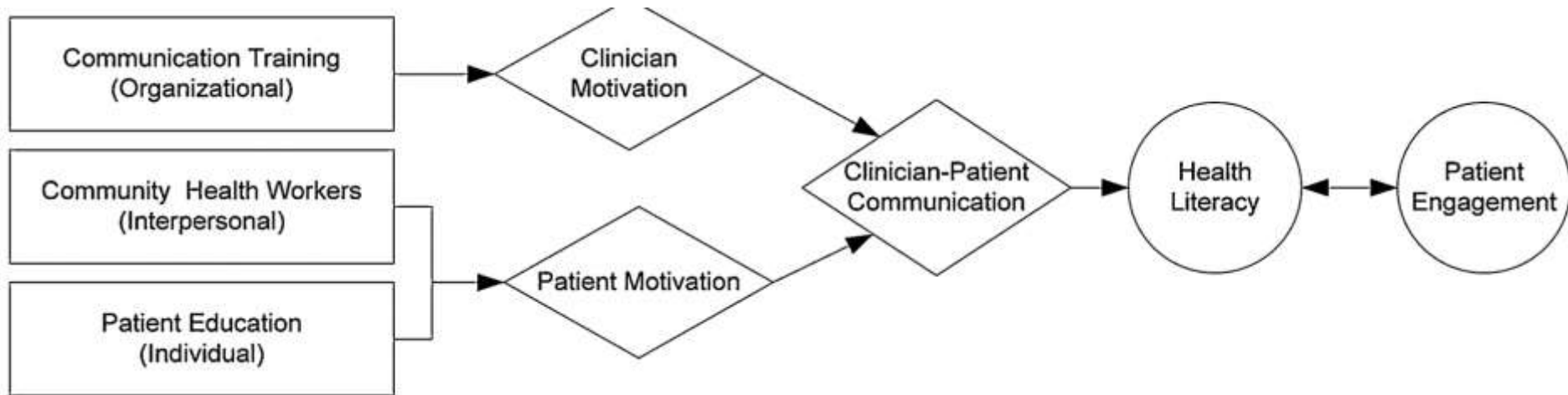
changes within Bexar County health and social care systems that improve health information, communication, informed decision making and access to services.

### Support and expand

efforts to provide culturally and linguistically appropriate COVID-19 health information services in our marginalized communities.

# Convergence strategy

## Health Literacy interventions at multiple levels



# 5 Key Messages on COVID-19 Vaccines



You can help stop the pandemic by getting the COVID-19 vaccine

COVID-19 vaccines are safe and effective

COVID-19 vaccines are free (cost of administering may go to insurance)

COVID-19 vaccines may have some side effects, and these are normal signs that your body is building protection

For max protection, you still need to wear a mask and wash hands often, even after getting vaccinated

# Six Communication Skills

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**SETTING THE TONE**



**ACTIVE LISTENING**



**USE PLAIN LANGUAGE**



**ACKNOWLEDGE  
DIFFERENT  
PERSPECTIVES**



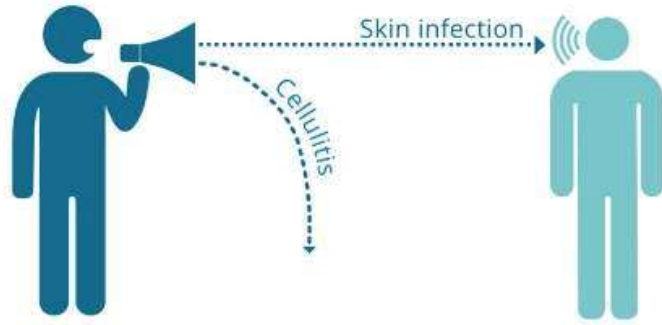
**BRIDGE RESPECTFULLY**



**USE TEACH-BACK TO  
CHECK FOR  
UNDERSTANDING**

# Use Plain Language

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- Communication that is understandable the first time a person hears it
- Why use plain language?
  - Eliminates barriers
  - Reduces time spent explaining
  - Improves understanding
  - Empowers people to act

# Vaccine decision-making depends on more than using plain language

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**“COVID-19 Vaccine Decision-making Factors in Racial and Ethnic Minority Communities in Los Angeles, California”-JAMA 2021**

**Question:** What factors do members of multiethnic communities at high risk for COVID-19 infection/morbidity cite as influencing vaccine decision-making?

- Vax decision-making process influenced by:
  - Misinformation
  - Politicization
  - Apprehension from historical inequity and mistreatment,
  - Access barriers related to social disadvantage
  - Need for community engagement
  - Need for trusted messengers

# Why is the need for trusted messengers greater than ever

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- ❖ Lots of confusion around masking messages in C19
- ❖ Variants emerged faster than expected
- ❖ Vaccines did not protect against infection with variants
- ❖ Some people experienced frightening side effects from vaccination
  - ❖ (myocarditis in adolescent boys; blood clots in women of reproductive age)
  - ❖ Internet and politicians amplified fears through mis and disinformation

WHO ARE THE TRUSTED MESSENGERS IN SAN ANTONIO?

# Practice this scenario: Interpersonal level (bedside)

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You are getting ready to discharge a patient. They are considering getting COVID vaccine but have concerns: (pick one)

1. I don't want the vaccine because I heard it messes with your birth control
2. I worry you are giving me a fake vaccine, and that you may not be keeping it cold





# Six Communication Skills

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**BRIDGE RESPECTFULLY**



**USE TEACH-BACK TO  
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# Communicating COVID 2.0

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- Depoliticize the messenger and the message
- Expand beyond COVID19;( monkey pox, polio making a comeback; general wellness, mental health critically important)
- Correct misinformation and disinformation
- Develop barrier-busting strategies: mobile clinics, town halls, accompaniment
- Engage communities via the most trusted messengers:
- Who are the trusted messengers?
- faith leaders, CHW's, school nurses, family members
  
- Health CONFIANZA Champions: become one!
- [www.healthconfianza.org](http://www.healthconfianza.org)

*Questions?*

