HEALTH LITERACY AMONG COLONOSCOPY PATIENTS LIVING IN RURAL AREAS WITH REGARD TO INCOME

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INTRODUCTION

Colonial cancer (CRC) is a major cause of cancer-related morbidity and mortality (in the U.S. in 2011, 141,210 people diagnosed, 49,380 deaths).1

Guideline recommended care for stage III disease and some with stage II, includes adjuvant chemotherapy treatment after surgery.2

Results: CRC patients living in rural areas are diagnosed later and get fewer treatments than patients in urban areas. It is unknown if the disparity is due to location, income or an interaction between. Both examining patient literacy questions while controlling for income may allow for the identification of opportunities for discussion and intervention points to reduce this disparity.3

METHODS

Subjects: Participants are recruited from colonoscopy centers and hospital-based ambulatory surgery centers. Colonoscopy patients and caregivers are a time period of 16 months.

Participants: Participants are recruited from colonoscopy centers and hospital-based ambulatory surgery centers. Participants and caregivers complete a short survey on the day of and before procedure. RUCA complete an immediate post survey.

Statistical Analysis: Quantitative data analyzed using SPSS. Categorical data analyzed using independent samples t-test.

RESULTS

There was a significant interaction between the RUCA “3” classification and dichotomizing income, there is a significant difference between households below the poverty line (<$40,000) and above the poverty line ($>40,000).

DISCUSSION/CONCLUSION

These two questions show that patients who live in low commuting areas, areas that are further away from urbanized areas, or in a metropolitan areas encounter health literacy problems. This difficulty could impact these rural patients’ care if their providers are in urban centers. Doctors and physicians may also encounter difficulty communicating with these particular patients.

To further develop this research, a health literacy index can be created as a better measurement to compare levels of health literacy throughout various RUCA levels. It would also be interesting to investigate who these patients turn to for instrumental support. Interventions can be designed to train physicians to recognize the differences in their patients, understand the differences in rural and urban patients, and possess the skills and tools for better communication.

REFERENCES


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