The role of health literacy in reducing health disparities in rural CaLD communities

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Background: Approximately one-third of the Australian population live outside of major cities. Those who live outside of major cities experience health disparities, higher levels of preventable deaths and experience a five year mortality gap when compared to metropolitan dwelling persons. Health disparities are defined as differences in the health outcomes of persons served by the same health system.

Preventable deaths are those that occur prematurely that might have been avoided through better preventive health activities such as screening, good nutrition and healthy habits such as exercise. Evidence indicates that persons with low levels of health literacy have lower levels of participation in preventative activities.

74% of migrant and refugee groups have lower levels of health literacy compared to the general Australian population (59%) with many residing in regional and rural areas as a consequence of Australian Government settlement policies. These factors increase the risk for this cohort of preventable illness and premature mortality.

The association between the health literacy abilities and health beliefs of culturally and linguistically diverse (CaLD) groups and health disparities has not yet been fully explored. This study seeks to address this gap.

Methods: Semi-structured interviews were conducted (=45) with three CaLD groups (Somali, Chinese and Indian) from metro and regional areas. Interview content included inquiry into health beliefs, disease attribution, health information seeking and health behaviours. Data was analysed using an NVivo coding process and thematic analysis.

Results: Results show an association between health beliefs, disease attribution, health information seeking and health behaviours and engagement in the areas of: prevention, screening, early intervention and treatment compliance.

Discussion: Alternate health beliefs such as magico-religious, Ayurveda and in traditional practices may contribute to health literacy barriers, health disparities and poorer health outcomes. This study has shown that there is marked variance in health beliefs, disease attribution and health seeking behaviours between the three CaLD groups and this information may assist those supporting the health of these rural communities to develop or adapt local level responses which account for the variance.