



## Awareness and Knowledge of Statutory Health Law 1751 of 2015 among Patients in Colombia

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### Dear Editor-in-Chief

Health sector reforms have been taking place for several years around the world and seek to reduce inequality in the health of the population. The Colombian healthcare system has been object of multiple reforms that do not solve the underlying structural problem (1-3). Which in turn has caused a growing discontent among the population, leading numerous social movements to adopt calls for the right to health. At the beginning of 2015, the Colombian Government approved a new reform by Law 1751/2015, also known as the Statutory Health Law, which guarantees the fundamental right to health of all citizens and access to services cannot be denied (4). One of the most significant changes wrought by Law 1751 was to establish that the right to health cannot be restricted by financial or fiscal sustainability situations. In addition, the administrative procedures should not become a barrier to access to health services and strengthens control drug prices. Finally, it aimed to address the social determinants of health in order to reduce inequalities.

With the aim to assess the knowledge and awareness of patients about Statutory Health Law, an observational cross-sectional study was conducted between Jun and Aug 2015 in Bogota, Colombia.

Approvals were granted by the Technical Research Committee and Ethics Research Board at the National Health Institute. A sample size of 154 patients was calculated. A self-administered questionnaire was designed and was pre-tested on a convenient sample of 30 patients (not included in final sample). The final instrument in Spanish language had 7 items. The awareness was assessed using a question regarding whether the patient had previously heard about Law 1751. If, patient responded positively to question was considered aware and received 6 follow-up questions. The minimum and maximum possible scores were 0 and 6, respectively. Data were analyzed using the Chi-square test to compare categorical variables, and an unpaired *t*-test or one-way ANOVA for continuous variables. Statistical analyses were performed using the Stata® (release 11.0) software package (Stata, College Station, TX). *P* values less than 0.05 were considered as statistically significant.

In total, 154 patients were enrolled. All questionnaires were completed and returned back. Overall, the response rate was 100% (Table 1). Regarding sources of information, 47 (57.3%) of patients reported radio/television as the main source of in-



formation, family and friends 9 (11.0%), newspaper/magazines 7 (8.5%) and multiple sources of

information 19 (23.2%). The level of awareness and knowledge is summarized in Table 2.

**Table 1:** Socio demographic data of survey respondents and awareness of Law 1751 of 2015 according to demographic characteristics of the patients (N=154)

<i>Characteristics</i>	<i>Patients</i>		<i>Aware of Law 1751 of 2015</i>				<i>P value</i>
	N	%	Yes (n=82)	N %	No (n=72)	N %	
Sex							
Female	86	55.8	39	25.3	47	30.5	0.027
Male	68	44.2	43	27.9	25	16.2	
Age (yr)							
20-29	24	15.6	16	10.4	8	5.2	0.024
30-39	41	26.6	28	18.2	13	8.4	
40-49	59	38.3	25	16.2	34	22.1	
50-60	30	19.5	13	8.4	17	11.0	
Level of education							
No school education	25	16.2	10	6.5	15	9.7	0.008
Graduated primary school	48	31.2	20	13.0	28	18.2	
Graduated secondary school	56	36.4	32	20.8	24	15.6	
Graduated tertiary education	25	16.2	20	13.0	5	3.2	
Health regimen							
Contributive	130	84.4	74	48.1	56	36.4	0.033
Subsidized	24	15.6	8	5.2	16	10.4	
Tutela action filed							
Yes	33	21.4	23	14.9	10	6.5	0.033
No	121	78.6	59	38.3	62	40.3	

This research showed low levels of awareness and knowledge about Statutory Health Law among patients in Colombia. Just over half (53.5%) of the patients were aware. But a lot of them did not know its basic characteristics. The overall knowledge score of the participants was low. This highlights an alarming lack of awareness towards Law 1751 that should be addressed quickly. Patients with a higher level of education were the

most aware, signifying the impact of formal education on health awareness. In addition, this study has identified several issues that should be addressed in future policies and interventions to improve awareness about Health System in Colombia (5). Organized programs with education initiatives and awareness campaigns directed at public are required.

**Table 2:** Distribution and comparison of knowledge scores of the Law 1751 of 2015 according to demographic characteristics of the patients (n=82)

<i>Characteristics</i>	<i>Knowledge score</i>	
	Mean $\pm$ SD	<i>P</i> value
Sex		
Female	2.14 $\pm$ 0.33	0.021
Male	3.21 $\pm$ 0.32	
Age (yr)		
20-29	2.56 $\pm$ 2.28	0.004
30-39	3.67 $\pm$ 2.34	
40-49	2.28 $\pm$ 2.21	
50-60	1.21 $\pm$ 1.62	
Level of education		
No school education	0.64 $\pm$ 1.45	0.000
Graduated primary school	1.42 $\pm$ 1.79	
Graduated secondary school	2.92 $\pm$ 1.93	
Graduated tertiary education	4.73 $\pm$ 2.03	
Health regimen		
Contributive	2.83 $\pm$ 0.25	0.025
Subsidized	1.10 $\pm$ 0.38	
Tutela action filed		
Yes	1.78 $\pm$ 0.43	0.021
No	2.98 $\pm$ 0.27	

## Conflict of interest

The authors declare that there is no conflict of interest.

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