



Understanding and addressing stigma associated with low health literacy

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THE UNIVERSITY OF NORTH TEXAS

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Agenda

Understanding
Health
Literacy

Stigma in a
Health Care
Context

Patients'
Perceived
Stigma



Definition

What is health literacy?

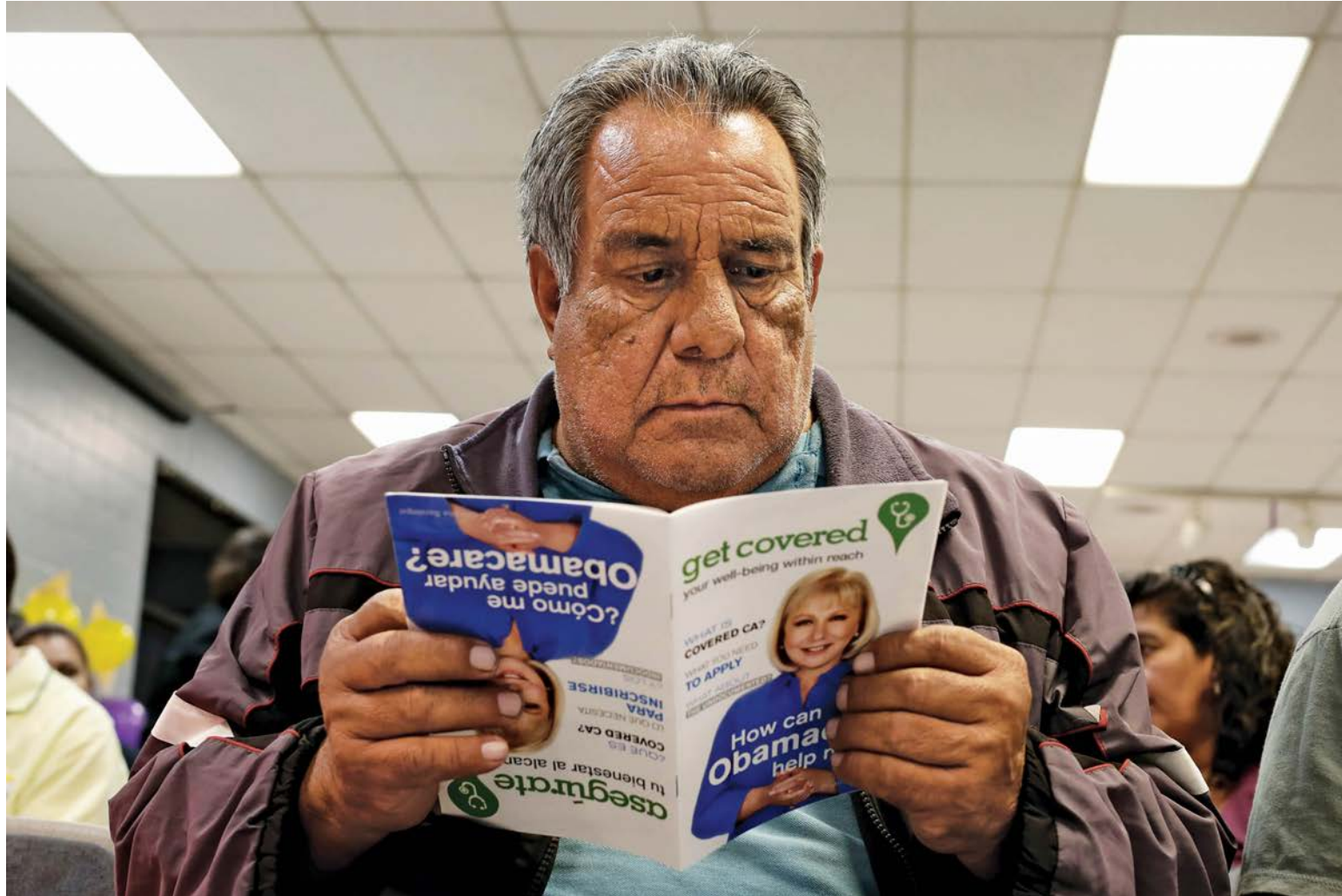


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What is health literacy?

“the degree to which individuals **have the capacity to** obtain, process, and understand basic health information and services needed **to make appropriate** health decisions”

Originally developed for Ratzan SC, Parker RM. 2000. Introduction. In National Library of Medicine Current Bibliographies in Medicine: Health Literacy. Selden CR, Zorn M, Ratzan SC, Parker RM, Editors. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.



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“the degree to which individuals **can** obtain, process, understand, and **communicate** about health-related information needed **to make informed** health decisions.”

Berkman, N.D., Davis, T.C., McCormack, L. (2010). Health literacy: What is it? Journal of Health Communication, Suppl 2, 9-19.

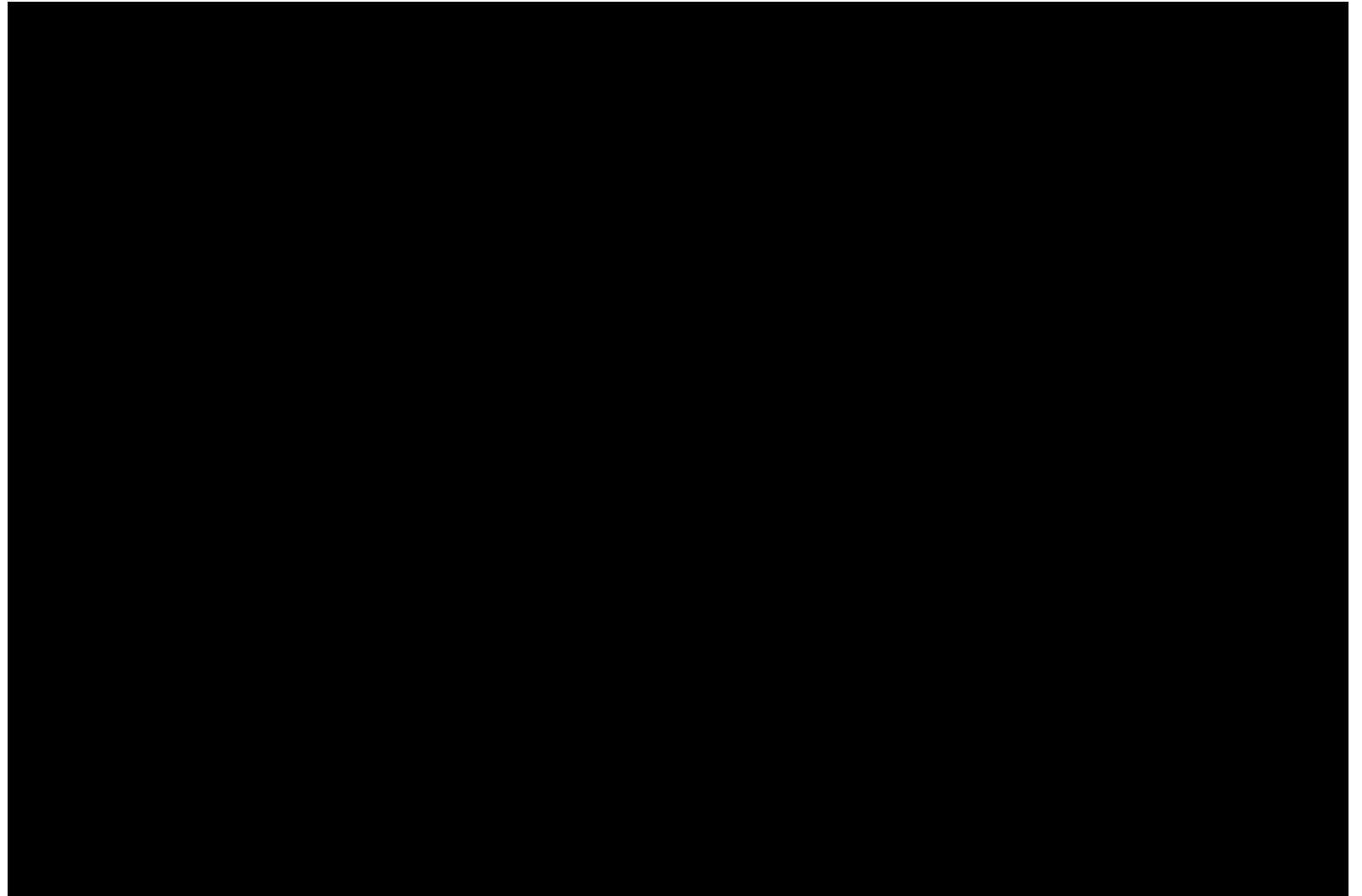


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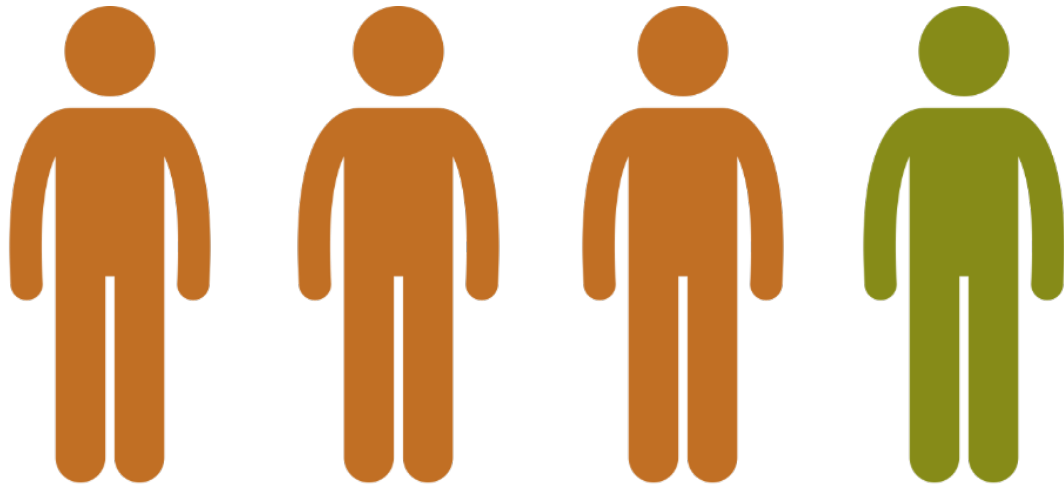


Prevalence

Limited large-scale studies

Prevalence

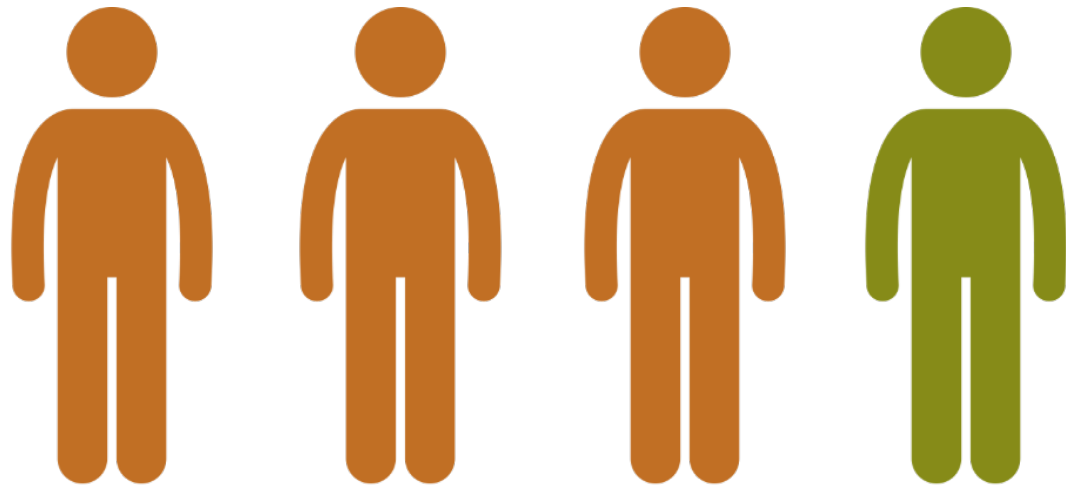
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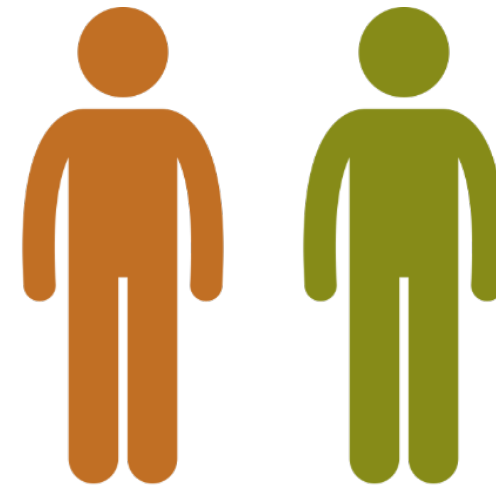
Paasche-Orlow, M.K., Parker, R.M., Gazmararian, J.A., Nielsen-Bohlman, L.T., Rudd, R.R. (2005). The prevalence of limited health literacy. *J Gen Intern Med*, 20(2), 175-84.

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Nielsen-Bohlman, L., Panzer, A., & Kindig, D. (Eds.). (2004). *Health Literacy: A Prescription to End Confusion*. Washington, D.C.: National Academy of Sciences.



Outcomes

Widespread challenges

Outcomes

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Decreased
Comprehension
of Health
Concepts

Outcomes

Widespread challenges

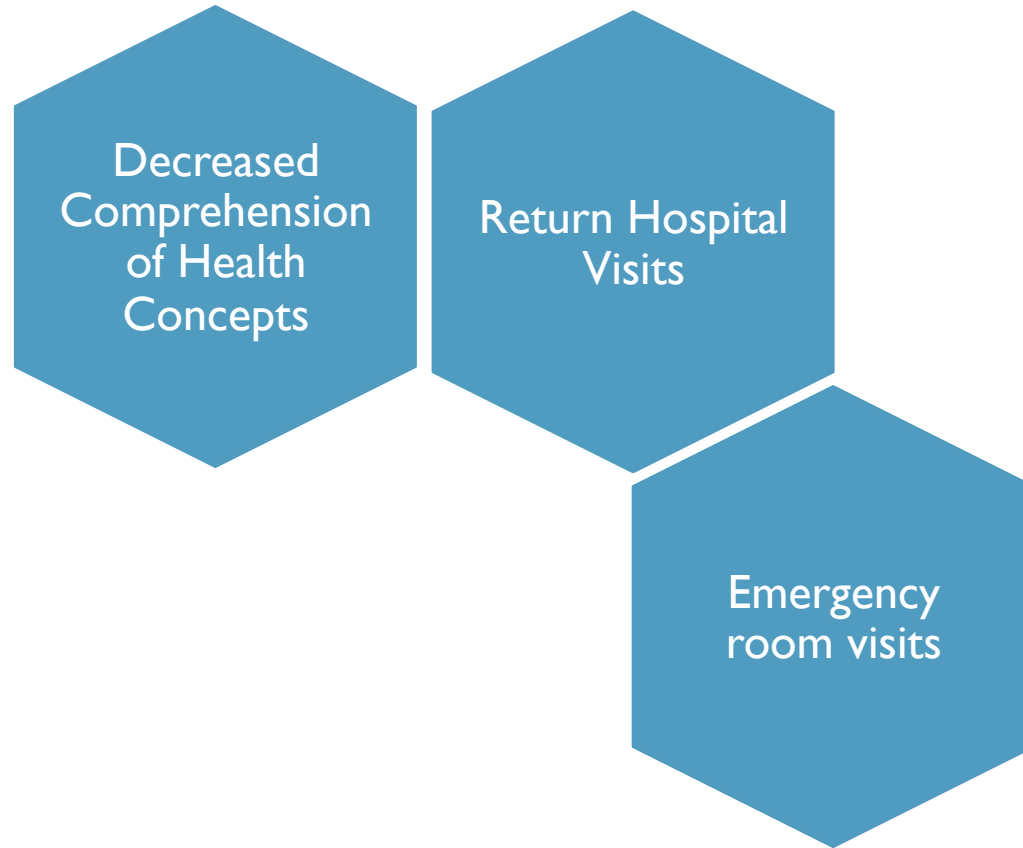


Decreased
Comprehension
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Return Hospital
Visits

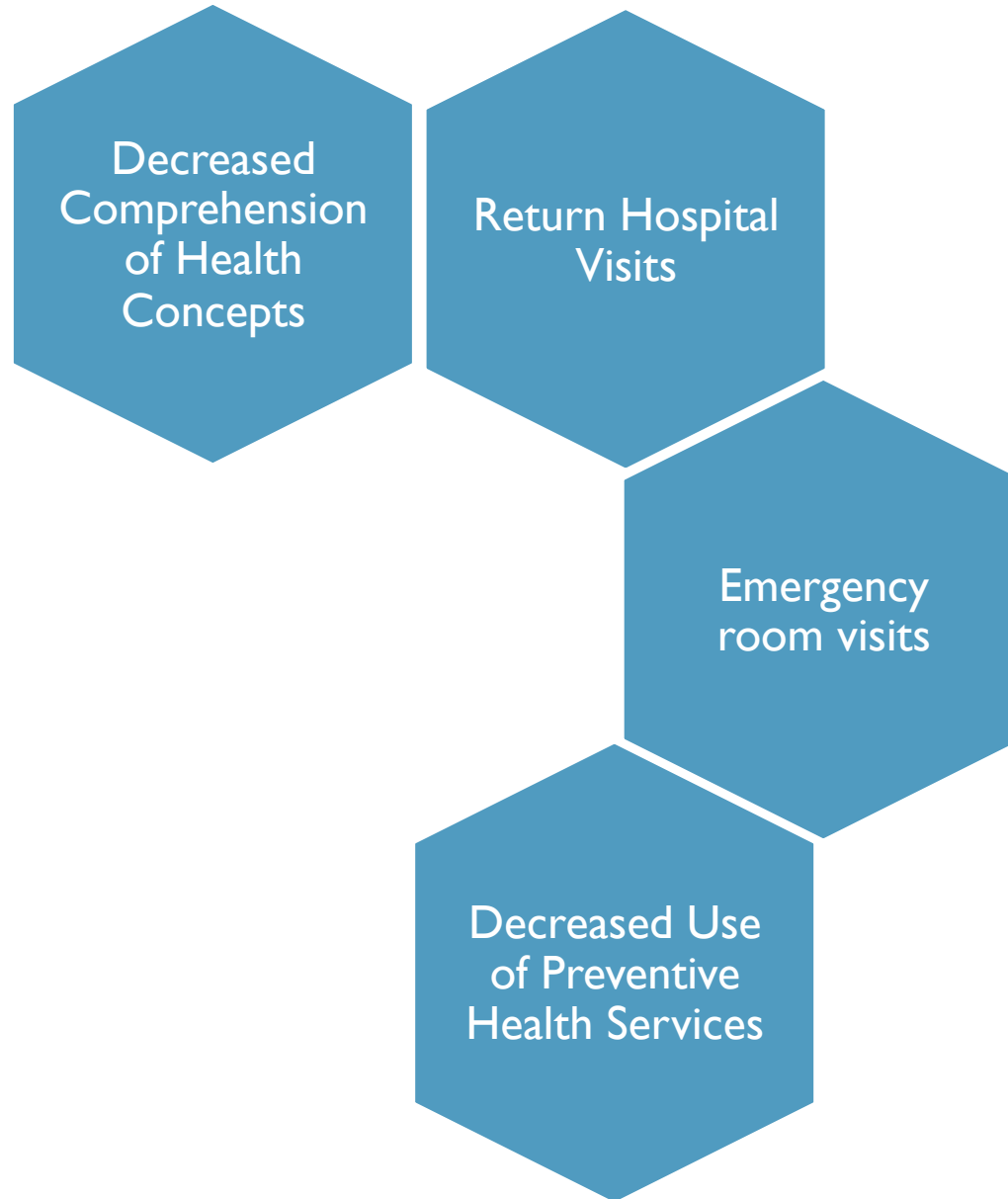
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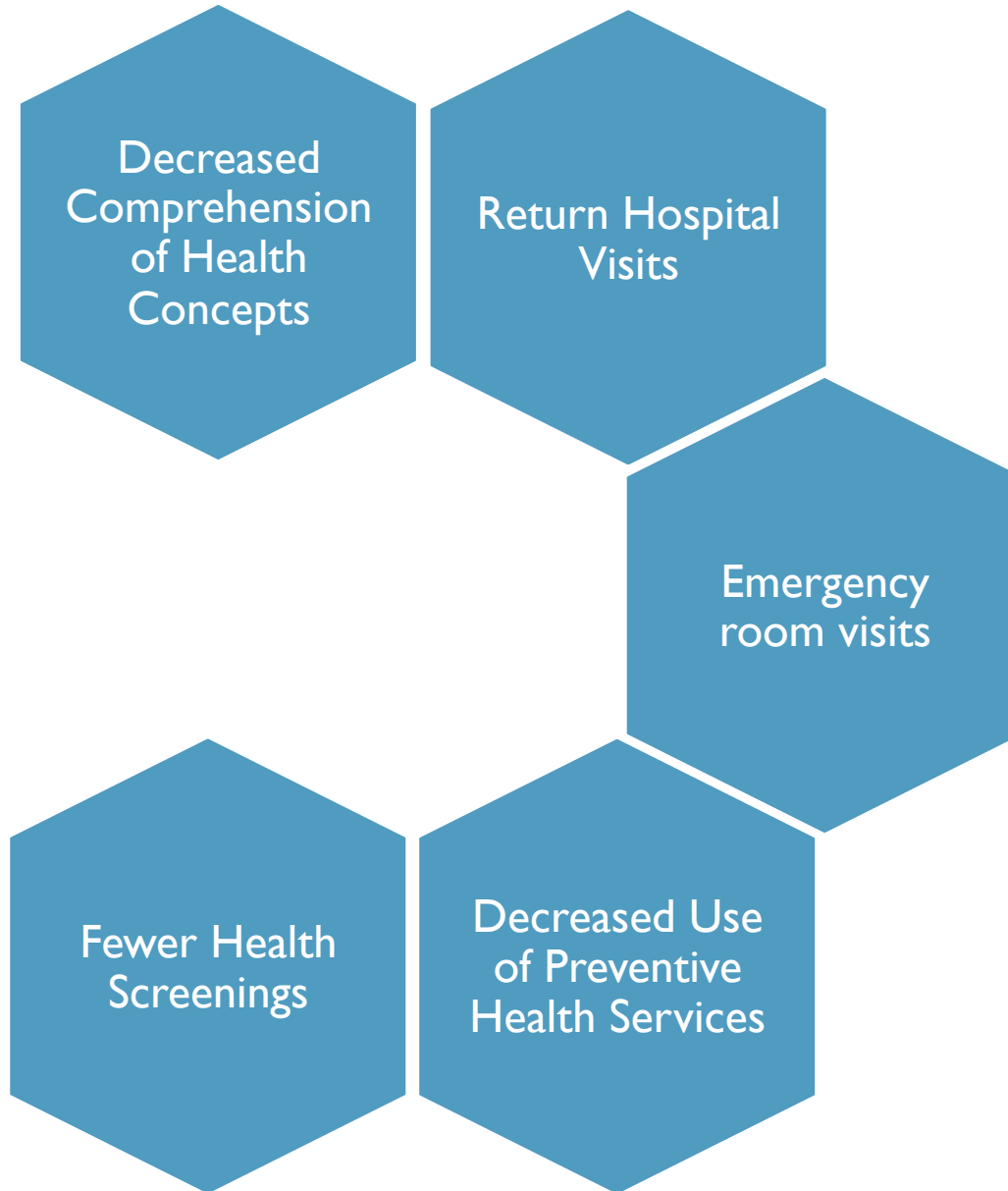
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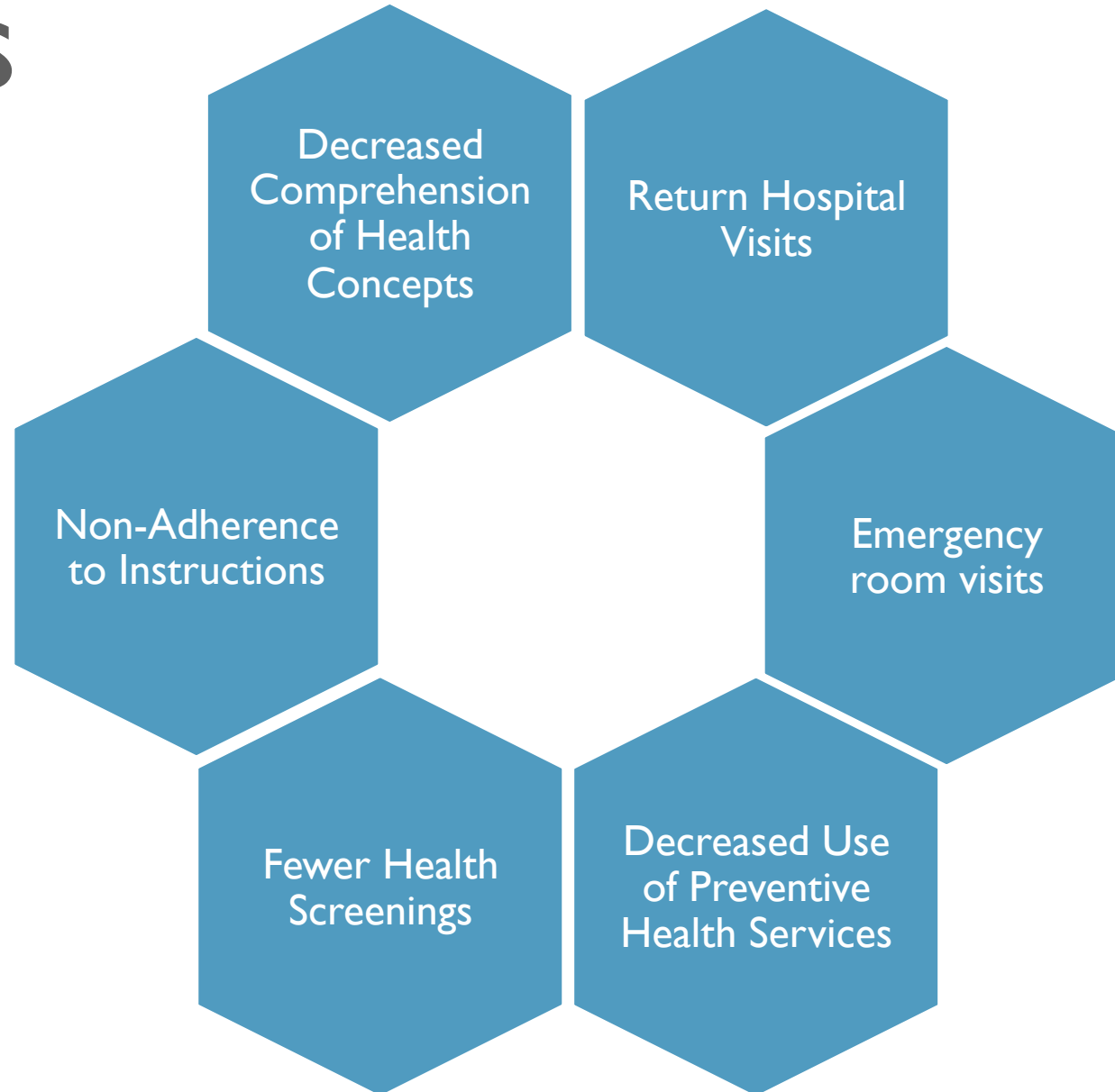
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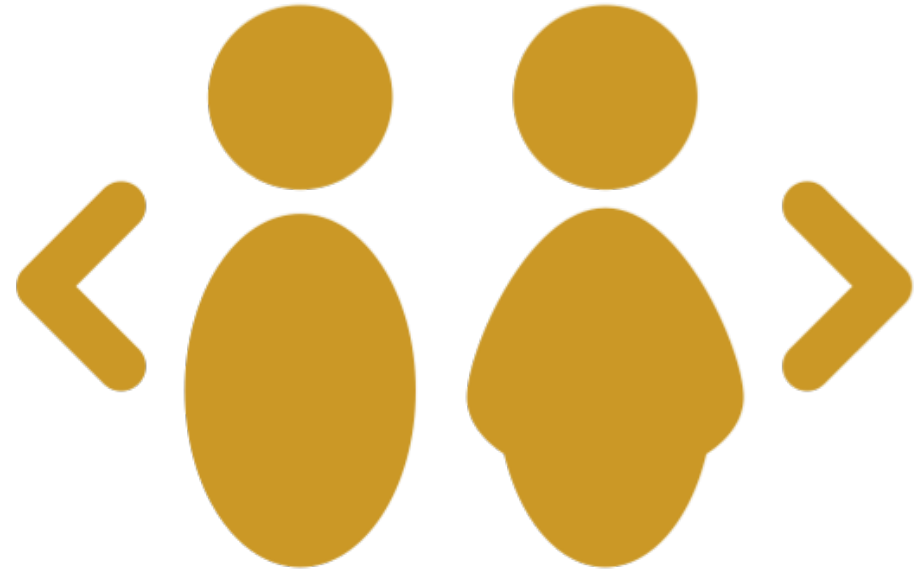


Outcomes

Widespread challenges



Existing Programs

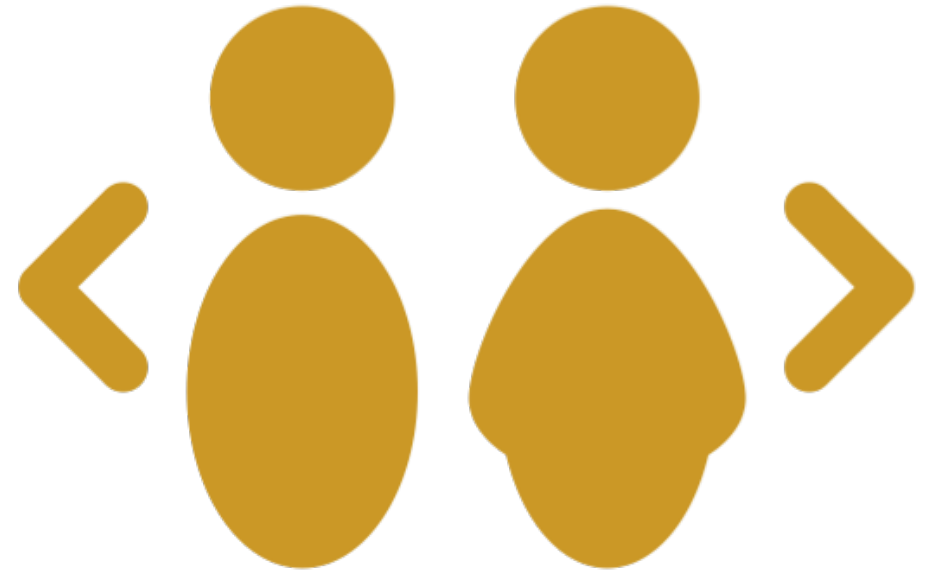


Existing Programs

Identifying Challenges

Patient Education

Communication Strategies





Stigma

A call for research



Stigma

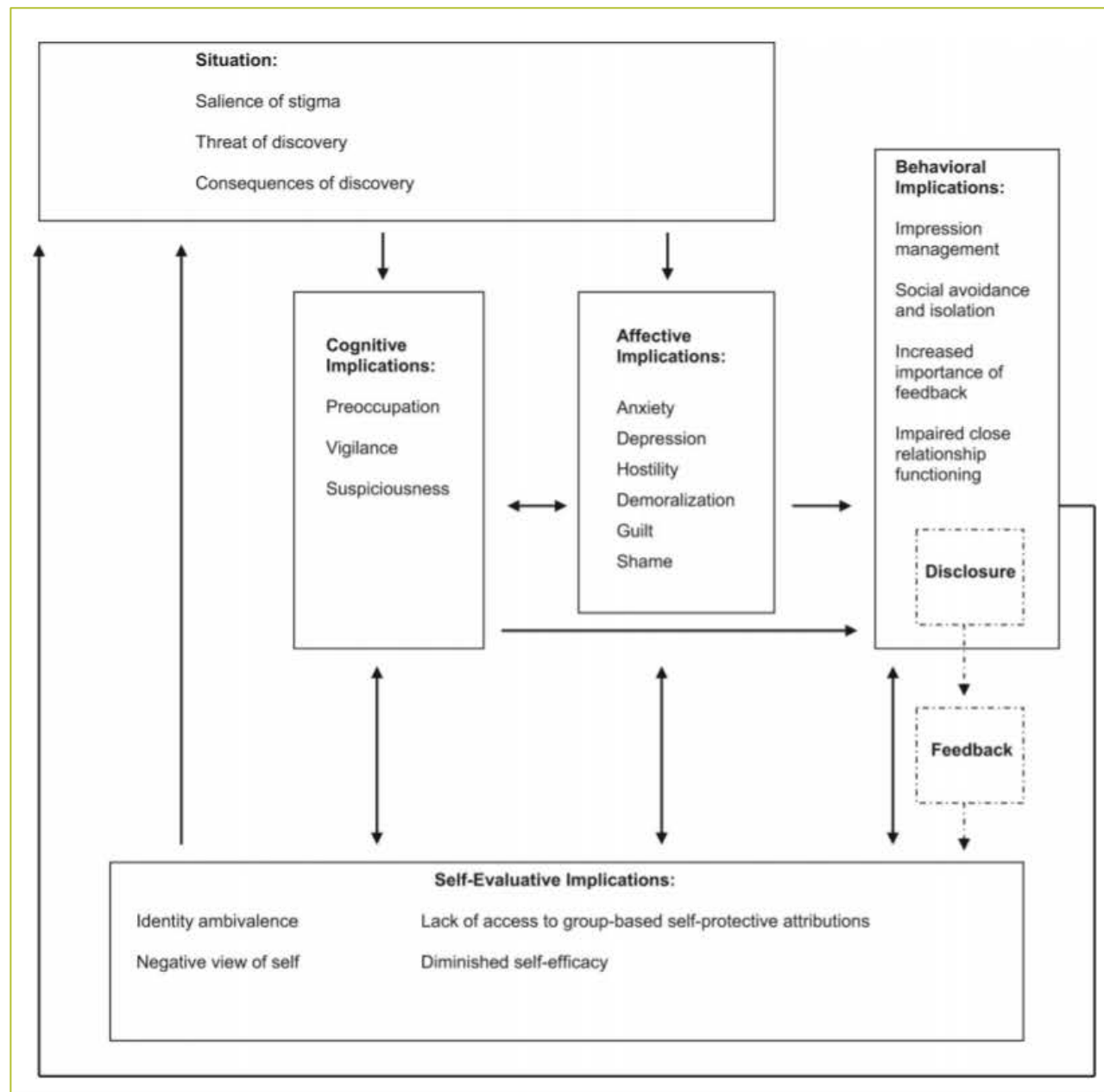
A call for research

Stigma can be:

- Enacted by others
- Perceived by self

Stigma

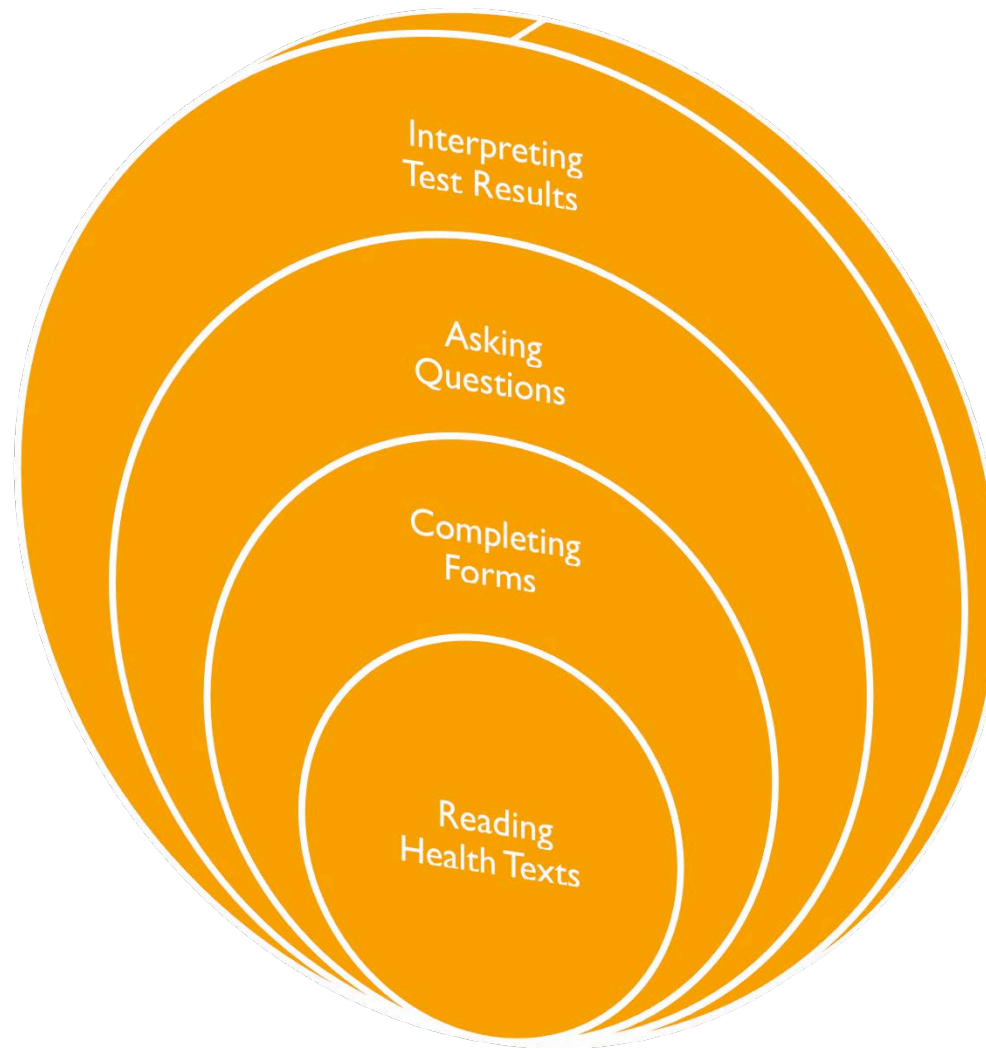
A call for research



Pachankis, J.E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133 (2), 328-45.

Stigma

Exacerbating effects



Stigma

Non-disclosure



Stigma

Who to tell?

Table 3. Patient perceptions of shame associated with disclosure of literacy ability

| Disclosure | REALM Score | | | P Value |
|--------------------------------|-----------------------------------|---------------------------------------|--|---------|
| | Level I ≤3rd grade (n = 66) | Level II 4th–6th grade (n = 78) | Level III 7th–8th grade (n = 79) | |
| Doctor | | | | |
| Helpful if doctor knows | 93.9 | 96.0 | 94.8 | 0.78 |
| Feel ashamed if doctor knows | 36.4 | 24.4 | 16.7 | 0.03 |
| Nurse | | | | |
| Helpful if nurse knows | 95.5 | 92.1 | 92.1 | 0.26 |
| Feel ashamed if nurse knows | 33.8 | 21.9 | 15.5 | 0.05 |
| Clerk | | | | |
| Helpful if clerk knows | 93.7 | 91.9 | 84.2 | 0.28 |
| Feel ashamed if clerk knows | 34.4 | 20.5 | 13.0 | 0.08 |
| Ashamed if documented in chart | 35.7 | 19.7 | 14.1 | 0.03 |
| Ashamed if documented on card | 36.9 | 22.1 | 20.6 | 0.39 |
| Refuses to have a card | 9.2 | 13.0 | 16.7 | 0.42 |

Wolf, M.S., Williams, M.V., Parker, R.M., Parikh, N.S., Nowlan, A.W., & Baker, D. W. (2007). Patients' Shame and Attitudes Toward Discussing the Results of Literacy Screening. *Journal of Health Communication*, 12:8, 721-732,



Stigma

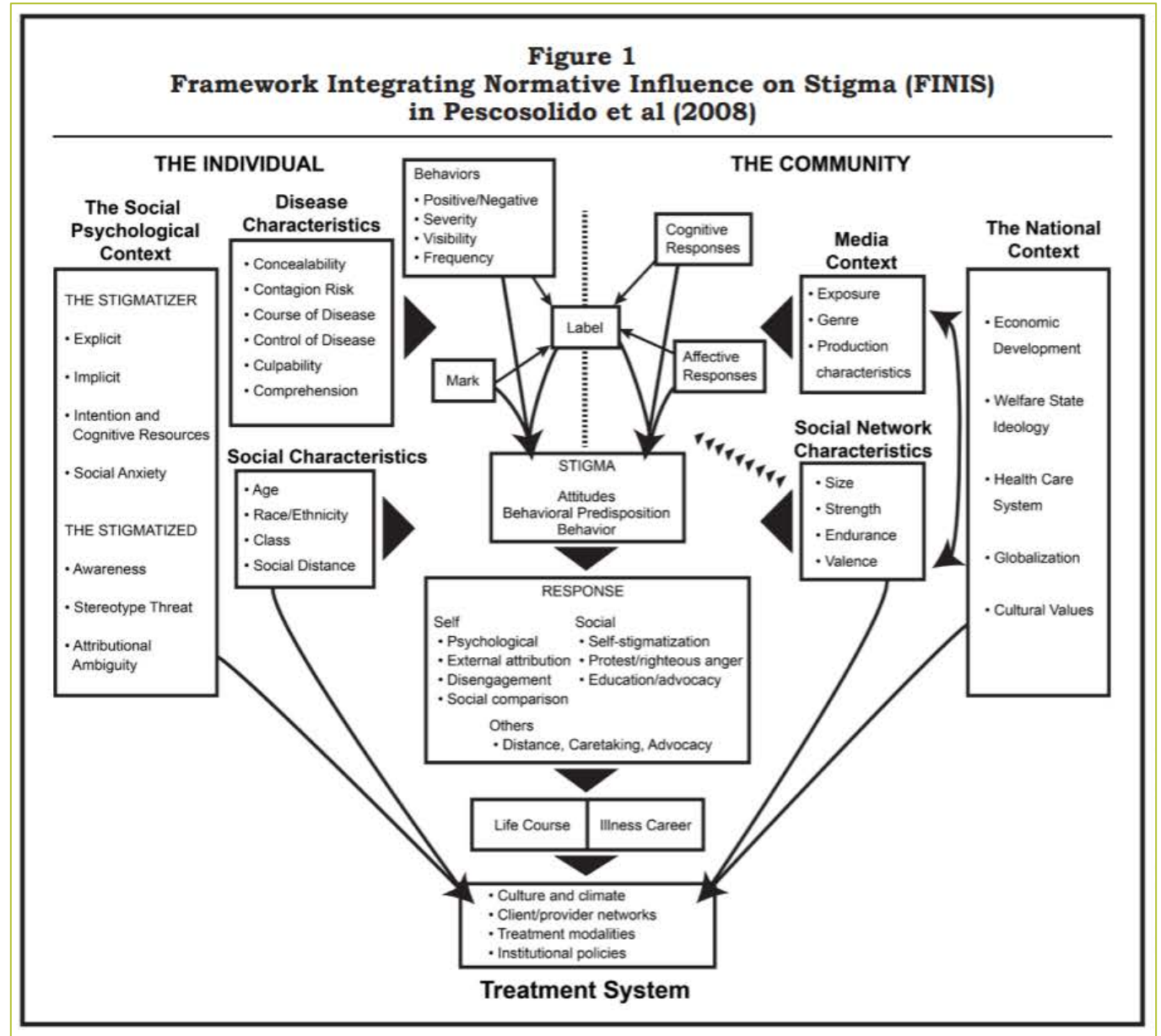
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Mackert, M., Donovan, E.E., Mabry, A., Guadagno, M., & Stout, P.A. (2014). Stigma and health literacy: An agenda for advancing research and practice. *American Journal of Health Behavior*, 38(5), 690-698.

Pescosolido BA, Martin JK, Lang A, Olafsdottir S. Rethinking theoretical approaches to stigma: a Framework Integrating Normative Influences on Stigma (FINIS). *Soc Sci Med*. 2008;67:431-440.







Research Question 1:

How does participants' self-reported health literacy compare
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Research Question 2:

How does one's level of health literacy influence their perceptions
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Research Question 3:

How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?

Health Literacy

Newest Vital Sign – Objective Measure

Nutrition Facts

| | | | |
|---------------------------|------|---------|-----|
| Serving Size | | ½ cup | |
| Servings per container | | 4 | |
| Amount per serving | | | |
| Calories | 250 | Fat Cal | 120 |
| | | | %DV |
| Total Fat | 13g | | 20% |
| Sat Fat | 9g | | 40% |
| Cholesterol | 28mg | | 12% |
| Sodium | 55mg | | 2% |
| Total Carbohydrate | 30g | | 12% |
| Dietary Fiber | 2g | | |
| Sugars | 23g | | |
| Protein | 4g | | 8% |

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

READ TO SUBJECT:

This information is on the back of a container of a pint of ice cream.

1. If you eat the entire container, how many calories will you eat?
Answer: 1,000 is the only correct answer
2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?
Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"
3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?
Answer: 33 is the only correct answer
4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?
Answer: 10% is the only correct answer

READ TO SUBJECT:

Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream?
Answer: No
6. (Ask only if the patient responds "no" to question 5): Why not?
Answer: Because it has peanut oil.

Number of correct answers:

ANSWER CORRECT?

| yes | no |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Weiss, B. D., Mays, M. Z., Martz, W., Castro, K. M., DeWalt, D. A., Pignone, M. P., ... Hale, F. A. (2005). Quick Assessment of Literacy in Primary Care: The Newest Vital Sign. *Annals of Family Medicine*, 3(6), 514–522. <http://doi.org/10.1370/afm.405>



Health Literacy

Single Item Measure – Self-Reported

“How confident are you filling out medical forms by yourself?”

(Not at all, A little bit, Somewhat, Quite a bit, Extremely)

Chew, L. D., Bradley, K. A., & Boyko, E. J. (2004). Brief questions to identify patients with inadequate health literacy. *Family Medicine*, 36, 588-594.

Chew, L. D., Giffin, J. M., Partin, M. R., Noorbaloochi, S., Grill, J. P., Snyder, A., . . . VanRyn, M. (2008). Validation of Screening Questions for Limited Health Literacy in a Large VA Outpatient Population. *Journal of General Internal Medicine*, 23(5), 561-566.



Stigma

Vignettes

Stigma

Vignettes

Vignette I

Mr. S (Ms. S) is a 33-year old White (Hispanic/African American) father (mother) of one. He* has health insurance through Blue Cross/Blue Shield through his employer (Medicare/Medicaid). His daughter had an ear infection. When he picked up her medicine from the pharmacy, he was told to give her one tablespoon twice a day. The pharmacist asked him if he had any questions, and he did not. He thought this was easy and didn't feel like he should have any questions. When he got home, he poured one tablespoon of medicine into her ear – leading to a trip to the emergency room. The doctor at the emergency room could not believe Mr. S. poured medicine into his daughter's ear, but Mr. S. explains that he thought medicine should go where the problem was.

Stigma

Vignettes

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Vignette 2

Mr. S (Ms. S) is a 72-year old White (Hispanic/African American) man (woman). He* has Blue Cross/Blue Shield health insurance through his employer (Medicare/Medicaid). He has high blood pressure and high cholesterol. He is on several medications to manage these conditions, but he does not always take his medicine correctly. Sometimes he takes too many pills in a day, sometimes he forgets to take them at all. He always feels fine, though, so he does not think there is any kind of problem. At his annual check-up, Mr. S.'s doctor explains that his high blood pressure and high cholesterol are getting worse - putting him at risk for a heart attack, a stroke, or even death. They discuss how Mr. S. is taking his medicine, and when asked Mr. S. assures the doctor he knows how he is supposed to take his medicine. Mr. S. feels like taking his medication should be simple, and he shouldn't have any questions.

Stigma

Vignettes

Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior*, 162-179.

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| | |
|-------------------------|--|
| Pity | I would feel pity for Mr. S. How much sympathy would you feel for Mr. S? How much concern would you feel for Mr. S? |
| Anger | I would feel aggravated by Mr. S. How angry would you feel at Mr. S? How irritated would you feel at Mr. S? 9-Pt Likert Scales |
| Personal Responsibility | How controllable, do you think, is Mr. S's ability to use medicine correctly? How responsible, do you think, is Mr. S for being able to use medicine correctly? |



Study Sample

N = 4,974

Study Sample

N = 4,974

| Table I | |
|---------------------------------|--------------|
| Average Age (SD) | 43.5 (16.7) |
| | % (n) |
| Work in healthcare | 12.1 (603) |
| Gender | |
| Male | 42.3 (2,102) |
| Race | |
| White | 63.2 (3,146) |
| Hispanic | 13.5 (671) |
| African American | 16.0 (794) |
| Asian | 4.4 (218) |
| Other | 2.4 (121) |
| Education | |
| 2-Year College Degree or Higher | 59.9 (2,980) |
| Household Income | |
| Below \$10,000 | 4.6 (230) |
| \$10,000-49,999 | 38.3 (1,908) |
| \$50,000-99,000 | 35.5 (1,764) |
| \$100,000 and over | 21.5 (1,068) |

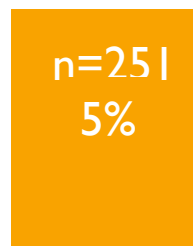


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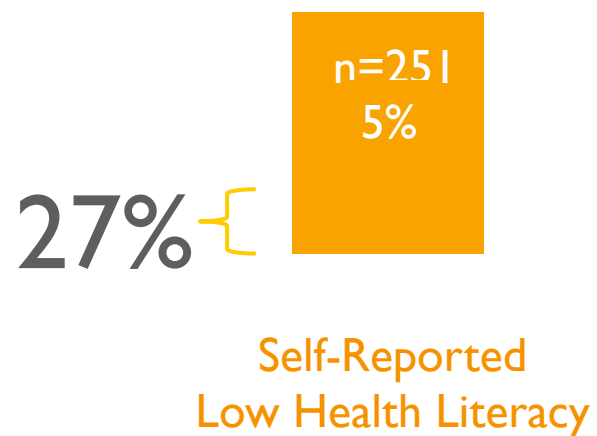
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Self-Reported
Low Health Literacy

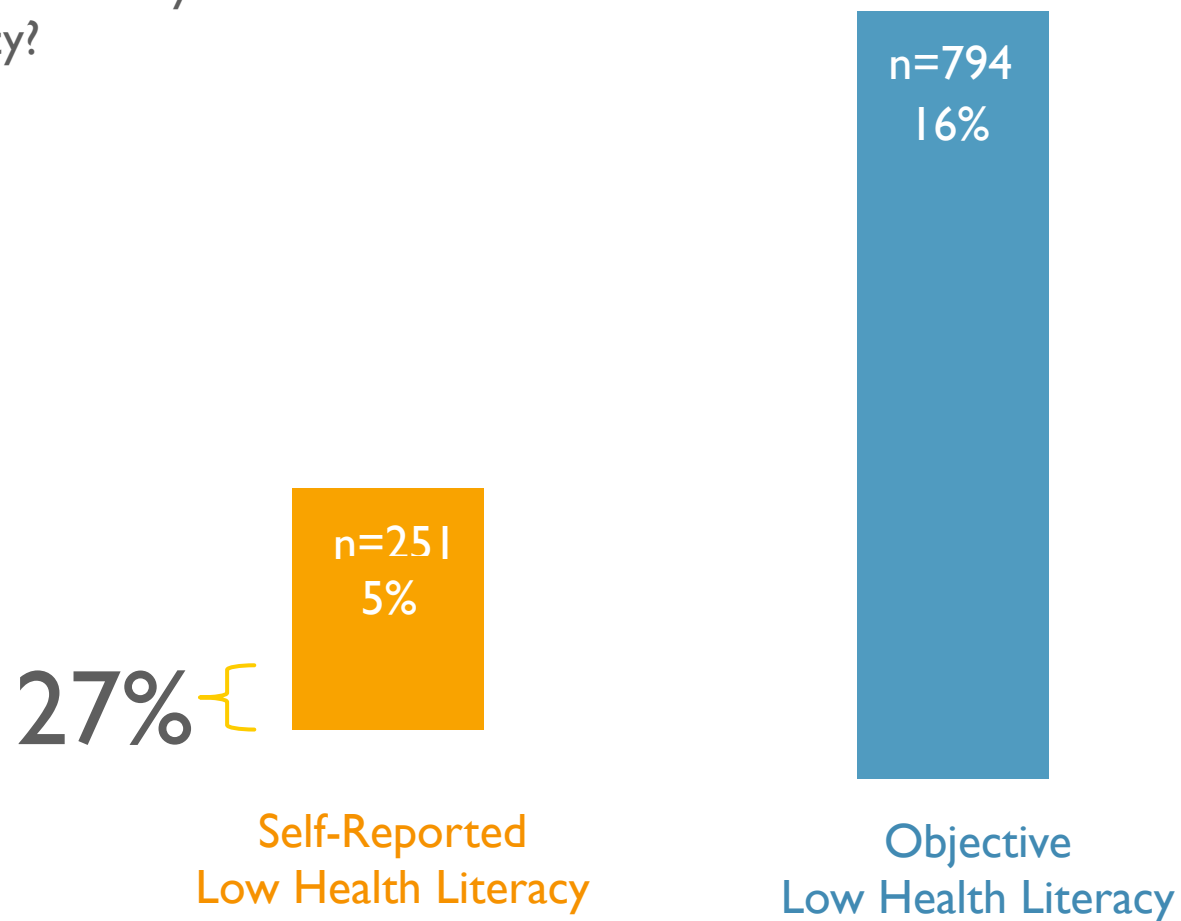
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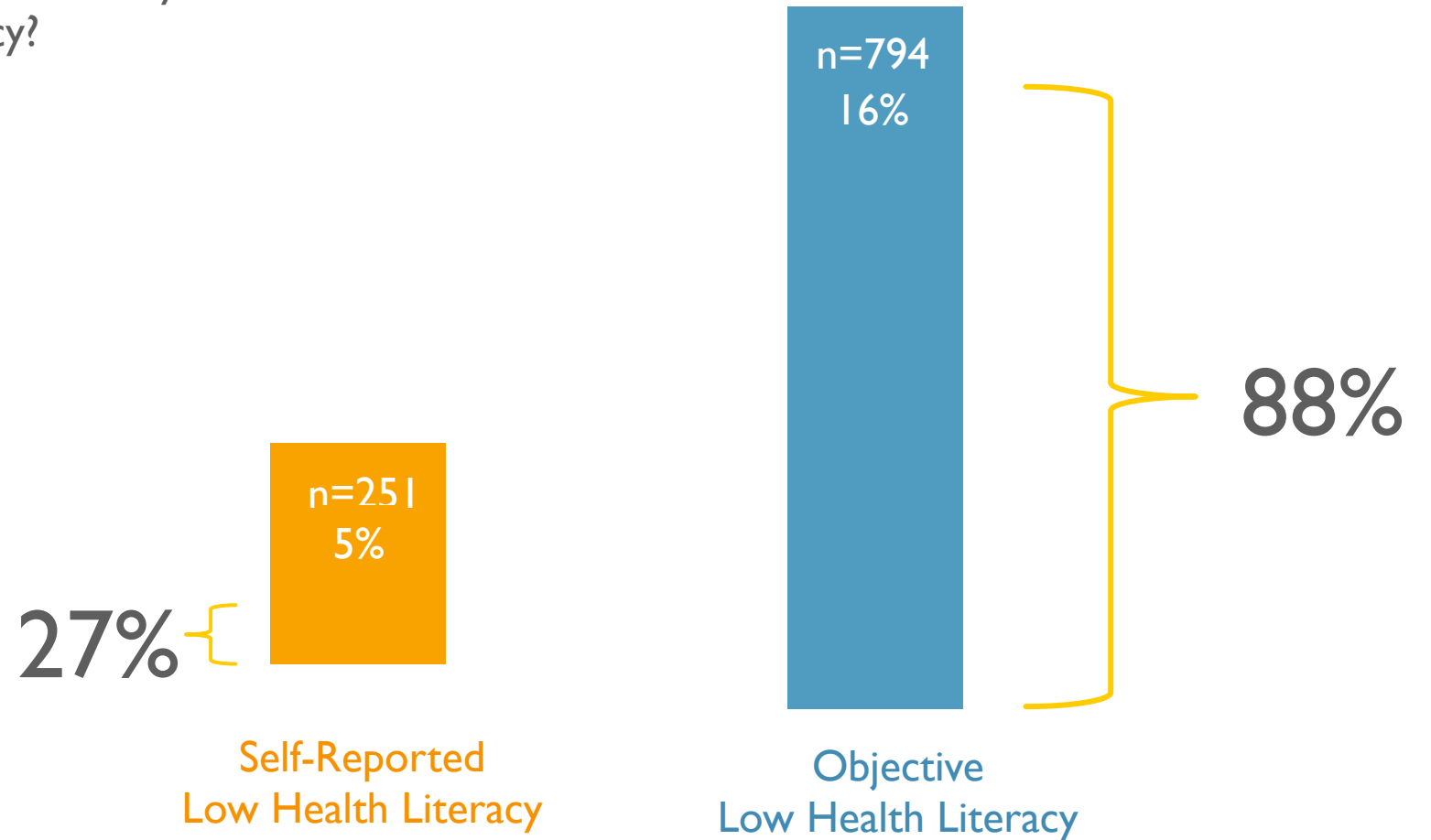
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RQ1:

How does participants' *self-reported* health literacy compare to their *measured* health literacy?





RQ2:

How does one's level of health literacy influence their perceptions of stigma related to others' health literacy?

RQ2:

How does one's level of health literacy influence their perceptions of stigma related to others' health literacy?

| Means, standard deviation, t-tests for stigma scales | | | | | | |
|--|----------------------------|--------------|---------------------|---------------------------|--------------|----------------------|
| Scale | Subjective Health Literacy | | | Objective Health Literacy | | |
| | Higher M (SD) | Lower M (SD) | T-Test | Higher M (SD) | Lower M (SD) | T-Test |
| All vignettes | | | | | | |
| Pity | 5.99 (1.82) | 5.67 (1.85) | t (4942) = -3.143** | 6.01 (1.77) | 5.75 (2.06) | t (4948) = -3.688*** |
| Anger | 5.04 (2.32) | 5.22 (2.25) | t (4935) = 1.413 | 5.02 (2.31) | 5.25 (2.37) | t (4941) = 2.527* |
| Personal responsibility | 5.39 (1.99) | 5.32 (1.95) | t (4932) = -0.637 | 5.49 (1.95) | 4.86 (2.06) | t (4937) = -8.173*** |
| Vignette 1 | | | | | | |
| Pity | 5.77 (1.88) | 5.50 (1.81) | t (2486) = -1.923 | 5.82 (1.82) | 5.40 (2.11) | t (2488) = -4.094*** |
| Anger | 5.55 (2.29) | 5.69 (2.13) | t (2482) = 0.774 | 5.53 (2.26) | 5.75 (2.34) | t (2428) = 1.748 |
| Personal responsibility | 5.67 (1.97) | 5.57 (1.97) | t (2478) = -0.680 | 5.78 (1.93) | 5.07 (2.09) | t (2480) = -6.545*** |
| Vignette 2 | | | | | | |
| Pity | 6.21 (1.73) | 5.88 (1.89) | t (2454) = -2.430* | 6.20 (1.70) | 6.09 (1.95) | t (2458) = -1.098 |
| Anger | 4.53 (2.24) | 4.71 (2.28) | t (2451) = 0.984 | 4.50 (2.23) | 4.75 (2.30) | t (2455) = 2.013* |
| Personal responsibility | 5.11 (1.96) | 5.05 (1.91) | t (2452) = -0.393 | 5.20 (1.93) | 4.65 (2.04) | t (2455) = -5.059*** |

* = significant at p < .05, ** = significant at p < .01, *** = significant at p < .001

RQ2:

How does one's level of health literacy influence their perceptions of stigma related to others' health literacy?

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RQ2:

How does one's level of health literacy influence their perceptions of stigma related to others' health literacy?

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| Personal responsibility | 5.67 (1.97) | 5.57 (1.97) | t (2478) = -0.680 | 5.78 (1.93) | 5.07 (2.09) | t (2480) = -6.545*** |
| Vignette 2 | | | | | | |
| Pity | 6.21 (1.73) | 5.88 (1.89) | t (2454) = -2.430* | 6.20 (1.70) | 6.09 (1.95) | t (2458) = -1.098 |
| Anger | 4.53 (2.24) | 4.71 (2.28) | t (2451) = 0.984 | 4.50 (2.23) | 4.75 (2.30) | t (2455) = 2.013* |
| Personal responsibility | 5.11 (1.96) | 5.05 (1.91) | t (2452) = -0.393 | 5.20 (1.93) | 4.65 (2.04) | t (2455) = -5.059*** |

* = significant at p < .05, ** = significant at p < .01, *** = significant at p < .001

RQ3:

How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?



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Person included in vignette:

- Sex: Male // Female patient
- Age: 33 y.o. // 72 y.o. patient
- Race/Ethnicity: White // Hispanic // African American patient
- Insurance: Medicare // Medicaid



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| Pity | Anger | Personal Responsibility |
|---------------|---------------|-------------------------|
| $M_{33}=5.75$ | $M_{33}=5.57$ | $M_{33}=5.67$ |
| $M_{72}=6.18$ | $M_{72}=4.54$ | $M_{72}=5.12$ |

RQ3:

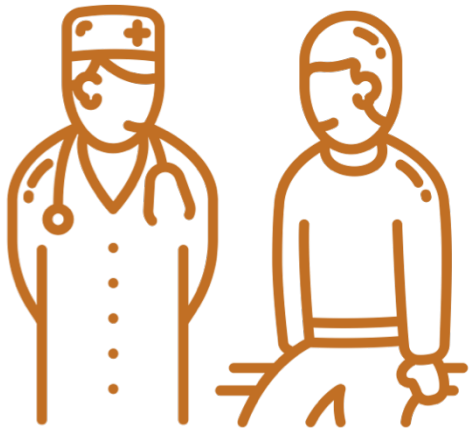
How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?

| Pity | Anger | Personal Responsibility |
|---------------|---------------|-------------------------|
| $M_{33}=5.75$ | $M_{33}=5.57$ | $M_{33}=5.67$ |
| $M_{72}=6.18$ | $M_{72}=4.54$ | $M_{72}=5.12$ |



RQ3:

How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?



33 y.o.
self-reported

33 y.o.
objective

| Pity | Anger | Personal Responsibility |
|---------------|---------------|-------------------------|
| $M_{33}=5.75$ | $M_{33}=5.57$ | $M_{33}=5.67$ |
| $M_{72}=6.18$ | $M_{72}=4.54$ | $M_{72}=5.12$ |

| Pity | Anger | Personal Responsibility |
|-----------------|-------|-------------------------|
| $M_{Low}=5.50$ | | |
| $M_{High}=5.77$ | | |

| Pity | Anger | Personal Responsibility |
|------|-----------------|-------------------------|
| | $M_{Low}=5.40$ | $M_{Low}=5.07$ |
| | $M_{High}=5.82$ | $M_{High}=5.78$ |

RQ3:

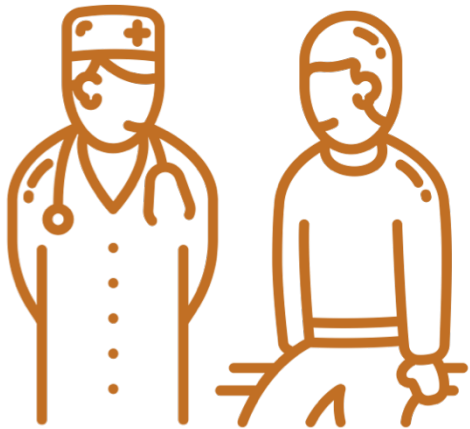
How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?

| Pity | Anger | Personal Responsibility |
|---------------|---------------|-------------------------|
| $M_{33}=5.75$ | $M_{33}=5.57$ | $M_{33}=5.67$ |
| $M_{72}=6.18$ | $M_{72}=4.54$ | $M_{72}=5.12$ |



RQ3:

How do demographic characteristics of a person with lower health literacy influence stigmatized perceptions?



72 y.o.
self-reported

72 y.o.
objective

| Pity | Anger | Personal Responsibility |
|---------------|---------------|-------------------------|
| $M_{33}=5.75$ | $M_{33}=5.57$ | $M_{33}=5.67$ |
| $M_{72}=6.18$ | $M_{72}=4.54$ | $M_{72}=5.12$ |

| Pity | Anger | Personal Responsibility |
|-----------------|-------|-------------------------|
| $M_{Low}=5.87$ | | |
| $M_{High}=6.21$ | | |

| Pity | Anger | Personal Responsibility |
|------|-----------------|-------------------------|
| | $M_{Low}=4.75$ | $M_{Low}=4.65$ |
| | $M_{High}=4.50$ | $M_{High}=5.20$ |

So What?



So What?

How does the general public
view low health literacy?



So What?

How does the general public
view low health literacy?

Differed by own health literacy abilities.



So What?

How does the general public
view low health literacy?

Differed by own health literacy abilities.

Low HL

Adequate HL



So What?

How does the general public
view low health literacy?

Differed by own health literacy abilities.

Low HL \uparrow Anger
 \downarrow Pity

Adequate HL



So What?

How does the general public
view low health literacy?

Differed by own health literacy abilities.

Low HL ↓ Personal Responsibility

Adequate HL



So What?

Stigma may exacerbate negative outcomes associated with low health literacy.



So What?

Stigma may exacerbate negative outcomes associated with low health literacy.

Incorporate into programs and interventions.





THANKS!

SARA.CHAMPLIN@UNT.EDU

The University of Texas
Center for Identity

Icons from the Noun Project

Person Icon, Forgot Icon: Gan Khoo Lay

Doubt Icon: by AB

Doctor talking: Artem Kovyazin

Double Icon: asianson.design

Family: DewDrops