

April 2016

Modelo Promotoras: Advancing Health Literacy through culturally competent health promotion and prevention strategies

By **Heydi Corea-Encarnacion**, *CHCI-DaVita Health Graduate Fellow*

With the introduction of The Patient Protection and Affordable Care Act (ACA) on March 23, 2010, the healthcare landscape in the United States has taken dramatic shifts towards more inclusive health care policies. Despite great strides in assuring healthcare access to an increasing number of uninsured and underinsured Americans, the U.S. healthcare system remains one of the most complex amongst industrialized nations.

The increasing and continuous involvement of varying public and private programs, institutional policies, services, products, and health-related information have given rise to a system, which can be perplexing to the average consumer. Within these provisions lie complex tiers including: insurance eligibility, prescription medication, disease management, prevention, and lifestyle modifications—all of which pose challenges to those seeking affordable, equitable and quality healthcare; in particular to individuals within underserved and underrepresented communities.

Health literacy lies at the core of healthcare attainment. Low health literacy is inextricably linked to an increase in negative health outcomes, high-risk health behaviors, a reduction in the use of health care services, and low to non-existent levels of chronic disease management. These

types of negative health behaviors can be commonly found within the Latino community. The ACA aims to provide needed access to health services for an increased number of American citizens including the Latino community; yet it has still struggled to provide sustainable approaches to health literacy educational resources which target underserved and underrepresented communities.

We can further examine the methods through which health literacy can improve overall healthcare conditions within Latino communities. By facilitating the adoption of basic health principles and information disseminated by practitioners, physicians, and providers and by understanding health literacy and its effects on Latino healthcare consumers. By enacting a National Health Literacy Initiative and establishing continuous federal funding of Community Health Worker/*Promotoras(es) de Salud Initiatives* Programs, health literacy levels can be expected to rise exponentially within the Latino community.

Defining Health Literacy

Title V of the ACA defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.

The Centers for Disease Control and Prevention (CDC) states that health literacy has its own version of capacity building and skill sets that individuals need in order to fully comprehend basic health information regarding medical procedures and prescriptions. The CDC utilizes the term “capacity” to define the need for individuals to access and understand health information as well as services when a potential health situation exists. Health care consumers must be able to develop comfort in finding appropriate information while communicating personal needs and preferences to their health care provider. These elements prove necessary in order for health literacy attainment to influence behavioral modifications and perpetuate positive health outcomes.²

Further expanding the definition of health literacy, The U.S. Department of Health and Human Services (HHS) outlines health literacy as being dependent on individual and systemic factors including communication skills between the person and professionals, knowledge on health topics, culture, demands of the healthcare and public health systems, and demands of the situation and/or context. HHS argues that health literacy must include numerical skills, where individuals must be able to understand and interpret chronic disease management knowledge (for example monitoring sugar levels) and be able to make as-

NAAL researchers ultimately concluded that approximately 36 percent of adults in the United States have limited health literacy, 22 percent of individuals are at basic level, and 14 percent have below basic health literacy understanding.

sertive measurements of their medication intake. Disseminating health information in simple and concise plain language formats, as described by HHS, acts as a key for increasing health literacy levels nationwide. Plain language, in turn, promotes health literacy by ensuring the language utilized through the dispersion of health information is at a universal reading level.³

Health Literacy Status in the United States

Health literacy has been established as a major public health priority in both policy and advocacy efforts in bringing health care access forward. National data suggests that only 12 percent of adults in the United States have proficient health literacy.⁴ This reality means that nearly 9 out of 10 adults in the United States lack the necessary skills and capacity needed to manage positive health outcomes and prevent disease. The disparity grows larger when comparing non-white racial and ethnic communities, elderly adults, individuals with low socioeconomic status and education, people with mental and physical disabilities, and non-native English speakers.⁵

According to the National Assessment of Adult Literacy (NAAL)—an initiative overseen by the U.S. Department of Education—14 percent of adults have below basic health literacy. Adults within this realm are more likely to report they are experiencing poor health and are more likely to lack health insurance and access to quality health care. NAAL presents for the first time a federal agency set forward to study and analyze overall health literacy levels in the United States. NAAL developed a four-tier system (figure 1.1) in order to better measure literacy levels within the 19,000 adults surveyed. Each tier reflects the pa-

Figure 1.1 showcases the abilities which are associated with each tier established by NAAL.

Four Literacy Levels	Key Abilities
Proficient	Able to clearly acknowledge their health care cost for the year and were able to find information within complex medical documents.
Intermediate	Able to comprehend the use of an over-the-counter medication and understand which substances within the medication will create positive and adverse drug interactions toward their current sickness.
Basic	Understanding simple and short documents such as a medical demographic form.
Below Basic	Not able to decipher basic medical information from a pamphlet at a community center.

tient’s ability to understand the elements and services within their surrounding health care system. The four tiers assessed include: Proficient, Intermediate, Basic and Below Basic.

NAAL researchers ultimately concluded that approximately 36 percent of adults in the United States have intermediate health literacy, 22 percent of individuals are at basic level, and 14 percent have below basic health literacy understanding.

Evidence-based research has shown that individuals who are at low or below literacy levels are hospitalized at higher rates (specifically for preventable health events/conditions), are more likely to suffer from a chronic disease, such as high blood pressure, diabetes, and asthma; and are less likely to manage them effectively due to an inability to access preventive care measures.⁶ As a result, the U.S. economy loses between \$106 billion to \$236 billion annually due to medication errors, unnecessary emergency room visits, longer hospital stays, and the lack of access to basic health prevention services such as annual physicals and check-ups.⁷

Existing National Efforts

Nationally, there have been insufficient federal policy proposals that seek to implement health literacy interventions. While the NAAL was a breakthrough in informing public health professionals about the vast disconnect between health literacy and health outcomes, few efforts have been made to provide sustainable and measurable interventions which address health literacy directly and independently.

As the first of its kind, NAAL brought forth alarming statistics to the public health community, showcasing the fact that health literacy was not being considered a forefront public health issue in the United States. As health disparities become inextricably associated with a lack of health literacy, HHS introduced the National Action Plan to Improve Health Literacy. The plan seeks to reduce disparity through community-based efforts that implement sustainable health literacy practices in the United States. The mission of the action plan focused on restructuring the ways in which public health professionals create and disseminate accurate health information through the implementation of

A worrisome statistic reported by NCLR, finds that 62 percent of limited English proficient Latinos reported a lack of health information dissemination by their healthcare providers, citing language barriers as a hindrance to quality care.

several goals. These strategies set out to maximize accessibility, quality and safety guidelines which in turn lead to a reduction of healthcare cost while improving overall quality of health.

Although the ACA has, to some extent, recognized the lack of health literacy within our current healthcare system, such language can only be found within certain sections of the law. To date, the National Action Plan embodies some of the most comprehensive proposals in advancing health literacy despite limited exposure on the federal, state and local levels. As a result, organizations have independently developed their own versions of health literacy education and promotion procedures without any set guidelines from Congress.

Latinos Knowledge on Health

Within the last decade, Latinos have become the largest ethnic minority group in the United States. However, Latinos are disproportionately affected by various chronic diseases and are less likely than their Caucasian counterparts to seek preventative medical attention.⁸ Health literacy functions as a great concern due to a substantial portion of Latinos falling within the “Below Basic” level of health literacy (41 percent) and only 4 percent considering themselves proficient.⁹

In 2009, the National Council of La Raza (NCLR) conducted research in order to gauge attainment levels and information sources for Latinos with regards to their understanding healthcare. Data revealed that Latinos have lower levels of health literacy compared to those of non-Hispanic backgrounds, and receiving two thirds of their health information

is funneled through various independent sources outside of their healthcare provider. A worrisome statistic reported by NCLR, finds that 62 percent of limited English proficient Latinos reported a lack of health information disseminated by their healthcare providers, citing language barriers as a hindrance to quality care. These alarming percentages speak to the socioeconomic barriers and coverage gaps that Latino individuals face within the United State healthcare system. These barriers—such as cultural competency and language—are linked to disproportionate rates of re-hospitalization and lower adherence of medical regimens by Latinos.¹⁰

The NCLR survey also explored the diverse avenues by which Latinos receive their health information. Twenty-eight percent of those who participated in the survey stated that they did not receive any medical information from their health care provider in 2012. One major obstacle that continuously prevents many Latinos from accessing quality healthcare services occurs through systemic language barriers between them and their healthcare providers. This situation can lead many Latinos to gather health information from alternative outlets. Newspapers, radio, and online resources are considered the three major media outlets Latinos rely on most when seeking health information from non-medical providers. As a result, Latinos are susceptible to attaining incomplete medical knowledge, which can negatively affect their understanding of individual healthcare needs and may lead to inaccurate knowledge of one’s chronic disease management or even wrongful information about symptoms.

Latinos can improve their health literacy is through forged relationships with community health workers, better known amongst Latino communities as *Promotoras(es)*. *Promotoras(es) de Salud* have increasingly become a focus within federal spectrum of healthcare management, and thus HHS has recognized community health workers as a sustainable and necessary outlet for the dissemination of healthcare information. The *Promotoras(es) de Salud* initiative focuses on recognizing the important contributions of culturally competent health professionals in reaching vulnerable, low-income and underserved community members in addition it promotes increased engagement through accurate and active health education and prevention efforts.

Promotoras(es) are trained bilingual health educators and facilitators who possess extensive knowledge on the community’s health disparities and how to most effectively address them. *Promotoras(es) de Salud* prove critical in providing relevant and appropriate health information as well as health care navigators, interpreters, health educators, outreach workers and advocates for patients. They rely on diverse resources, such as personal and professional contacts, knowledge of local health care organizations, and extended relationships within the community in order to become effective in educating at-risk populations. *Promotores(as)* become ingrained members of a community and are able to address those in need of assistance by interpreting healthcare information acquiring appropriate health services from physicians, practitioners, and providers. *Promotoras(es)* serve their respective community by building a foundation of trust and engagement (CDC, 2015).

Although, the ACA has made great strides in ensuring affordable coverage for all, it has yet to embrace specific target levels in the improvement of health literacy within the law. The Patient Protection and Affordable Care Act of 2010 has attempted to re-assess what has been viewed by many as a mismanaged and overly complex healthcare system, in order to ensure that all citizens can benefit from the health care they deserve.

Legislative Efforts

Former U.S. Senator Norm Coleman of Minnesota introduced the National Health Literacy Act (S.2424) of 2007 during the 110th Congress. The bill's purpose was to amend the Public Health Service Act in order to establish an agency within HHS titled "Health Literacy Implementation Center" enabling efforts to eliminate low health literacy by improving research, development, and information dissemination. The directive of the center would focus on providing health literacy resources to researchers, healthcare providers and the public, in accordance with health literacy guidelines set by HHS. The center would sponsor evaluation projects, develop the next generation of health literacy interventions and tools, and identify and fill gaps related to health literacy, while advocating for the improvement of quality care for all in the United States. Another stated responsibility of the center would be to assist federal agencies in establishing goals and objectives to carry out health prevention and promotion strategies, while also implementing programs which adopt innovative literacy intervention tools.

S.2424 was not enacted into law by the 110th Congress. The bill made its way to the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP), where it was read twice and not considered for further legislative action. This has been the only effort by Congress to bring forth a comprehensive piece of legislation that specifically targets health literacy as an integral part of health care policy and disease management. While the ACA has made great strides in ensuring affordable coverage for all, it has yet to embrace specific target levels in the improvement of health literacy within the law. The ACA

has attempted to re-assess what has been viewed by many as a mismanaged and overly complex healthcare system, in order to ensure that all citizens can benefit from the health care they deserve. The primary goal of this legislation is to increase access to coverage, regulate private industry by allowing more individuals into insurance systems at affordable rates, and control healthcare costs.

Recommendations

As the nation moves forward with comprehensive and affordable health care, health literacy must become a core component of health policy innovation. Re-introduction of new legislation that mirrors the language of the National Health Literacy Act of 2007 would ensure that health literacy becomes a fundamental component within public health policy moving forward. Newly proposed bills must include inclusive and diverse language, present updated findings and information on the current health literacy barriers within the United States. In addition, bills must showcase the addition of statistical reflections upon current health literacy standards amongst underserved and underrepresented communities, which would particularly benefit Latinos in the U.S.

The creation of a federally mandated *Promotoras(es) de Salud* program under the Office of Minority Health within HHS would help forge stronger partnerships between community-based physicians and Latino community members, which would significantly reduce the current void of cultural competence and linguistically appropriate services. Thus an established *Promotoras(es) de Salud* programs can continue to provide equitable

and vital services to underserved individuals, while prompting federal funds to be allocated for new community proposals built upon successful local interventions.

Title IV of the ACA—"Prevention of Chronic Diseases and Improving Public Health"—Sections 4001–4402 a premier step in establishing a Community Health Worker initiative in the United States. Congress unified to articulate in bringing forth such legislation must articulate annual budget designations to be approved by the Appropriations Committee in order to implement, develop, and sustain this initiative. Evidence-based studies and interventions continuously show the implementation of a Community Health Worker program significantly increase access to healthcare services. Latino consumers have shown great benefits from programs such as *Promotoras(es) de Salud*, linking community leaders to skill-building activities and knowledge sets which are transferrable to linguistically and culturally competent health promotion settings.

Conclusion

Under the ACA, health care coverage has been extended to more than 32 million individuals, most of whom are represented within at-risk low socioeconomic communities. Coverage expansion incorporates simplified insurance marketplaces, equity in ensuring that all communities and populations are able to access basic levels of health care services, as well as increased efforts within our health practitioner workforce in allowing for well-rounded training which focuses on cultural competency, language and literacy issues. Further bridging of health disparity gaps must include the dissemination of clear and concise health information,

Programs such as Promotoras(es) de Salud should be at the forefront of future health policy agendas through the creation of taskforces aimed at reducing health disparity gaps through health prevention and promotion strategies.

active adherence to health promotion and prevention measures, and increased assurance for culturally competent and equitable high-quality services. Programs such as *Promotoras(es) de Salud* should be at the forefront of future health policy agendas through the creation of taskforces aimed at reducing health disparity gaps through health prevention and promotion strategies. Strong legislative and financial support for nationally recognized *Promotoras(es) de Salud* initiatives, could more effectively reduce negative health outcome trends which have historically impeded Latino communities from accessing quality health care services.

References

- US Department of Health and Human Services, & Office of Disease Prevention and Health Promotion. (2010). National action plan to improve health literacy. *Washington, DC: Department of Health and Human Services.*
- Kutner, M., Greenburg, E., Jin, Y., & Paulsen, C. (2006). The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. NCEES 2006-483. *National Center for Education Statistics.* Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health promotion international, 15(3), 259-267.*
- US Department of Health and Human Services, & Office of Disease Prevention and Health Promotion. (2010). Quick guide to health literacy.
- Koh, H. K., Berwick, D. M., Clancy, C. M., Baur, C., Brach, C., Harris, L. M., & Zerhusen, E. G. (2012). New federal policy initiatives to boost health literacy can help the nation move beyond the

cycle of costly 'crisis care'. *Health Affairs, 10-1377.*

- Somers, S. A., & Mahadevan, R. (2010). *Health literacy implications of the Affordable Care Act.* Center for Health Care Strategies, Incorporated.
- Center for Health Care Strategies, Inc.: How is Low Health Literacy Identified? (2013, October). Retrieved November, 2015, from http://www.chcs.org/media/How_is_Low_Health_Literacy_Identified.pdf
- Parker, R. M., Ratzan, S. C., & Lurie, N. (2003). Health literacy: a policy challenge for advancing high-quality health care. *Health affairs, 22(4), 147-153.*
- Paasche-Orlow, M. K., & Wolf, M. S. (2007). The causal pathways linking health literacy to health outcomes. *American journal of health behavior, 31(Supplement 1), S19-S26.*
- Ruth Parker & Scott C. Ratzan (2010) Health Literacy: A Second Decade of Distinction for Americans, *Journal of Health Communication, 15:52, 20-33, DOI: 10.1080/10810730.2010.501094*
- Guerra, C. E., & Shea, J. A. (2007). Health literacy and perceived health status in Latinos and African Americans. *Ethnicity and Disease, 17(2), 305.*
- Koskan, A. M., Friedman, D. B., Brandt, H. M., Walsemann, K. M., & Messias, D. K. (2012). Preparing Promotoras to Deliver Health Programs for Hispanic Communities Training Processes and Curricula. *Health promotion practice, 1524839912457176.*
- Andrews, J. O., Felton, G., Wewers, M. E., & Heath, J. (2004). Use of community health workers in research with ethnic minority women. *Journal of Nursing Scholarship, 36(4), 358-365.*
- Squires, A., & O'Brien, M. J. (2012). Becoming a promotora a transformative process for female community health

workers. *Hispanic Journal of Behavioral Sciences, 34(3), 457-473.*

- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of internal medicine, 155(2), 97-107.*
- LeBan, K., Perry, H., Crigler, L., & Colvin, C. (2014). Community Participation in Large-Scale Community Health Worker Programs. *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policy Makers.* Washington, DC: USAID and MCHIP.

Endnotes

- 1 Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010)
- 2 Health Literacy. (2015, September 30). Retrieved December 7, 2015, from <http://www.cdc.gov/healthliteracy/learn/index.html>
- 3 Quick Guide to Health Literacy. (2014.)
- 4 National Assessment of Adult Literacy (2007).
- 5 Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C., 2003
- 6 Quick Guide to Health Literacy (2010)
- 7 Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C., 2003
- 8 National Council of La Raza: 2009 Profiles of Latino Health
- 9 NAAL, 2003
- 10 Guerra, C. E., & Shea, J. A. (2007).