INTRODUCTION

Health literacy (HL) is the expression of knowledge empowering the patient and is defined as the ability of an individual to obtain, communicate and process basic health information to make appropriate decisions; it is important because decision making process in medicine requires not only handling a huge amount of information but also emotional, socioeconomical and some other external factors. The responsibility of the health professional besides supplying proper information its guaranteeing it’s understanding, allowing patients’ active participation.

HL construct is specially important in patients with cancer because the diagnosis impact and care implications, some of them require Palliative Care (PC) services. In the PC setting due to the approach to the patient HL snapshot becomes tangible. In Mexico, medicine is still paternalistic. PC professionals claim to have one of the biggest rates of patient active participation and HL results clearly relevant.

There are few HL studies in Mexico, evaluation of the HL level in the general patients population and the contributing factors assure the first steps to set the current situation and to know the action lines to improve HL and patient’s active participation in decision making health processes.

OBJECTIVES

The aim of this study was to evaluate the HL of patients with diagnosis of cancer seen at the INCan.

METHODS

This research was a prospective, transversal, non experimental with randomized sampling.

The sample was 446 patients, after signing the consent it was obtained some general and sociodemographic information and the Short Assessment of Health Literacy for Spanish-speaking Adults (SAHLSA) was applied. Instrument validated to evaluate the ability to read and understand common medical terms in Spanish-speaking adults >37 points at SAHLSA is considered adequate HL.

Data was collected and bi-variable / multivariable analyzed in R.

RESULTS

From 450 patients, 446 were included. Median age was 52 years [19 - 87y/o]; 61% females. 90% of patients with an income <500 US/month. About education level 332 patients had less than junior high school.

The Cronbach’s alpha was 0.91. Average HL was 42.8/50, the ages groups 20– 29 (n:43) and 80– 89 (n:9) y/o had the poorest rates at SAHLSA but for the last group the median were below 37 points. The education level had a direct impact with the hits in the test as well as the contact time with health services at INCan. It is not the case for income rate as no significant difference was found.

Only 14.4% of the sample had poor HL. Patients with high scores (SAHLSA >45) represents 53% and had slightly better education level (>junior high school), were younger (<54.6 y/o) and had more contact time with INCan health services (>2 years).

CONCLUSIONS

The SAHLSA instrument is a reliable tool to assess HL in Spanish speaking adults. Results showed a favorable performance with 85.6% above the 37 points, meaning adequate health literacy. Some factors were found to have a positive relation with an adequate health literacy: younger age and education level.

Significant association between contact time with health services providers and the impact in HL was not found even though it was expected. However patients attending INCan for more than 2 years had better scores at SAHLSA.

Despite the relations found, comparative studies are required given the contrast between this and previous existing bibliography.