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Income and Its Effects On Health Literacy: A Study Between a Student-Run Free Clinic and a Family Medicine Office

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Income and Its Effects On Health Literacy: A study between a Student-Run Free Clinic & a Family Medicine Office

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Background

- Health literacy is defined as the understanding and application of words, numbers & documents (ie: medication labels, medical forms) 1
- More than ½ of people nationwide (80+ million) have limited health literacy which contributes to poor health outcomes and lifestyle choices.1,2
- The Newest Vital Sign (NVS) assessment is a validated short survey that is conducive to assess health literacy in primary care settings.³
- Rowan Community Health Center (RCHC) is a student-run clinic in Lindenwold. NJ that provides cost-free primary care services regardless of income, insurance, or legal status
- Aim: RCHC utilized the NVS assessment to assess if there is a difference in health literacy between non-insured patients at RCHC compared to insured patients a Rowan Family Medicine (FM) office in Hammonton, NJ

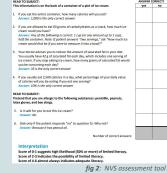
• IRB-approved study with 45 patients enrolled at RCHC

- (n=18) and Rowan Family Medicine office (n=27)
- Informed consent and demographic information obtained prior to NVS assessment
 - odemographics = primary language, insurance status, highest education level, income poverty status (fig 1)
- Data stored in Qualtrics and analyzed with Fisher's exact test in SPSS

Methods

2021 Guidelines





*if pt answered Q1-4 correct, stop survey due

to almost certainty of adequate literacy *If pt answered Q5 incorrect, do not ask Q6

Results

calorie needs.
Ingredients: Cream, Skim Milk, Liquid

Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt,

- Significantly higher prevalence of limited literacy (score ≤3) compared to adequate literacy (score ≤4) among male patients (p=0.046) and patients below the poverty line (p=0.036)
- No significant difference between literacy (score ≤3) and adequate literacy (score ≤4) based on:
 - RCHC vs. FM office (p=0.75), Insurance status (p=0.23), primary language spoken (p=0.295). Education level (p=0.27)

RCHC FM total 0-1 6 15 2-3 16

fig 3: NVS scores in patient population

Conclusion

- Gender and socioeconomic factors played a role in health literacy in our patient populations
- While we expected a difference in literacy between insured and uninsured patients, literacy is a universal problem
 - Adequate literacy should not be assumed by physicians
 - Using short and simple education material and graphics can help improve literacy and treatment adherence1
- Limitations: sample size, no immediate interventions for limited literacy
- Next steps: RCHC is hoping to create a literacy course as a potential intervention for basic health literacy

References

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