

than the elderly who had a dental bridge implanted (1.67 CI 1.07, 2.59). Particularly regarding such nutrients as protein, calcium, fat and vitamin b1, the degree of nutritional intake was significantly lower ($p < 0.05$). Discussion: By examining whether such causative factors affecting the oral health as the frequency of dental visits and toothbrushing are associated with a poor oral health status in the elderly.

Conclusions: Particularly regarding such nutrients as protein, calcium, fat and vitamin b1, the degree of nutritional intake was significantly lower.

SP-047

Equity in Healthcare: Share of Out of Pocket Costs in Sri Lanka

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Introduction: Disputing the claim, “free-state health services”, half of total health expenditure is estimated to be out of pocket in Sri Lanka. Hence, as a measure of equity, paper focuses on out of pocket expenditure in first contact care services in Sri Lanka.

Methods: A cross sectional study was conducted in a rural district where medical pluralism is long established. A total of 2221 patients attending 8 state-Western facilities, 4 state-Ayurveda facilities, 10 private Western facilities and 8 private-Ayurveda/traditional practitioners were identified using a probability sampling method. “Out of pocket cost” was obtained using an interviewer administered questionnaire.

Results: Total median cost incurred was highest in the private Ayurveda facility (SLR.224, range 0-1500) followed by private western (SLR. 180, range 0-1000). Patients attending both state western (SLR.22, 0-410) and Ayurveda facilities (SLR.30, 0-1090) also had to incur costs in obtaining services. The median cost for transport of the patients (SLR. 36, range 0-800) and consultation fees (SLR.130, 20-430) were highest in private Ayurveda facility. For purchase of drugs, patients in private western facility incurred highest median cost (SLR.80, range 3-800). The incidental expenses were highest at private Ayurveda (SLR.40, 12-100).

Conclusions: The findings indicate that a country where one third of the population living below the official poverty line had to incur a substantial amount on health. Seeking Ayurveda/ traditional care was more costly than western care, curtailing the ability to fallback on traditional system when necessary. This highlights the need for new buffer mechanisms to establish equity in health.

SP-048

Health Equity Vis-a-Vis Health Communication Strategies in a Decentralized Health System in India

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Objective: To assess the equity sensitiveness of health communication strategies of health programs vis-a-vis vulnerable groups in the state of Orissa, India

Methods: We reviewed the planning (identification of the communication needs of vulnerable groups), delivery (content, language and medium) and review of communication strategies of government health programs (under National Rural Health Mission) during 2008-09. We selected various disease control programs (for tuberculosis, malaria, HIV, blindness and leprosy), and reproductive and child health program.

Results: Since communication strategies are catalyst for different health programs, they cater to only those vulnerable groups or issues of vulnerable groups addressed by each health program. For example, since malaria control program has a specific focus on pregnant women and children, there are specific BCC strategies for such groups. Apart from AIDS control program, there is no information needs assessment for the vulnerable groups. Though there is use of local dialects, it is not addressing all the linguistic groups.

Conclusion: Though communication strategies are equity sensitive, they are not comprehensive enough to address all the vulnerable groups. In order to ensure health equity, communication strategies should be easy to understand, acceptable and accessible to all the vulnerable groups. Also, there needs to be community participation in identifying the information needs and review of various communication strategies vis-à-vis vulnerable groups.

SP-049

Better Understanding Better Care: A Study on the Relationship of Health Literacy and Patient Right

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Under the current environment that emphasizes patient safety, the public certainly have to be with the ability of identifying and reading health information in order to spontaneously select the decisions or behaviors that benefit health. For that reason, the health literacy of the public has to be enhanced for the improvement of the knowledge of patient right. This study aimed to explore the relationship between the level of health literacy and understanding of patient right. The relationship between the level of health literacy and understanding of patient right of the interviewed public was explored through the structured questionnaire. A total of 402 effective questionnaires were returned. The study results showed that age, education level, and the medical background of the public or public's family were the important factors that influenced the level of health literacy or understanding of patient right of the public. After the demographic variables of the public were controlled, the results suggested a trend that the higher health literacy level the better understanding of patient right. As patient safety and patient right are being promoted all over the world, to help the public perceive and understand patient