



## Background

Nationally, the prevalence of low to marginal health literacy is about 45%, contributing to high utilization of medical resources and increased morbidity and mortality. One of the challenges of providing medical care to patients with low health literacy is identifying the best ways in which to transmit instructions and supplemental information, particularly when clinician time with each patient is limited. At the Greater Lawrence Family Health Center (GLFHC), we serve a largely low-income, Spanish-speaking patient population, with significant risk for low health literacy. We hope that this information will help health care providers find the best ways to educate patients about disease and prevention.

## Purpose

The purpose of the study is to assess the health literacy of the GLFHC patient population, and to find out how our patients want to receive health education.

## Methods

**Design** Mixed method design with in-person surveys for demographic & health literacy. Stratified focus group interviews conducted based on level of health literacy.  
**Recruitment & Sample** 84 patients in a community health center were invited to complete demographic & health literacy surveys. 5 High Health literacy and 4 Low health literacy patients agreed to participate in focus groups.  
**Measures** SAHL-E or SAHL-S, Focus group semi-structured guide  
**Data Collection** Demographic & health literacy surveys were administered while patients waited for medical appointments and were invited to later participate in a focus group. Each focus group consisted of a 2-hour session in Spanish using a semi-structured interview guide.  
**Data Analysis** Focus groups were audio recorded, translated and transcribed verbatim. Five researchers analyzed transcripts independently using content analysis for emerging themes, then met to determine agreement of identified themes.

## Major Themes Extracted

### High Literacy Group

- Self Advocacy**

Patients described strategies to actively seek clarity of information

*"I usually just ask again and she will re-explain and then I'll write it down so I won't forget"*  
*"I called & they explained it to me with no problems & I understood perfectly."*

- Positive Relationship with Provider**

Patients described feeling heard, respected and genuinely cared for by providers

*"I ask opinions; he expresses that in Spanish; we are in agreement with whether or not something works for me"*  
*"He almost always just listens to me and always treats everything I say to him with very high importance."*

- Accessing Information**

Patients volunteered methods utilized when independently searching for medical information

*"Looking things up on the internet; I use my phone to educate myself"*  
*"I have the clinic's website so I can check all the information I need regarding my health"*

### Low Literacy Group

- Language Barrier**

Patients described examples of provider language discordance.

*"...Sometimes I ask how can I use my medication and I always want it in Spanish. Sometimes it is in English, and sometimes I take the medication without knowing..."*

- Ineffective Information Explanation**

Patients described feelings of ineffective explanations or lack of information being provided

*"When I get blood tests done, they never say anything to me, they don't tell me about diabetes, or whatever the results show."*  
*"If you don't ask they don't tell you"*

- Mistrust**

Patients describe inexperience with the healthcare system, doubt, fear & mistrust of providers

*"They never told me exactly where the diabetes came from"*  
*"What I think happened is that they wanted to do some sort of experiment"*

## Patient Characteristics

- 71% (n=60) female
- 74% (n=62) indicated Spanish as preferred language
- 26%(n=22) low literacy (SAHL-S or SAHL-E score ≤ 14)

## Conclusions

Data collection is still ongoing, however, 26 % of our initial participants have low health literacy. Although this suggests higher health literacy in our patient population than we expected, preliminary focus group results suggest a great discrepancy between perceptions of patient education and communication between high and low health literacy groups. These preliminary results support the importance of using universal literacy precautions in patient care.