# Creating a Voice for Low Literacy Populations

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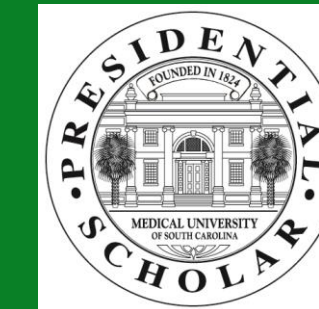
INTRODUCTION

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Low literacy has been found to be a risk factor for *increased mortality, lower satisfaction with care, lower quality of care, poorer patient safety, and higher health care costs*. Research shows **80- 90% of adults have difficulty understanding basic health information** that is routinely given by healthcare providers. The purpose of this Presidential Scholars project is to develop a survey device to assess patient perceptions of health care in a low literacy population and to determine overall patient satisfaction.

Community Partner: *Partners in Healthcare* is a program through the MUSC College of Nursing that operates a weekly clinic at East Cooper Community Outreach to provide health services to uninsured, low-income patients. This population is affected by many social determinants of health, particularly a high illiteracy rate.

REFERENCES

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METHODS & RESULTS

Patient Recruitment
- Patients who had visited the clinic >1 occurrence

Data Collection
Over a six week period administered both written and image based interactive surveys
- Written survey individually
- Interactive image based survey with team member
- Final document asked survey preference

Factors Included
- Demographic: Race, Gender, Highest education level, Age
- Patient Satisfaction: Wait time, Helpfulness of staff, Treated with respect
- Other: Clinic hours, Understanding of treatment plan, comfort in teaching clinic

Statistical analysis
- Summation of survey responses

Photographs in the Interactive Survey

Receptionist • Waiting Room • With Provider • With Student • Waiting in Room • Clinic Room

Figure 1. Responses to categorical and qualitative questions

Average Response to Positive Opinion Questions (WRITTEN, INTERACTIVE)

Response Rate for Qualitative Questions (Q2, Q3, Q5, Q6, Q7, Q8, Q9, Q11; WRITTEN, INTERACTIVE)

Response Rate for all Qualitative Questions (WRITTEN, INTERACTIVE) ***
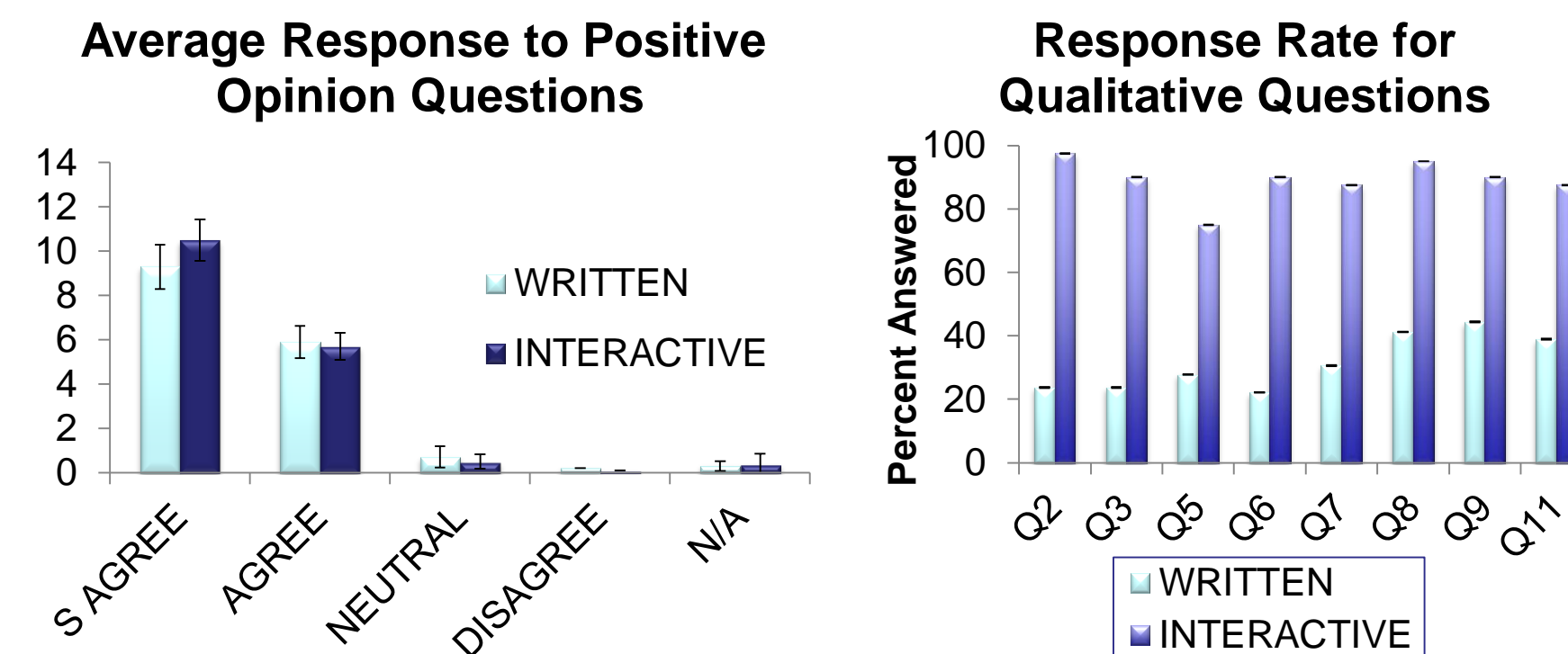
Figure 2. Survey preference

	WRITTEN	INTERACTIVE	NONE
4YR COLLEGE	2		1
SOME 4YR OR 2YR COLLEGE	2	1	4
HS	3		3
SOME HS	1	1	1
Total	8	2	9

CONCLUSIONS

- Overall, patient responses to positive opinion questions were favorable, with the vast majority of participants selecting "Strongly Agree" and "Agree."
- Response rates for qualitative questions were consistently higher when the survey was administered interactively suggesting that interactive survey methods may be more efficacious for collecting qualitative data (***$p<0.001$, Student's t-test).
- Patients tended to prefer written survey methods or had no preference in survey methods; this did not correlate with education level.
- Future studies should attempt to standardize the survey distribution as much as possible. Several inconsistencies occurred in our project with respect to location of administration (office vs. exam room) and timing of administration (before vs. after the patient appointment).