

# Staff Perspectives on Health Literacy and Patient-Provider Communication in a Rural Outpatient Clinic

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## Background

- Health literacy is an important consideration in communication between rural patients and their health care providers.
- Low health literacy is associated with poorer health outcomes and increased health care costs.
- Providers are often unaware of or underestimate the health literacy and communication needs of their patients.
- Few studies have examined staff perspectives on health literacy and patient-provider communication in rural outpatient practices.
- We investigated staff perceptions about patient health literacy and patient-provider communication to develop and implement interventions in a rural outpatient practice.

## Hypothesis

- “Written communication” and “self-management and empowerment” were areas in which staff would report greatest needs.

## Methods and Analysis

- Two meetings were held with all interested staff.
  - #1: Introduced the aims of the 360 Degree Health Literacy Assessment Project to staff.
  - #2: Revisited the project objectives and methods. Two Self-assessment survey data was collected and REALM-SF administered.
- All levels of staff at a rural clinic ≥19 years of age (state age of majority) were eligible to participate.

## Study Instruments

- **SPEAK mnemonic tool**
  - Addresses patients’ health literacy challenges in the areas of:
    - **Speech**, as received by patient/caregiver
    - **Perception** of verbal/written communication
    - **Educational attainment’s** role in communication
    - **Access**, ease for patient
    - **Knowledge** about how provider communicates will affect patient
- **Rapid Estimate of Adult Literacy in Medicine, short form (REALM-SF)**
  - 7-item word recognition test
  - Developed by AHRQ

AHRQ Health Literacy Universal Precautions Toolkit Staff Assessment	
<ul style="list-style-type: none"> <li>• Part of a 219 page toolkit for assessing and making changes to practice</li> <li>• Released by AHRQ in April 2010</li> <li>• Four Domains</li> </ul>	
<b>Spoken communication:</b> <ul style="list-style-type: none"> <li>• use of plain language without medical jargon</li> <li>• use of support materials</li> <li>• techniques used to check patient understanding</li> </ul>	<b>Written communication:</b> <ul style="list-style-type: none"> <li>• patient education materials</li> <li>• reporting results to patients</li> <li>• clinic signage</li> </ul>
<b>Self-management and empowerment:</b> <ul style="list-style-type: none"> <li>• clinic environment</li> <li>• moving patients toward greater autonomy</li> </ul>	<b>Supportive systems:</b> <ul style="list-style-type: none"> <li>• language</li> <li>• financial preferences of patients</li> <li>• community-based patient education resources</li> </ul>

## Results

### SPEAK mnemonic tool:

#### Speech:

- 77.8% reported concordance of patient provider language and speech level without need for interpreters.

#### Perception:

- 33.3% reported “teach back” as their method to ascertain comprehension.

#### Education:

- 66.7% thought educational materials were at appropriate level for patients.
- Increased use of technology for patient education could be of benefit but is not currently occurring.
- 66.7% of staff were uncertain if patient and caregivers had computer skills or access.

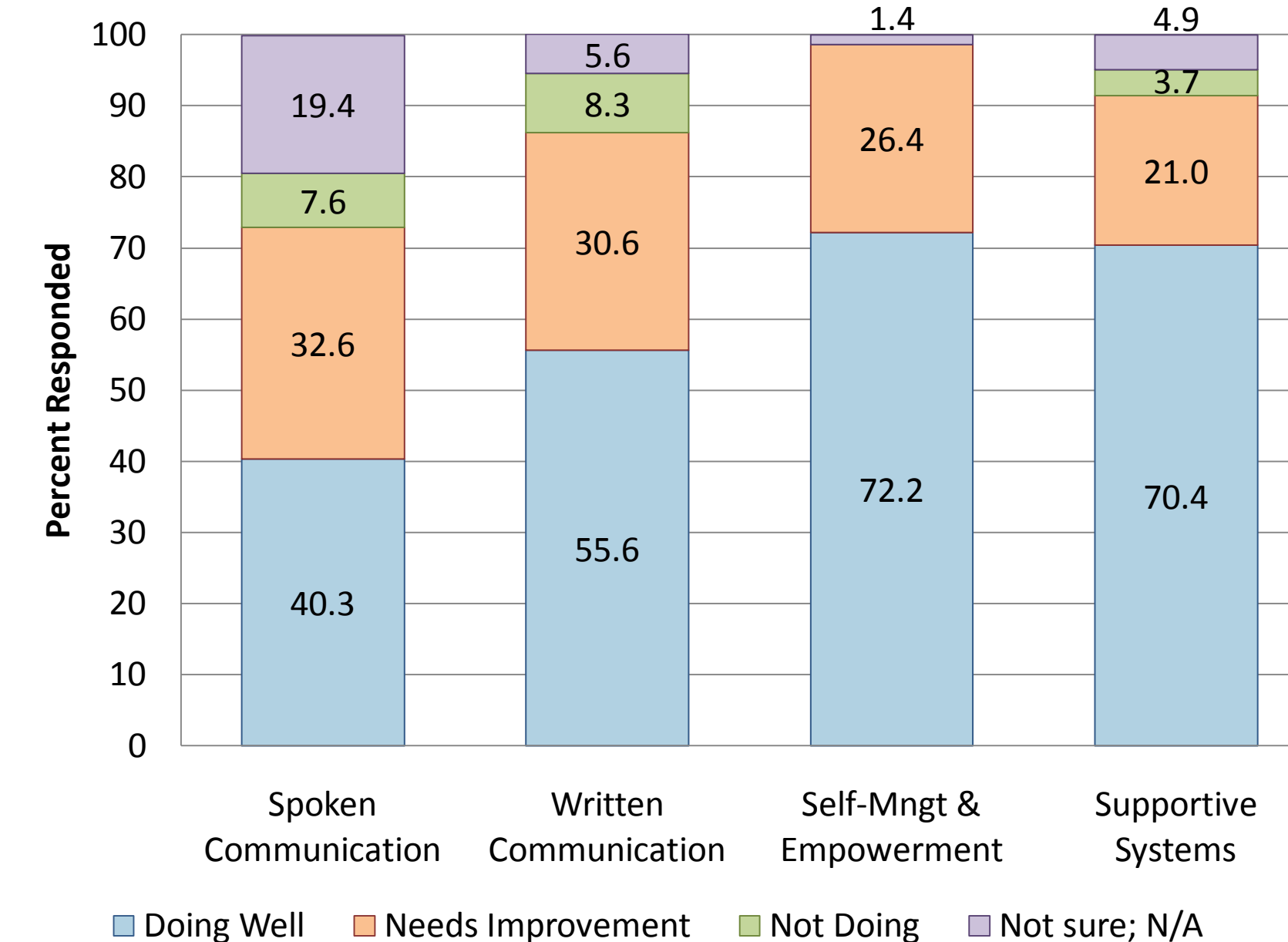
#### Access:

- 55.6% were uncertain if building design or telephone menus had been considered with regards to health literacy.
- 8.9% felt a respectful, shame-free environment was provided.
- Increased need for privacy was raised as a concern.

#### Knowledge:

- To assess patient health literacy, formal instruments, screening exercises/ questions in interviews, and training staff to conduct assessments were cited.

AHRQ Health Literacy Toolkit Responses by Domain



## REALM-SF

- 100% of staff scored 7 out of 7, equal to high school grade level.

## Conclusions

- This rural clinic has a positive and supportive environment for patients.
- Staff reported spoken and written communication as the domains needing greatest improvement.

## Implications for Practice

- Increased use of the “teach back” method may improve spoken communication.
- Identifying and/or developing easy to read patient handouts may improve written communication.
- Using staff perspectives in concert with patient perspectives, health care teams can shape rural clinics’ efforts to improve health literacy.