Lower Health Literacy Puts Hispanics at Risk

BY PATRICE WENDLING

CHICAGO — Lower levels of health literacy among Hispanics may be associated with poorer blood pressure and glycemic control, based on the results of a cohort study.

A cross-sectional analysis of 327 Hispanics with mild to moderate chronic kidney disease enrolled in the Hispanic Chronic Renal Insufficiency Cohort (HCRIC) study showed that 127 (39%) could not read in English or Spanish and 86 (26%) had low health literacy based on a score of 22 or less on the Short Test of Functional Health Literacy in Adults. Spanish language preference was reported by 268 (82%) of the participants.

Spanish language preference as compared with English language preference was significantly associated with a higher mean systolic BP (138.8 mm Hg vs. 131.4 mm Hg) and decreased use of an ACE inhibitor or angiotensin II receptor blocker (67% vs. 81%), Dr. Claudia Lora reported on behalf of the study group in a poster at a meeting sponsored by the International Society on Hypertension in Blacks. Participants with a Spanish language preference were older, were less educated, and had a lower income, compared with those who preferred English.

An inability to read and low health literacy were significantly associated with poorer self-reported health and poorer blood pressure control, defined by a reading of 130/80 mm Hg or higher.

After adjustment for sociodemographic factors, language preference, and clinical factors, the inability to read remained independently associated with poor BP control, reported Dr. Lora of the nephrology section at the University of Illinois at Chicago. Neither health literacy nor language preference was associated with estimated glomerular filtration rate, control of diabetes, or dyslipidemia in adjusted analyses.

"Subjects with low health literacy and a Spanish language preference represent a particularly vulnerable segment of the chronic kidney disease population," Dr. Lora wrote in the poster. "The long-term impact of these patient-centered factors on the progression of [chronic kidney disease] is being evaluated in the HCRIC study."

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In a second poster at the meeting, preliminary results from the first 64 diabetic participants in the Paso del Norte Kidney Disease Study showed that health literacy was inadequate in 34%, marginal in 7%, and adequate in 59%.

Participants were predominantly Mexican American (59 patients) with stages 2-4 chronic kidney disease (61) and a mean body mass index of 33 kg/m^2.

Poor glycemic control, defined by a hemoglobin A_{1c} level of 7% or more, was reported in 59% of participants, noted Dr. Patrick Ragland, formerly with Texas Tech University Health Sciences Center at El Paso and now a resident at Tulane University in New Orleans.

In a logistic regression analysis that adjusted for sex, age, insurance, education, income, birthplace, language preference, hypertension, and current smoking, participants with inadequate health literacy were more likely to have poor glycemic control than were those with marginal or adequate health literacy (odds ratio, 6.34; $P = .083$). The investigators suggested that the small number of patients could account for the lack of statistical significance.

The researchers noted that the prevalence of diabetes is higher in Hispanics than in whites and that Hispanics with diabetes have a two- to threefold higher risk of developing end-stage renal disease than do whites.

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