Rural seniors’ medication access: The problem of structural literacy in the San Luis Valley

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Results
Low-income seniors experience barriers to medication access primarily as a result of low structural health literacy. Primary care providers do not often ask their patients about barriers to medication access, thereby perpetuating non-adherence.

Why?
Many seniors do not understand how to navigate the healthcare system. Government and corporate policies dictate how healthcare is accessed. Often seniors have no control over policies or do not know what they are. Seniors are often unaware of benefits, options for using their own assets, deadlines, and resources. They do not know what questions to ask.

Methods
19 low-income seniors living in four towns in the San Luis Valley were interviewed using non-structured interviews. One pharmacist from each of seven pharmacies was interviewed using semi-structured interviews, and a card study was conducted in eight clinics of the Valley Wide and Rio Grande systems.

Recommendations
- PCPs should ask seniors about barriers before prescribing treatment modalities.
- Health agencies must work with community leaders to ensure that seniors are aware of their options, including financial and transportation options, available resources, and asset utilization.
- Social needs programs should be in place in communities.
- Pass & enforce legislation to deal with drug pricing.

Adds to the Literature
Structural Health Literacy is a new construct that adds another dimension to health literacy and debunks the myth of cost and transportation as the major barriers to drug (and healthcare) access in rural areas.

Structures
Government Policies: Narcotics, Medicare deadlines, Donut hole, Co-pays, Entitlement eligibility
Corporate Policies: Drug prices, PBM, MAC prices, Transportation
Public Health: Funding, Staffing

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Research Question: What Barriers contribute to decreased medication access in rural seniors?