Introduction

- Poor health literacy affects overall health and health care communication.
- Health care providers are inherently responsible for the communication of health information.
- Health promotion, screening and chronic disease management may be more challenging among individuals with low health literacy.
- There is a known prevalence of low health literacy among rural and minority populations.

Results

- Health Providers average age was 47 (SD =13.67; range 30-66).
- Seventy-five percent self-identified as African American (N=9); Seventeen percent Non-Hispanic White (N=2) and Asian (N=1).
- Gender were self-reported as Male (N=4) Female (N=8).
- Sixty-seven percent (N=8) of sample were physicians; Nurse Practitioners (N=4)
- None of the health care providers reported using a specific tool to measure health literacy.

Methods

- All participants were recruited from rural counties located in a Southeastern state in the U.S.
- This qualitative designed study had a purposive sample of 12 health care providers with rural dwelling patients.
- A content analysis of the data was completed using NVIVO 10 software.
- Each transcript was read, the text was searched for major themes and subcategories by each individual until all transcripts were completed.
- Throughout the coding process comparative methods were used to illuminate similarities and differences.
- IRB approval was obtained from both the clinic and the University of Alabama.

Discussion

- No specific tool to measure health literacy was a barrier to addressing health literacy gap.
- Trust and rapport were considered to be a facilitator and important in health care provider and patient communication.
- Using an evidence-based tool to assess health literacy could be a first step in addressing some of the potential communication barriers.

Conclusion

- Health care providers should consider it a priority to identify and use a health literacy assessment tool in the clinical setting.
- Tailoring health communication that may include family involvement based on an individual’s need and literacy level could facilitate.
- Increase health care provider/patient communication
- Increase understanding and compliance

Plain Language

Overall Understanding each other is important.

“I try to use simple terms that they understand while encouraging them to engage in the conversation”

Sitting and Listening

“I always take time out of the assessment to just sit with them an let them explain to me how they’re feeling, that builds a rapport with them, releases some of the feeling of anxiety, from there we talk…”

Trust and Rapport

Every visit is working on building trust and rapport not only with them but also encouraging family involvement which reinforces…

References: