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Introduction

Health literacy can be defined as an individual's ability to find, understand, and use information and services to support their health¹. Age and ethnicity are both determinants of health literacy, yet the intersecting effects of these variables are not well understood, especially for those living with arthritis.

Objective

This community-led survey and intersectional analysis aimed to examine the compounding effects of ethnicity on health literacy between Black, Indigenous and People of Colour (BIPOC) men and white men respondents.

Methods

Arthritis Consumer Experts conducted a 40-question online Survey (June 1- 25, 2023) in English and French. Respondents answered questions regarding sociodemographic information, levels of understanding, communication with care providers, application to self-care, support and information seeking. Data were analyzed in subgroups (i.e., Men vs Women, BIPOC vs white)² and aggregate (including incomplete survey responses). Chi-square tests (exact tests where possible) were used to test for associations.

Figure 1: Gender and Ethnicity of respondents

Participants	Men	Women	Non-binary
Total [1148]	493 (43%)	589 (52%)	66 (6%)
BIPOC [449]	236 (53%)	178 (40%)	35 (8%)
White [699]	257 (38%)	411 (59%)	31 (4%)



Arthritis Consumer Experts and its team members acknowledge that they gather and work on the traditional, ancestral and unceded territory of the Coast Salish peoples - xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Selilwetaʔ/Selilwitulh (Tsleil-Waututh) Nations.

Results

BIPOC men reported higher levels of *education and annual income* when compared to white men. When asked about “full” understanding of health information **online, in media and in conversation**:

BIPOC men reported ↑ levels of understanding (**40%, 30%, 28%**)

white men reported ↓ levels of understanding (**14%, 11%, 19%**)

However, **BIPOC men** compared to **white men** respondents faced disproportionate challenges applying knowledge in their daily lives, especially when it came to:



Understanding **medication instructions** (**28% vs 59%**),

Dose and timing of medication (**33% vs 70%**)

Understanding the **purpose of exercise** (**19% vs 52%**),

How to participate in exercise (**19% vs 43%**)



Understanding the **purpose of nutrition** (**25% vs 47%**)

Across age category and gender, *group-based meetings* were a popular self-care strategy amongst **BIPOC respondents** (approximately **50%**) when compared to white respondents.

When asked about *support and information seeking*, **BIPOC men** reported being less likely to *ask others for help* (**11%**), when compared to **white men** (**38%**). Instead, **BIPOC men** vs **white men**, more often preferred *1-on-1 counselling* (**42% vs 18%**) and *online communities* (**52% vs 19%**).

When asked specifically what health information would be most valuable, **BIPOC men** most often selected *how to advocate for preferences and needs* (**34%**) and *where to find programs and services within the community* (**25%**).

Limitations: The online survey may have excluded those without broadband or technological infrastructure. Secondly, despite our strategies to reach diverse respondents, our sample of BIPOC men was of high socioeconomic status.

Conclusion: This survey represents a starting point from which we can begin to understand differences in health literacy across those living with arthritis, specifically BIPOC men. Researchers would do well to co-design public health interventions to support BIPOC men to apply health information in their daily lives. Health care providers need to examine their unconscious biases and learn how unique cultural norms and structural barriers make it more challenging for BIPOC men to use health information and services. Advocacy groups should aim to provide educational resources that emphasize skill development. Together, we can do more to support the development of health literacy.

References

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