Background

- Health literacy, "an individual’s ability to obtain and understand healthcare information to make appropriate health decisions," plays an important role in health care outcomes (AHRQ 2011).
- Chinese constitute 24% of all Asians Americans and are the largest Asian group in the U.S. (U.S. Census, 2010).
- Limited information is available on health literacy needs among the fast-growing group of older Chinese American adults.

Study Aims

- To assess health literacy among older Chinese American adults.
- To identify correlates associated with limited health literacy in this population.

Methods

- A convenience sample of 312 Chinese American immigrants
- Age range -- 50 to 75
- Enrolled in an on-going RCT "Healthy Living" testing the use of lay health worker outreach to promote colorectal cancer screening and healthy nutrition
- Self-administered baseline questionnaire

Assessment of Health Literacy

- Health literacy was assessed using the Single Item Literacy Screener (SILS), Morris et al., 2006
- Using a 5-point Likert scale, from 1 (never) to 5 (always), the SILS identifies individuals with limited reading ability who need help reading health related information.
- We defined respondents as having ‘limited health literacy’ when they indicated “sometimes,” “often,” or “always” on the SILS.

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- You read a form or material from your doctor or pharmacy?

Results

Table 1. Sample Characteristics (N=312)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (% )</th>
<th>Years in U.S. (SD)</th>
<th>Asian Healthy Lifestyle (AHL) score (Mean ± SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>49.6%</td>
<td>17.3 (12.2)</td>
<td>68.1 (12.2)</td>
</tr>
<tr>
<td>Age 60+</td>
<td>71.2%</td>
<td></td>
<td>69.9 (12.2)</td>
</tr>
<tr>
<td>Limited English (speaks English less well)</td>
<td>94.5%</td>
<td></td>
<td>69.9 (12.2)</td>
</tr>
<tr>
<td>Education: less than high school</td>
<td>69.9%</td>
<td></td>
<td>69.9 (12.2)</td>
</tr>
<tr>
<td>Below poverty level: &lt; $20K</td>
<td>58.7%</td>
<td></td>
<td>69.9 (12.2)</td>
</tr>
<tr>
<td>Perceived health as fair or poor</td>
<td>67.3%</td>
<td></td>
<td>69.9 (12.2)</td>
</tr>
</tbody>
</table>

Note: *Bivariate associations with limited health literacy at p < 0.01

Figure 1. Proportions of respondents reported limited health literacy, requiring assistance to read written health information by selected characteristics

- Elk sample
- Female
- Healthy Lifestyle
- Education, English proficiency
- Ethnicity of primary care physician (PCP)
- Below poverty level: < $20K
- Perceived health as fair or poor

Conclusions

- Two-thirds of older Chinese American immigrants have limited health literacy, requiring assistance to read written health information.
- Needing a medical interpreter and poor perceived health were independently associated with limited health literacy.
- Further research is warranted to understand and address the high health literacy need in older Chinese American immigrants.

Acknowledgement: Research is supported by the National Cancer Institute (1R01CA138778; PI: T.T. Nguyen). This five-year project is an academic-community collaboration of three institutions/organizations: NICOS Chinese Health Coalition, San Francisco State University, and University of California San Francisco.

Corresponding Author: Janice Tsoh, Ph.D., UCSF, Department of Psychiatry, 401 Parnassus Avenue, San Francisco, CA 94143, USA. Janice.Tsoh@ucsf.edu