

2009

Proposal to Determine the Level of and Disparities Relating to Health Literacy in Various Parts of Dallas, Texas

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1. Proposal to Determine the Level of and Disparities Relating to Health Literacy in Various Parts of Dallas, Texas

2. Student Participants

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Biology

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Pre-Medical

First Year Undergraduate

3. Faculty Cooperator – None

4. Statement of the Problem

Health literacy is essentially how a patient, or the general public, understands and acts upon health information. Health literacy has been slowly climbing into the national public health spotlight over the last few years, as doctors, nurses, and public health workers have begun to recognize the dangers that poor health literacy cause. Also, as we have begun to look at health literacy, we have realized that poor health literacy affects more people than would have been expected. According to the 2003 National Assessment of Adult Literacy (NAAL), 36% of American Adults had poor health literacy. 53% of American adults had basic health literacy, but still would have trouble properly responding to health information in our system today. Health literacy has been shown, more so than any other risk factor, to most accurately reflect health status. That means an individual suffering from poor health literacy is going to be more likely to have a negative health outcome. Although health literacy affects all demographics, it is most problematic nationwide amongst new immigrants, minorities, economically disadvantaged, and the elderly. The biggest problem concerning health literacy from a public health standpoint is many cities have not taken steps to even begin to assess how many people and which people have poor health literacy. Our proposal will address this problem and also try to determine the amount of providers who are knowledgeable about the health literacy crisis and if they are currently using clear health communication strategies.

Proposed Methodology

The goal of our proposal will to begin to assess the amount of, and any possible disparities related to, health literacy in Dallas, as well as the knowledge and practice of medical providers in Dallas concerning clear health communication strategies. We will accomplish our goals through one on one interviews and surveys. There will be a survey for the general public, for patients leaving a doctor visit, and for medical professionals. The general public survey will address basic awareness of the health literacy issue and basic health information. The survey focusing on patients leaving their doctor appointments will try to gauge the level of understanding and any confusion a patient feels after leaving their appointment. The third survey for medical professionals will assess their awareness of the issue and what actions they are currently using to improve patient provider communication. One on one interviews with hospital administrators and doctors will be used to get more in depth information on the Dallas medical professional community's knowledge and practice of clear health communication strategies. One on one interviews with the general public will allow us to assess levels of health literacy and how people are affected on a daily basis by poor health literacy. Results will be computed afterwards, with a detailed statistical analysis of the data post implementation.

Rationale

There are a plethora of benefits and possible insights from this proposal. First of all, we can ascertain the levels of, and impact of, poor health literacy in Dallas. Second, we will be able to gauge any disparities amongst race, gender, age, geographic, or economic groups in Dallas. On top of this, we can determine the amount of awareness that exists amongst Dallas medical professionals and current practices relating to health literacy and clear health communication strategies. This is very important as it will hopefully show Dallas leaders and the medical community we need to start a health literacy initiative here in Dallas. The findings will also supply data to support future health literacy grants for other public health organizations in Dallas in the future.

5. Proposed Timeline

April – May 2009 – Develop surveys, gather materials, and formulate strategies of effectively reaching the largest amount of people within the desired demographic zones.

June – August 2009 – Contact medical professionals and set up network to administer surveys to patients and providers.

September – December 2009 – Administer Surveys and conduct interviews.

January 2010 – Compile and Analyze Results

February 2010 – Present findings and disseminate results.

6. Anticipated Budget

Supplies and Equipment -	Folders	25.00
	Pens	20.00
	Paper	200.00

	Voice Recorder (for interviews)	125.00
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Total Supplies and Equipment -		370.00
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Travel -	Gas Money	50.00
Total Travel		50.00
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Copying or Printing Expenses		1,500.00
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Mailing Expenses		500.00
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Total Anticipated Budget		\$2,420.00
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Person Responsible for Funds		Matthew Christopher Gayer
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Signature of Person Responsible for Funds		
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