

# Health Literacy Meets Cultural Health Capital:

## The Influence of Aging, Culture, and Social Inequality on Health Care Interactions

Janet K. Shim, PhD, MPP

Jamie Suki Chang, PhD(c), MA

Leslie A. Dubbin, PhD(c), RN, MS

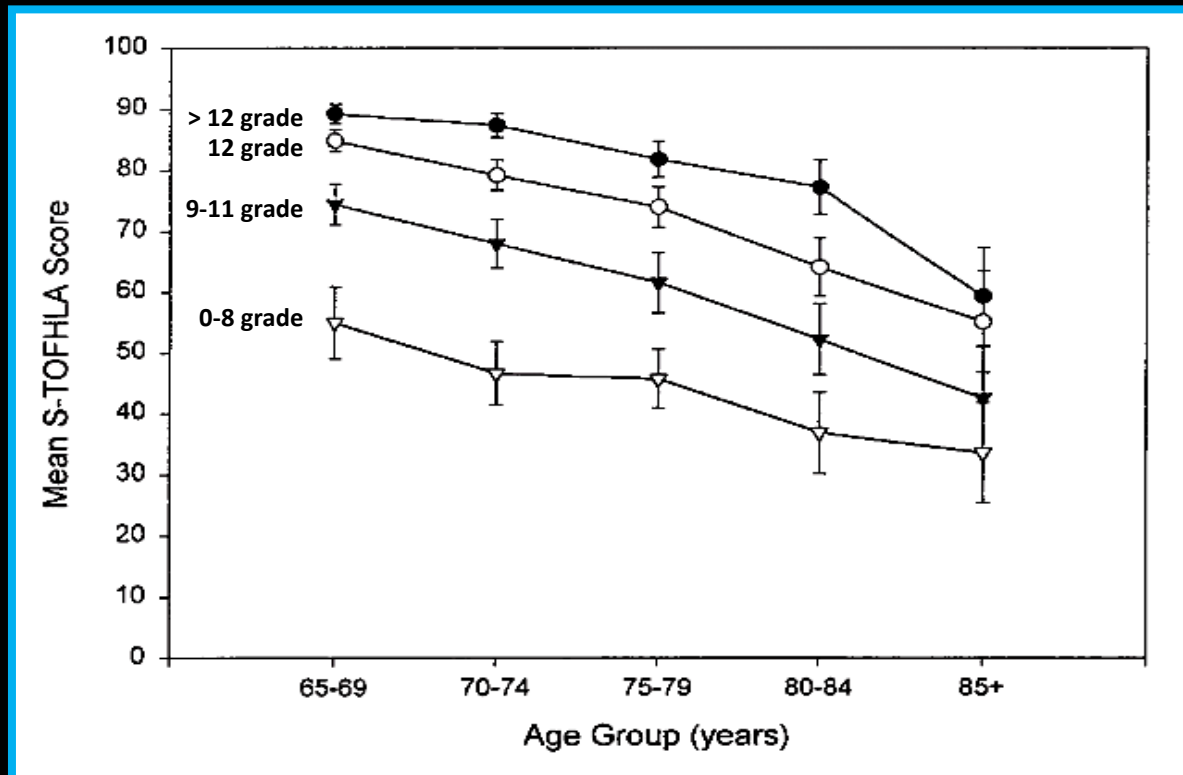
Department of Social and Behavioral Sciences  
University of California, San Francisco

# Outline

---

- Health literacy (HL) among older adults
- Frameworks for understanding lower HL among older adults
- Cultural health capital (CHC):
  - A broader context to understand age-HL-health action relationships
  - A framework to understand the impacts of culture and social inequality in health care interactions

# Health Literacy among Older Adults

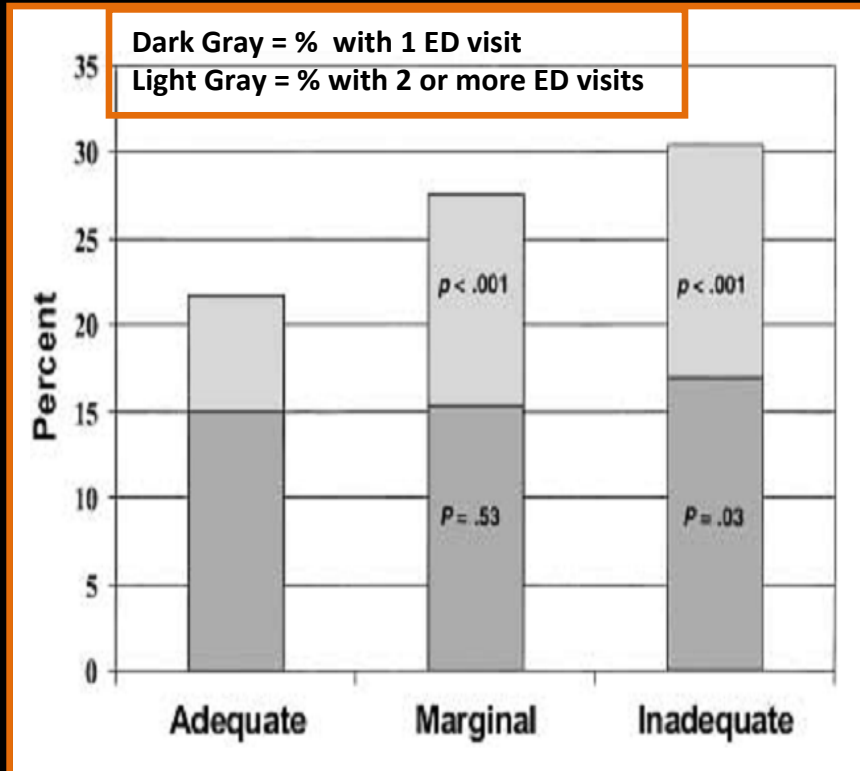


$\leq 55$  = inadequate HL  
56 - 66 = marginal HL  
> 66 = adequate HL

**FIGURE 1:** TOFHLA (by education) among older adults (Baker et al. 2000)

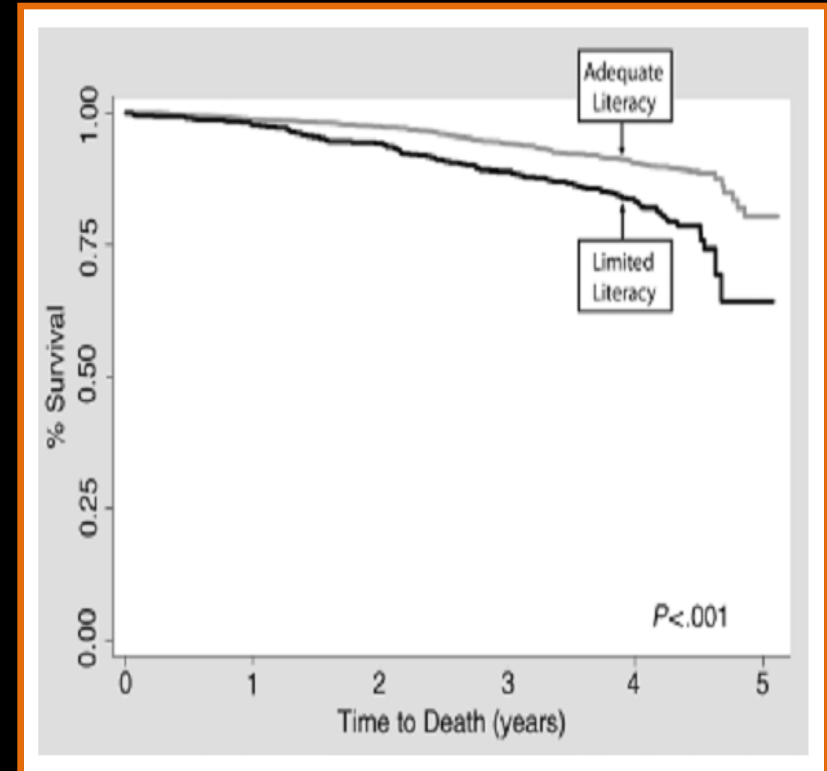
- 33.9% of English-speaking and 53.9% of Spanish-speaking older adults have inadequate or marginal HL. (Gazmararian et al 1999)

# Health Literacy among Older Adults



**FIGURE 3:** ED visits among Medicare enrollees (Baker 2004)

- Older adults with low HL were more likely to have ED visits.

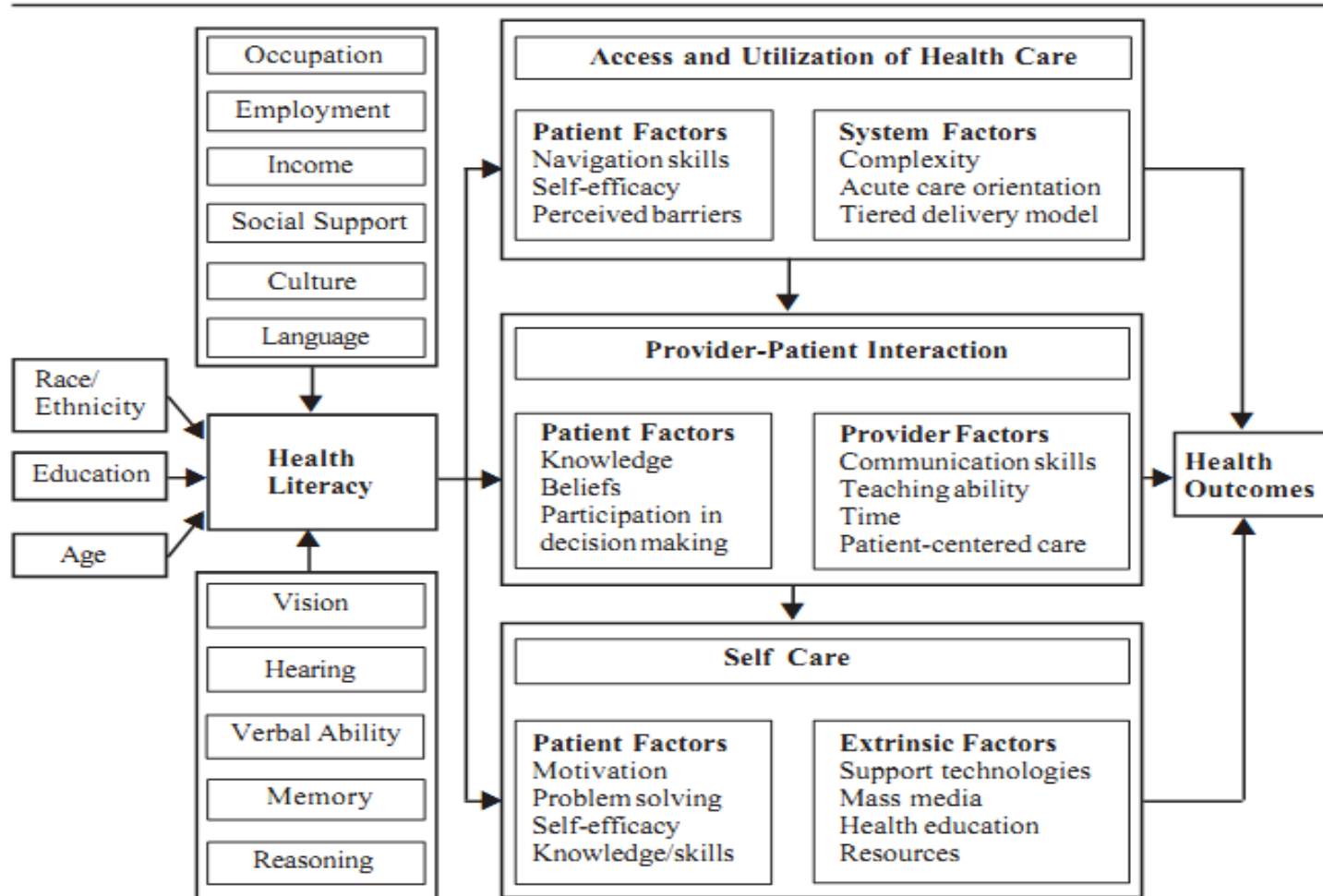


**FIGURE 4:** All cause mortality by literacy level (Sudore et al 2006)

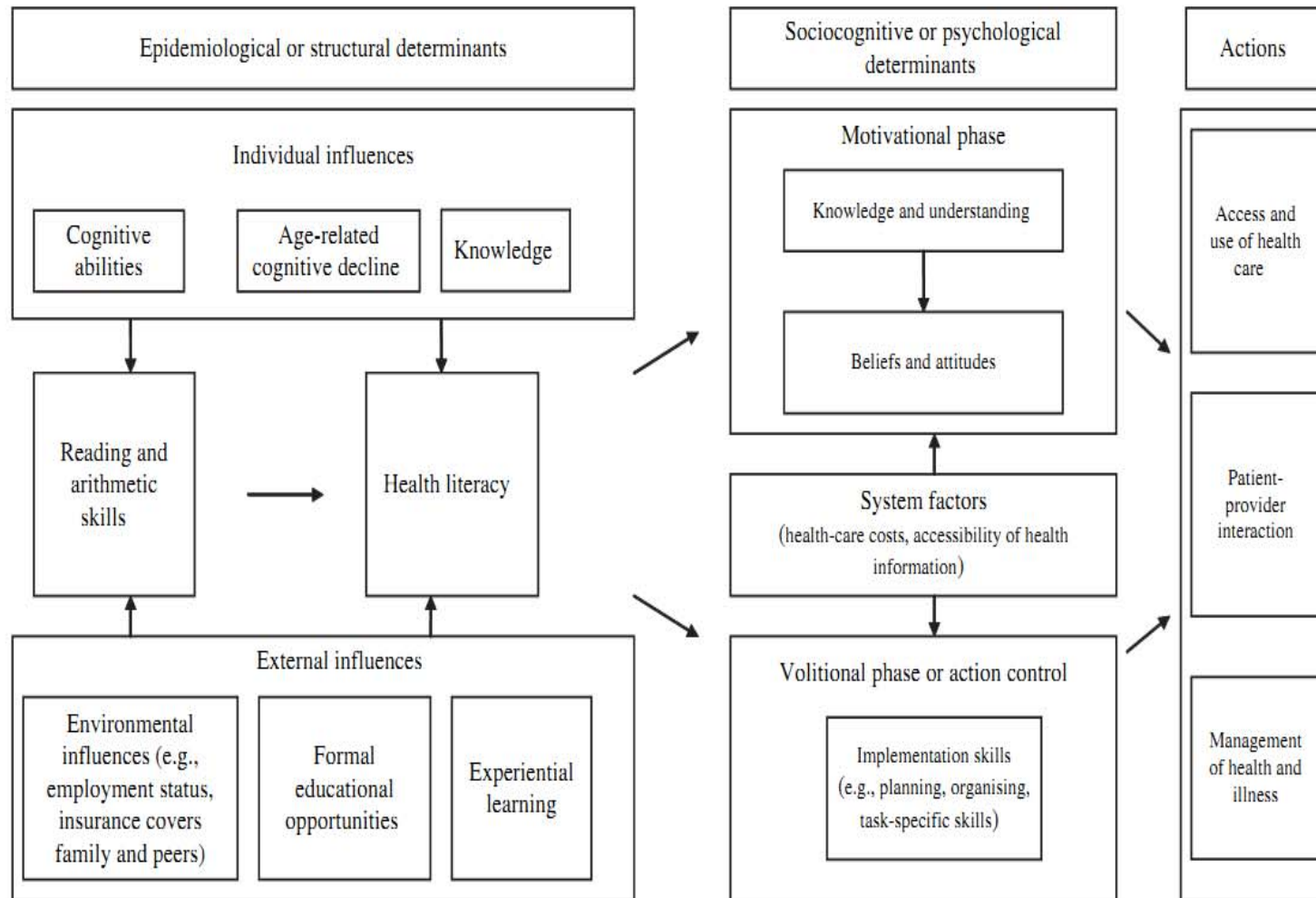
- Older adults with limited literacy have an almost 2-fold risk of death.

# Paasche-Orlow & Wolf (2007) *Am J Health Behav*

**Figure 1**  
**Causal Pathways between Limited Health Literacy and Health Outcomes**



# von Wagner et al. (2011) *Health Educ & Behav*



**Figure 1.** Framework of health literacy and health action.

# Bourdieu's Notion of Cultural Capital

---

- Observations of French public schools as reproducing class inequality.
- Culture includes practices and styles, e.g.:
  - Verbal skills, ways of dress, styles of self-presentation
- Cultural practices = forms of capital, with exchange value.
- Unequal distribution of CC → reproduction of educational inequality

# Cultural Health Capital (CHC)

- Cultural skills, resources, dispositions, e.g.,:
  - Medical knowledge & HL
  - Enterprising, proactive, instrumental attitude towards health
  - Ability to adapt one's interactional style
- Unequally distributed; has exchange value in health care interactions.
- Shapes the character of patient-provider relationships.

*Shim, J. 2010. J Health Social Behav, 51(1): 1-15*



## CHC Pilot Study

---

### *Sample:*

Physician group: N = 6

Patient group: N = 17 (2-3 patients per physician; 6 older adults)

### *Data Collection / Analysis:*

Audio recordings of clinic visits

In-depth interviews with patients and physicians

Grounded theory analysis using Atlas.ti

## Old Age and Life Extension Study

---

### *Cardiology Sub-Sample:*

Physician group: N = 16

Patient group: N = 28 (all older adults)

### *Data Collection / Analysis:*

In-depth interviews with patients and physicians

Thematic and cross-comparative analysis

# Bourdieu's Notion of Habitus

- Human actors not always strategic, but possess *habitus*:
  - General styles, habits, dispositions
  - Ways of thinking about/viewing the world
- Deeply embodied, rooted in past social experiences.
- Habitus ↔ cultural capital
- Organizes and shapes actions.

# Health Actions Are Shaped by Habitus

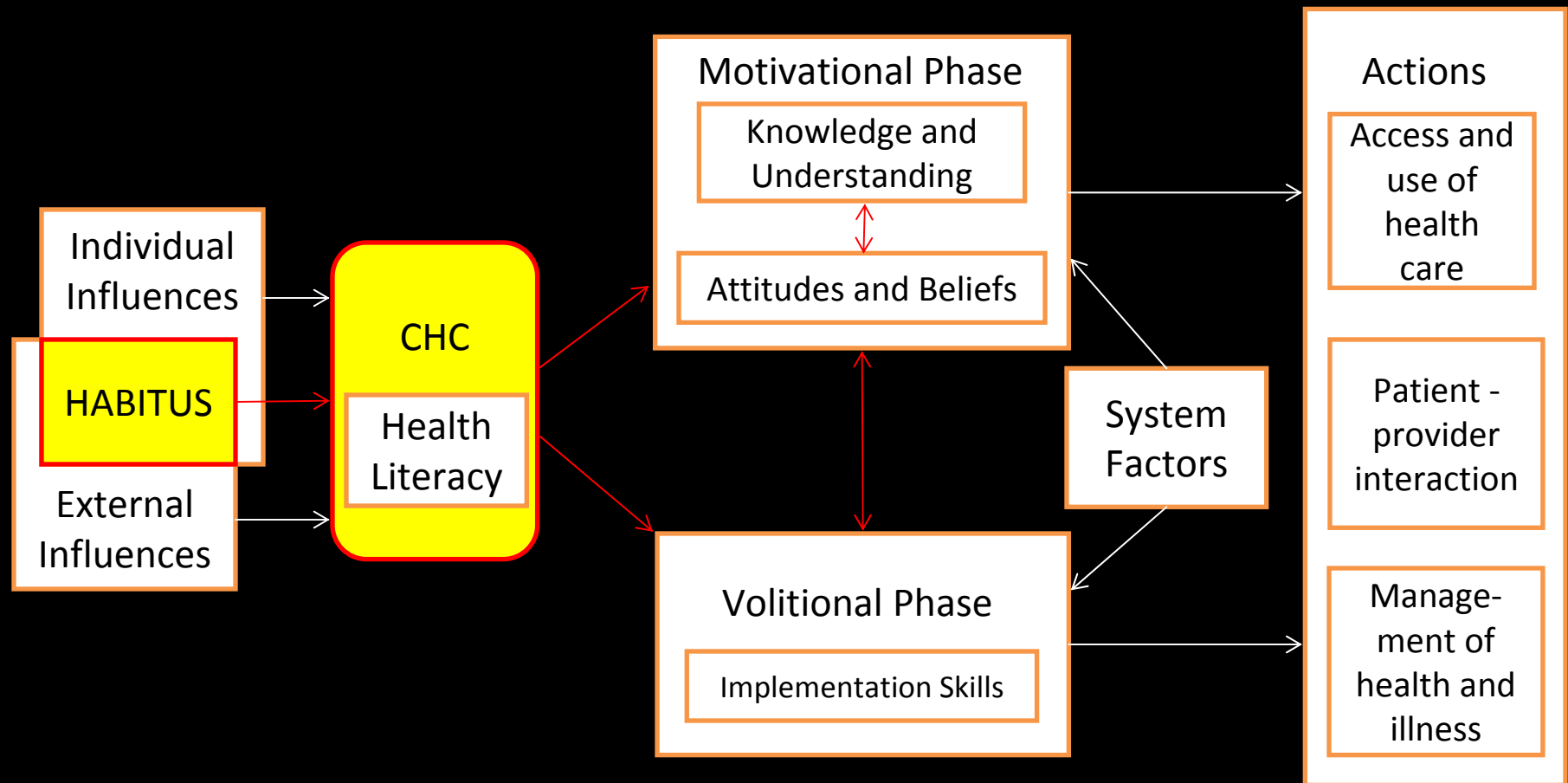
- Patients' (and providers') actions in clinical encounters likely shaped by habitus.
- Hybrid nature of health actions:
  - Purposeful *and* habitual
  - Conscious *and* unconscious
  - Strategic *and* unplanned

# Habitus & Health Actions

“I don’t know whether it’s just me or what, but ... I never had any qualms about going for medical treatment. I never had any qualms ... And I always had had complete confidence in the medical profession ... I’ve never been bothered about having surgery. I’ve never felt uncomfortable ... I can’t explain it, other than the fact that it does not bother me at all.”

- *Don*

# A Modified Framework of Health Literacy, Habitus-CHC and Health Action



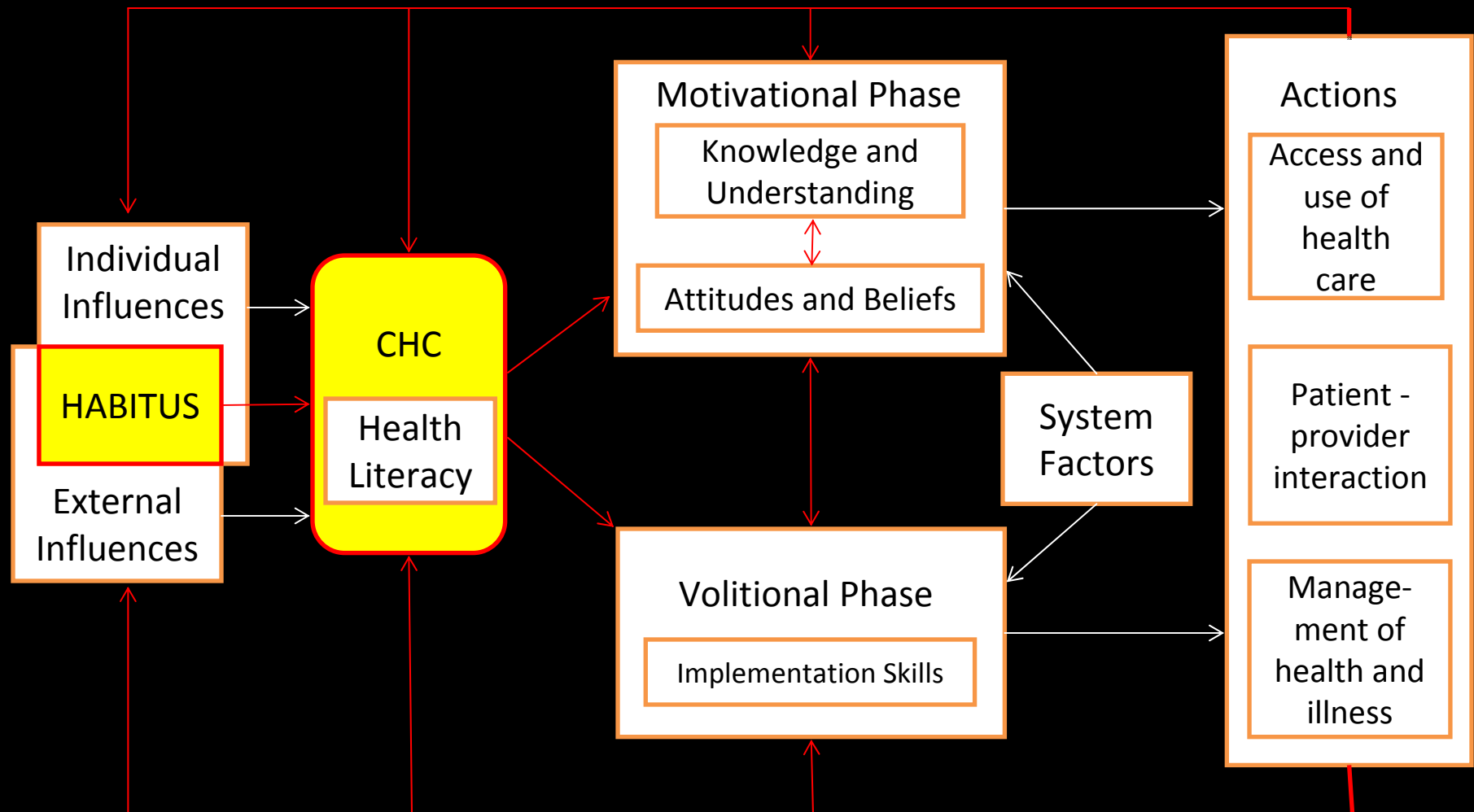
# CHC, HL & Transformations in Health Care

- Older adults' lifetimes span 1940s (or earlier) to the 21<sup>st</sup> century.
- Striking changes in health care:
  - Medical science and technologies
  - Economy and organization of health care
  - Sociocultural ideas about active patienthood
  - Intensified demands for patients to be savvy organizational players
- Changes tend to leave elders behind.

# CHC, HL & the Role of the Provider

- Patient-provider interactions as social transactions.
  - CHC and HL as a means of exchange.
- CHC and HL can have indirect, as well as direct, effects.
  - Providers' perceptions of patients are influenced by CHC and HL.
  - Patients' CHC indicates the kind of actor they are.
- CHC, including health literacy, functions as a source of symbolic capital.

# A Modified Framework of Health Literacy, Habitus-CHC and Health Action





# Implications for Research and Practice

**HL and CHC ⇔ Social inequalities**

→ Limitations of individual-level  
patient skill-building and provider training

- Clustering of HL (and CHC) with other social status attributes.
- Social capital and networks.
- Patient navigation services.
- Role of health care system in cultivating HL and CHC.

# Acknowledgments

We deeply appreciate:

The physicians and patients who participated in our study and shared their thoughts and experiences with us;

The support of the NIH/National Institute of Aging (R01 AG20962);

The support of the American Sociological Association's Fund for the Advancement of the Discipline Award;

And the support of an Intramural Research Grant from the UCSF School of Nursing Research Committee.