

Raquel Ramírez Ruiz: 'Health literacy' vital to making the right choices

Sitting in a doctor's office, you receive a diagnosis for the fatigue and thirst that have plagued you for weeks: diabetes. It comes with a whole new vocabulary -- words like "dialysis," "glucometer," "hemoglobin" and "hypoglycemia." You try to ask some questions, but the doctor and nurse don't really have time to explain them. They hand you a few pamphlets, and you leave the office uncertain and confused.

This scenario can happen to anyone, for any diagnosis. If the communication with your health care providers is rushed and confusing, your uncertainty may not necessarily be related to your English language skills, or how many years of education you've had. But if your language and basic literacy skills are low, chances are your health literacy may fall short, too. "Health literacy" is a term defined by the Institute of Medicine as the degree to which people can "obtain, process and understand basic health information and services needed to make informed health decisions."

Diabetes is just one of many diseases that require more than a daily medication or occasional doctor's visit. For example, patients with diabetes must learn how to monitor and control their own blood sugar levels -- which in turn requires monitoring symptoms and taking specific actions to correct dips or changes in blood sugar levels such as eating a particular food. Someone with low health literacy may have trouble understanding the symptoms of low blood sugar, as well as what to do about them. As a result, their diabetes won't be under control the way it could be -- leading to preventable complications down the road.

Health literacy is just one of the factors that Dr. Dean Schillinger, chief of the California Diabetes Program within the state's Department of Public Health and a professor at UCSF, pointed to in his keynote address to the Regional Diabetes Collaborative's annual Diabetes Forum on March 26.

In a variety of research studies, Dr. Schillinger and his colleagues have explored the many factors outside a doctor's office that can affect how chronic diseases like diabetes affect individuals and communities. Sometimes called "social determinants," these additional factors include poverty or low incomes that make it difficult to consistently afford a healthy, adequate food supply, or retail environments that make fast food and convenience stores an easier and sometimes cheaper stop than a grocery store or farmers' market full of fresh fruits and vegetables.

Dr. Schillinger offered some specific ways that health care professionals can address these and other social determinants of health. For example, he described an automated telephone diabetes self-management program that has been pilot tested in San Francisco in three languages -- English, Spanish and Cantonese -- and has shown promising results in crossing both language and literacy barriers.

Here in Santa Cruz County, events like the Regional Diabetes Collaborative's annual forum and coalitions like our local Go For Health! partnership are promoting community-wide changes that help everyone gain access to healthier foods and more physical activity. As these changes become more widespread, we hope the incidence of obesity and diabetes will decrease in the future -- and that meanwhile, research like Dr. Schillinger's will help today's patients control their diabetes, in partnership with their health care providers.

Raquel Ramírez Ruiz is the director of the Diabetes Health Center, coordinator of the Regional Diabetes Collaborative, and a board member of the Health Improvement Partnership.