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.

**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**
- Part of a 219 page toolkit for assessing and making changes to practice
- Released by AHRQ in April 2010
- **Four Domains**
  - **Spoken communication:**
    - use of plain language without medical jargon
    - use of support materials
    - techniques used to check patient understanding
  - **Written communication:**
    - patient education materials
    - reporting results to patients
    - clinic signage
  - **Self-management and empowerment:**
    - clinic environment
    - moving patients toward greater autonomy
  - **Supportive systems:**
    - language
    - financial preferences of patients
    - community-based patient education resources

**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.

**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.