



North American Association of Christians in Social Work
A Vital Christian Presence in Social Work

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ADVANCING CHRISTIAN SOCIAL WORKERS' ROLE IN HEALTH LITERACY

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**Advancing Christian Social Workers' Role in Health Literacy:
Embracing the Strategies for Empowerment and Addressing
Health Disparities among African-Americans.**

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Presentation Outline

- Did you know that health literacy could prevent pains, losses, & deaths among minorities?
- Questions to the participants... What are the ff: Literacy, Health Literacy, Health Disparities, Cancer rates among AA, common SWK intervention strategies?
- Study Abstract
- Learning Objectives
- Some worrisome statistics about the nexus of health and literacy among African Americans
- Discussion Points
 - Health Literacy
 - Health Disparities
 - Cancer Health Disparities
 - Conventional Social Work Interventions
 - Faith-based Empowerment Education Intervention
 - Evidence from literature
 - Faith-infused Media strategies used for health literacy campaigns.
- Theoretical Framework: Social cognitive theory (SCT), Preventive health model (PHM), Empowerment Education Theory and Spiritual Capital Paradigm
- Implications for faith-based Social work education, practice and research
- Closing: Summary, Q& A .

Study Abstract

- Promoting health literacy among disadvantaged groups has been identified as a strategy of empowering minorities and addressing health disparities. However, Christian social workers compared to other health professionals, have underutilized health literacy as an empowerment education intervention to achieve health equity among African Americans.

Learning Objectives

1. Define and discuss the concepts of health literacy, health disparities, empowerment mechanisms, community settings, and different media education interventions that Christian social workers can use for health literacy campaigns.
2. How health literacy and the infusion of faith contents have been effectively used to reduce a specific type of health disparity (i.e. cancer incidence among minorities).
3. The nexus of scriptural and ethical professional approaches Christian social workers can utilize to promote health literacy and empower disadvantaged groups.
4. Identify congregational and community resources, theoretical constructs, and evidence-based interventions which Christian social workers could easily adopt.
5. Articulate several roles that the NACSW and its members can play in achieving the mandate of the great commission in communities, congregations and social work programs as this relates to health literacy.

Worrisome Statistics

- W.r.t. most cancers AA have the highest death rate and shortest rate of survival compared to other racial and ethnic groups in the USA (ACS 2011)
- The ACS (2011) attributes this CA disparity to other types of disparities such as socio-economic (Inc, Edu, work), barriers to high quality Ca prevention, treatment, and overall QOL.
 1. ACS (2011) estimates 168,900 new cases of cancer diagnoses for AA in 2011 (Men: 40% Prost Ca; Women BaCa =34%)
 2. ACS (2011) Estimates 65, 540 AA expected to die from cancer
 3. AA have 18% higher CA incidence and 36% higher mortality rates than whites (ACS, 2009).
 4. AA men have 5-years lower cancer survival rates for lung and pancreatic cancer, compared to non-Hispanic white men (Office of Minority Health, 2009).
 5. AA women are twice as likely to be diagnosed with stomach cancer, and they were 2.4 times as likely to die from stomach cancer, compared to non-Hispanic white women (Office of Minority Health, 2009).

Cycle of Disparities: Nexus of Health Outcomes and Education

- Every 26 Seconds a student drops out of high school 40% more for AA students (Arne Duncan, 2011)
- According to the National Center for Education Statistics, AA students made up 16% of the public school population in 2004.
- On average, AA and Hispanic 12th-grade students read at approximately the same level as white 8th graders (U.S. Department of Education, Office of Vocational and Adult Education 2002).
- An estimated 54% of AA youths compared to 75% whites and Asians earn high school diplomas (Education Week, 2010, NCCAP n.d.).
- Health professionals have argued that low literacy level implies a poor overall health status of patients, even for the most basic health issues, such as reading medical prescriptions (Birru & Steinman, 2004; Scudder, 2006)
- Friedman & Hoffman-Goetz (2008) found out that low literacy levels of AAs is one of the many reasons why high cancer morbidity and mortality rates persists among AAs.
- Mean reading skills of third and ninth grade is recommended for designing educational materials for AA (Morris, & Scheivelhud, 1994; Mabiso, Williams, Todem, & Templin, 2010;)

Health Literacy Defined

2 Definitions

- Health literacy is the degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

(Health People 2010, (2005.p11)

- Health literacy is the wide range of skills and competencies that people develop over their lifetime to seek out, comprehend, evaluate, and use health information and concepts to make informed choices, reduce health risks, and increase quality of life

(Zarcadoolas et al 2006p.55)

***Differentiate from *Functional* or *English Literacy* (National Assessment of Adult Literacy [NAAL]

Health Literacy Statistics

- The National Assessment of Adult Literacy survey in 2003 showed that over one-third of adults in the U.S. function at or below a basic level of health literacy
- 53% function at or below a basic level of literacy (Liechty, 2009)
- 12% function at a proficient level of health literacy (Liechty, 2009)
- 5% were found to be non-literate in English (Liechty, 2009)
- A recent Surgeon-General report states that health literacy is a problem that cuts across socio-economic and demographic strata in the U.S. and it is a public health problem (Liechty, 2009)
- Healthy People 2020 has health literacy skills as one of its top ten priority health goals for the nation (Healthypeople.gov)

Health Disparities: Definition

- Very contentious concept in health literature (Pokras Baquet, 2002; Adler & Stewart, 2010) because of perspectives.
- Healthy People 2020 defines a *health disparity* as
A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

(Retrieved on October 15, 2011 from
<http://healthypeople.gov/2020/about/DisparitiesAbout.aspx>)

- Concept interchangeable with words like “inequality”, and “inequity”. This concept reminds us of Social justice, and precipitates established SW intervention strategies.....

Cancer Health Disparities

- The National Cancer Institute (NCI, 2011) defines Cancer health disparities as:

Adverse differences in *cancer incidence* (new cases), *cancer prevalence* (all existing cases), *cancer death* (mortality), *cancer survivorship*, and *burden of cancer or related health conditions* that exist among specific population groups in the United States. These population groups may be characterized by age, disability, education, ethnicity, gender, geographic location, income, or race. People who are poor, lack health insurance, and are medically underserved (have limited or no access to effective health care)—regardless of ethnic and racial background—often bear a greater burden of disease than the general population.

(Retrieved October 15, 2011 from

<http://www.cancer.gov/cancertopics/factsheet/cancer-health-disparities>)

Conventional Social Work Intervention

- **Established SW intervention strategies**
- **Empowerment** (identifying powerlessness and working with clients to reduce it; failure of the system; increase skills, political power; regain control of destinies; overcome personal and environmental barriers, critical consciousness; adaptive functioning e.t.c (Solomon, 1976; Lee, 2001; Gutierrez, 1990;1994)
“Empowerment refers to the process by which individuals and groups gain power, access to resources, and control their own lives “ (Robbins, Chatterjee & Canda 2006; p.94)
- Empowerment therefore implies controlling external or environmental barriers as intervention goal (Airhihenbuwa, 1996)
- Remedial/Reactive (Maintenance, Raheim, 1996)
- Supportive (Coping) and Supplemental (Medicare)
- Caring, Curing, Managed (Palliative, Hospice)
- Legislative Advocacy

Faith-Based Empowerment Education Intervention

- **Need for Paradigm Shift from**
- Empowerment to (Faith-based) Empowerment education
Empowerment education was proposed by Brazilian educator Paulo Freire in the 1950s.
- The central premise is that “education is not neutral and takes place in the context of people’s lives”(Wallerstein & Bernstein 1988, p.381).
- It liberates, makes people subjects and actors, instead of “objects and “acceptors” or powerless. It’s Prevention driven. This concept has been used in peace education, ESL, health education, teenage school discipline, community development, e.t.c
- Empowerment education in health promotion “*encompasses **prevention** as well as other goals of community connectedness, self-development, improved quality of life, and social justice*” (Wallerstein & Bernstein, 1988, p. 380).
- Faith-based empowerment education intervention is therefore empowerment education within the context of faith-based institutions and infused with the contents of faith-based sacred writings (scriptures) that primarily addresses health issues.

Social Workers' Use of Educational Interventions

- Cagle & Kovacs (2009) article “ *Education: A complex and empowering social work intervention at the end of life. Health & Social Work, 34(1), 17-27* ”

Education is a social work intervention, but it is under-utilized, undervalued underappreciated and complex. Most social workers are not adequately prepared to use education as an intervention (p.17)

Social Workers use educational interventions through:

1. Being “Context interpreters” (Bern-Klug, Gessert & Forbes,2001)
 2. Facilitating autonomous decision making
 3. Client self- determination
 4. Biopsychosocial- spiritual assessment
 5. Identify and direct client to resources, e.t.c.
- Implications for Christian or faith-based social workers

Examples of CA Health Literacy Empowerment by Social Workers

- The use of case-management in the NCI, NASW & IASWR Screening Adherence Follow-up [SAFe] Project, or Project SAFe (Ell, et al., 2002).
- Mobilized, and empowered communities for early detection and screening practices (Altpeter, Earp,& Schopler, 1998; Bullock & McGraw, 2006)
- Assess level of Cancer knowledge and encourage screening behaviors (Royse & Dignan, 2009)
- Collaborated and trained lay persons in the communities to promote cancer prevention education (Altpeter, et al., 1998; Jane Isaacs Lowe, Barg, & Stephens, 1998)
- Promoted and developed culturally responsive and appropriate cancer prevention programs (Belin, Washington, & Greene, 2006; Kaopua, 2008)
- Improving cancer knowledge and screening awareness (Royse & Dignan, 2009)

Evidence-Gap of Faith-oriented Social Workers Intervention and Scholarship on Cancer disparities Literacy Empowerment

- A Google scholar (database) search was conducted in mid October 2011 to identify literature between 2008-2011 with the following combined search terms “ faith-based cancer education”, or “Church-based cancer education”, “church-based cancer prevention education”, “social workers”, “African Americans”, and “Scriptures”.
- The search iteration showed the following:
 1. “Faith-based cancer education” = 3410 hits
 2. “Church-based cancer education” (CBCa)=2990 hits
 3. “CBCa + “Social Workers” (Swkers) = 2810
 4. “CBCa”+ “Swkers” + “African Americans”(AA) =1560
 5. “Church-based cancer prevention education” (CBCaPEd) + ‘Swkers”+ “AA”= 851
 6. CBCaPEd)+ ‘Swkers”+ “AA” (Only in Soc. Sc. , Arts & Humanities) = 497
 7. “CBCaPEd + “SWKers” + “AA” + “Scriptures” (Only in Soc. Sc. , Arts & Humanities)= 94
 8. Full Abstract review of the 94 results yielded
- Only 3 Studies focused on Cancer education
 - (2 authored by a Hawaiian SWK and 1 Non-SWKer)
 - No study conducted by SWKer on CBCa for AA* in this search. However, other professionals did for AA.
 - Other studies focused on other health issues like depression, HIV/AIDS, alcoholism etc
 - SWKers accounted for 12(13%) of the studies and other professionals conducted 79(87%)

Types of Media used in CA Health Literacy

- Print and video media to educate AA men about the importance of prostate cancer screening (Campbell, et al., 2004)
- Computer kiosks in beauty salons (Alcaraz, et al., 2009; Kreuter, et al., 2008)
- Mailed educational materials (Earp, et al., 2002; Kidder, 2008)
- Combination of pamphlets, culturally appropriate video, and interactive computer media (Champion, et al., 2006; Partin, et al., 2004)
- Telephone counseling used to improve colorectal cancer screening behaviors (Dietrich, et al., 2006; Ford, et al., 2004)

Theoretical Framework

➤ **Social cognitive theory (SCT) Albert Bandura**

- *Behavioral Capability* : “ the construct of behavioral capability tells us that if people are to perform a certain behavior, they must have knowledge of the behavior and the skills to perform it” (Hyaden 2009, p.83)

➤ **Preventive health model (PHM) Aaron Antonovsky**

- The PHM explains health as a dichotomy between perfect state of health (*ease*), and a deplorable state of health *dis-(ease)*. Therefore, the ability to comprehend the health dichotomy, and proactively utilize, and steer available resources towards being in a perfect state of health is called sense of coherence (SOC) (Antonovsky, 1996).

➤ **Empowerment Education Theory Paulo Freire**

- Education helps people to identify their problems, and its history, do a self assessment, develop new beliefs in their own ability to influence personal, group and societal changes (Wallerstein & Bernstein 1988, Bergsma, 2004).

➤ **Spiritual Capital Paradigm** (sub-Set of Social Capital)

The Metanexus Institute (2003) working definition of spiritual capital is:
The effects of spiritual and religious practices, beliefs, networks and institutions that have a measurable impact on individuals, communities and societies.

Some Considerations for Developing Faith-based Cancer Education (Health Literacy) Interventions

1. **Educational Methods** (Audio Visuals mass media ; computer-based, inside classroom, outside)
2. **Literacy Levels** (for AA Mean reading skills of third and ninth grade is recommended for designing educational materials for African Americans)
3. **Readability** (defined as the ease at which a person can read, and understand a communication material. Combination of # 2 & #3)
4. **Cultural Appropriateness** (utilization of Scriptural passages, bible studies, church settings, congregational health fairs, cultural cues, culturally competent providers, and cultural tailored contents in the design of cancer education materials)
5. **Message Framing** (making health messages highly persuasive and effective with scriptural contents, *gain-frame* and *loss-frame*)
6. **Tailoring and Targeting Message** (individualized (Micro) vs group [mezzo/macro]) messaging

Implications for Faith-Oriented Social Workers

➤ Social work education (EPAS Expectations)

The most current Competence-based Education Policy and Accreditation Standards (EPAS) of the CSWE (2008) has 3 sections that connects to empowerment education and health literacy among minorities thus :

- Section 2.1.4 (Engage diversity and difference in practice)

“ Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, color, culture, disability, **ethnicity**, gender, gender identity and expression, immigration status, political ideology, **race**, **religion**, sex and sexual orientation. Social workers appreciate that, **as a consequence of difference**, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as the privilege, power and acclaim” (p.5)

Other Implications

- Social work practice
- Social work research
- Social welfare policy

Closing

- **Summary and Conclusion**
 - Thanks for listening
- Questions and Comments

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