Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide

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User's Guide

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Modifying the Tool to Meet Your Needs

This assessment tool was designed for use in a specific environment—the outpatient pharmacies of large, urban, public hospitals that primarily serve a minority population with a high incidence of chronic disease and limited health literacy skills. Users wishing to assess a different type of organization or pharmacy environment may use this assessment tool as a template and add, omit, and adapt items as appropriate. The tool may also be used to assess a non-pharmacy environment with more extensive adaptation of pharmacy-specific items and terms. We encourage you to modify the tool to meet the needs of your organization.

Acknowledgements

Contents

Appendixes

Introduction

Why Conduct a Pharmacy Health Literacy Assessment?

Health literacy is an important factor in an individual's ability to perform various health-related tasks. These include filling a prescription and taking medications correctly, reading and being able to act on information from a disease prevention brochure, filling out forms, and making decisions about health insurance. In its 2001 report *Crossing the Quality Chasm* and its 2004 report *Health Literacy: A Prescription to End Confusion,* the Institute of Medicine indicated that health care providers must redesign the system of health care delivery in order to meet the needs of low-literate individuals.[2, 3]

Results from the 2003 National Assessment of Adult Literacy indicate that many Americans have difficulty understanding and acting upon health information.[4]

- 14 percent of adults (30 million people) have **below basic** health literacy—meaning that they are either non-literate in English or can perform no more than the most simple and concrete health literacy tasks, such as circling the date of a medical appointment on an appointment slip.

- An additional 22 percent (47 million people) have **basic** health literacy—indicating that they can perform only simple health literacy activities, such as locating one piece of information in a short document.

While about half (53 percent) of adults have **intermediate** health literacy—for example, determining a healthy weight for a person on a body mass index chart—just 12 percent of adults have **proficient** health literacy. In other words, only about one out of ten adults may have the skills needed to manage their health and prevent disease.

Some adults are more likely to have limited health literacy than others, including those who:

- are Hispanic, Black, and American Indian/Alaskan Native,

- have lower incomes,

- are in poorer health,

- have limited English proficiency, and

- are age 65 and older.

A pharmacy health literacy assessment is an important first step for quality improvement in organizations that serve individuals with limited health literacy.[5]

A pharmacy health literacy assessment:

- Raises pharmacy staff awareness of health literacy issues

- Detects barriers that may prevent individuals with limited literacy skills from accessing, comprehending, and taking advantage of the health information and services provided by the organization

- Identifies opportunities for improvement

The assessment may also provide a baseline assessment prior to implementing an intervention. A followup assessment will allow evaluation of the intervention's impact on accessibility of the organization to individuals with limited health literacy.

Preparing to Conduct a Pharmacy Health Literacy Assessment

A pharmacy health literacy assessment measures how well an organization is serving patients with limited health literacy. To ensure that the assessment produces valid and useful results, you will want to do the following before beginning the assessment:

- Obtain the support of the organization's staff, particularly leadership. This assessment involves significant staff participation, and it

will not be successful without the commitment of the staff.

- Consider the makeup of the staff and patient populations to ensure that all groups are represented.

- Think about the health literacy issues relevant to the organization, and consider adding or deleting items in the assessment as appropriate.

About This Assessment Tool

This Pharmacy Health Literacy Assessment Tool was designed to capture three critical perspectives—objective auditors, pharmacy staff, and patients. The assessment is divided into three parts:

- Part I: A Pharmacy Assessment Tour to be completed by objective, trained auditors

- Part II: A survey to be completed by pharmacy staff

- Part III: A guide for focus groups with pharmacy patients

The three parts are complementary and are designed to form a comprehensive assessment. Organizations unable to tackle the comprehensive assessment will still find it useful to undertake one or two of the three parts. Appendix I depicts a flow chart of the assessment process.

Part I:
Assessment Tour
of the Pharmacy

About the Pharmacy Assessment Tour

Objective auditors should observe both the physical environment of the pharmacy and staff interactions with patients. Auditors identify barriers that inhibit clear communication of health information to patients with limited literacy skills. Each Pharmacy Assessment Tour will require approximately 20 to 30 minutes to complete.

Auditors rate the pharmacy using the Pharmacy Assessment Tour Guide (Appendix 2), which consists of the following three sections:

- Promotion of Services

- Print Materials

- Clear Verbal Communication

Who Should Conduct the Pharmacy Assessment Tour?

The Pharmacy Assessment Tour Guide should be completed by at least two objective auditors per pharmacy. Although the items in the Pharmacy Assessment Tour Guide are designed to be straightforward and not open to individual interpretation, completion by two or three auditors will provide a check on potential bias. Auditors should:

- be familiar with the principles of clear health communication,

- not be pharmacy staff or patients, and

- be able to blend in with patients who use the pharmacy so that pharmacy staff is not aware of when the assessment is being conducted.

When Should Pharmacy Assessment Tours be Conducted?

Assessment tours should be completed during a very busy time in the pharmacy as well as during a less busy time. Pharmacies may also function differently on the weekend than on a weekday. It is important to observe staff-patient communication in these different situations.

Training Auditors

To promote consistent assessment techniques, auditors should be trained together in the use of the Pharmacy Assessment Tour Guide. The trainer should review the instructions below and those in the actual Assessment Tour Guide, and ensure that auditors are clear on how to complete the Pharmacy Assessment Tour.

Instructions for Completing the Pharmacy Assessment Tour Guide

The Pharmacy Assessment Tour Guide consists of 19 questions. Auditors should complete the Guide as thoroughly as possible, using Table 1 below to select an appropriate response to each question. Auditors should use the "comments" box at the end of each section to record any additional important observations or information. To assess items 11-16, the auditors will need to obtain any materials that are not readily available to them in the pharmacy (such as prescription information leaflets, warning labels, and bottle labels) from pharmacy staff at the end of the Pharmacy Assessment Tour.

Table 1: Assessment Tour Response Options

Response Option	Significance
1. This is something the pharmacy does not appear to be doing.	Auditor was able to assess the item and found that the statement was not true of the pharmacy.
2. The pharmacy is doing this but could make some improvements.	Auditor found that the item refers to something that the pharmacy was doing moderately well, or was doing in some instances but not others.
3. The pharmacy is doing this well.	Auditor felt that the pharmacy was doing a good job of addressing the aspect of a health literacy-friendly environment that the item refers to.
4. Not applicable (N/A)	The item was not applicable to the location being audited, or the item asks about a material (e.g., patient education brochure) that the pharmacy did not appear to have.
5. Blank (No box checked)	Auditor is unable to assess a certain item for another reason. Auditor should indicate why the item could not be assessed in the "Comments" box.

Please refer to the full Assessment Tour Guide (Appendix 2) for additional item-specific instructions.

Analyzing Pharmacy Assessment Tour Results

Results of the Pharmacy Assessment Tour can be analyzed using a spreadsheet (e.g., Microsoft Excel) or a statistical software program such as SPSS (SPSS Inc., Chicago, IL) or SAS® software (The SAS System for Windows, SAS Institute, Cary, NC). Table 2 below indicates how responses should be entered into the spreadsheet or statistical package.

Table 2: Coding of Responses for Pharmacy Assessment Tour

Coding Pharmacy Assessment Tour Results	
Response Option for Items 1-18b	**Code**
1. This is something that the pharmacy does not appear to be doing.	1
2. The pharmacy is doing this but could make some improvements.	2
3. The pharmacy is doing this well.	3
4. Not applicable (N/A)	Spreadsheet: Leave blank and do not include item in calculations. Statistical software code: 7
5. Blank (No box checked)	Spreadsheet: Leave blank and do not include item in calculations. Statistical software code: 7
Response Option for Items 19a-e	**Code**
No	0
Yes	1

Spreadsheet. Each item or sub-item should be a separate row, and each auditor should be a separate column, with the last column being for the mean score. Average across the auditors to create a mean score for each item or sub-item. Not applicable or otherwise blank items should not be included in the numerator or denominator of the average.

Statistical software. Create a variable for each item or sub-item. Calculate mean responses for each variable. Responses of "N/A" or otherwise blank items, coded as "7," should be identified as missing or otherwise excluded from analysis when calculating means.

Check for auditor disagreement. Are there items for which auditors chose very different response options? Have a meeting with all of the auditors to discuss any disparate responses. For example, might the fact that auditors visited the pharmacy on different days of the week or times of the day explain differences?

Analyze the auditors' comments. Do any themes emerge from the auditors' comments? These will be useful for identifying issues not addressed by specific items on the Pharmacy Assessment Tour Guide.

Interpreting and Reporting Pharmacy Assessment Tour Results

A lower mean score suggests that the pharmacy does not appear to be doing well on those particular items. A higher mean score suggests that the pharmacy is doing a better job on those items. Table 3 provides an interpretation of the mean scores.

Table 3: Interpretation of Mean Scores for Items on Assessment Tour Guide

Interpretation of Mean Scores for Items 1-18	
Mean Score	**Interpretation**
1.00-1.99	Pharmacy does not appear to be doing this item.
2.00-2.99	Pharmacy could make some improvements on this item.
3.00	Pharmacy is doing well on this item.
Interpretation of Mean Scores for Items 19a-e	
Mean Score	**Interpretation**
0	All auditors answered "No" to the item.
1	All auditors answered "Yes" to the item.
0.01-0.99	Inconsistency among the auditor responses to the item.

A report on the Pharmacy Assessment Tour results should do the following:

- Identify areas of strength and weakness in the pharmacy environment and in staff interactions with patients, as observed by the auditors.

- Indicate if responses within any one section identified any single area as stronger or weaker than other areas (i.e., promotion of services, print materials, or clear verbal communication).

- Provide recommendations for specific improvements based on areas of weakness identified by the Pharmacy Assessment Tour.

Part II: Survey of Pharmacy Staff

About the Pharmacy Staff Survey

Pharmacy staff members help create the environment within the pharmacy, and their choices and interactions with patients determine the health literacy friendliness of the pharmacy environment. They have a unique perspective on the strengths and weaknesses of the pharmacy in serving patients with limited health literacy that may or may not be consistent with the viewpoints of objective auditors and patients.

The second part of the Pharmacy Health Literacy Assessment is a staff survey entitled "How Health Literacy Friendly Are We?" (Appendix 3). The pharmacy staff survey is divided into the following four sections:

- Print Materials

- Clear Verbal Communication

- Sensitivity to Literacy

- Personal Information

The survey assesses the pharmacy's overall sensitivity to the needs of patients with limited health literacy skills, and it should take approximately 20 minutes for respondents to complete.

Who Should Complete the Pharmacy Staff Survey?

Ideally, all pharmacy staff, including supervisors, pharmacists, pharmacy technicians, and pharmacy administrators should complete the survey. This can be accomplished if the pharmacy has a small staff.

If the staff is large, it may be more practical to distribute the survey to a random sample of staff. If you decide to sample, make sure to get a sample that is representative of all types of staff members. Staff should be divided into groups by job title (i.e., supervisor, pharmacist, pharmacy technician, administrator), and a random sample of staff in each group should be surveyed to form a representative sample.

Tips on Getting a Good Response Rate

You want as many of the pharmacy staff in your sample to complete the survey as possible. In many pharmacies, staff members are busy and overworked. Make staff aware of the importance of conducting the assessment and addressing health literacy issues in order to ensure their cooperation in completing the survey carefully and thoroughly.

The following will encourage staff participation in the assessment:

- Offer an incentive for completing the survey, such as cash or a gift card.

- Distribute the survey at a meeting of pharmacy staff, where many staff members can be reached at one time.

- Provide staff with time away from their normal job responsibilities to complete the survey.

- Solicit the cooperation of staff supervisors, who can encourage their staff to complete the survey and provide them with time away from their responsibilities to complete it if necessary.

- Emphasize that you want honest responses. Assure staff that responses are anonymous and that no action will be taken against employees who identify problems. If there are few members of the pharmacy staff, this may require dropping the demographic portion of the survey.

Analyzing Pharmacy Staff Survey Results

Results of the Pharmacy Staff Survey can be analyzed using a spreadsheet (e.g., Microsoft Excel) or a statistical software program such as SPSS (SPSS Inc., Chicago, IL) or SAS® software (The SAS System for Windows, SAS Institute, Cary, NC). The following table indicates how responses should be entered into the spreadsheet or statistical package.

Table 4: Coding of Responses for Pharmacy Staff Survey

Coding Pharmacy Assessment Tour Results	
Response Option for Items 1-30	**Code**
1. This is something our pharmacy is not doing.	1
2. Our pharmacy is doing this but could make some improvements.	2
3. Our pharmacy is doing this well.	3
4. Not applicable (N/A)	Spreadsheet: Leave blank and do not include item in calculations. Statistical software code: 7
5. Blank (No box checked)	Spreadsheet: Leave blank and do not include item in calculations. Statistical software code: 7

Spreadsheet. Each item or sub-item should be a separate line, and each pharmacy staff member should be a separate column. For each item or sub-item, calculate the frequencies of each response (e.g., how many people chose 1, how many chose 2). Then calculate percentages of the total responses to that item for each response option (e.g., 10 out of 40 respondents to a particular item chose response option 1 ["This is something our pharmacy is not doing"] = 25 percent). Do not calculate means for this section, as frequencies and percentages will provide a more informative description of results.

Statistical software. Create a variable for each item or sub-item. Calculate frequencies for each variable and percentages of the total for responses to each item.

Missing responses. Some pharmacy staff members may not answer all of the questions on the survey. You should report the percentage of respondents with missing values separately.

See Appendix 4 for sample tables and analyses.

Demographic differences. It may also be useful to determine whether certain demographic characteristics (e.g., job title, education level) are associated with certain perspectives on the different health literacy variables. With spreadsheets, you will have to create summary columns that tally the responses of respondents with the same characteristic. With statistical software, you can calculate cross-tabulations between variables in the first three sections and variables in the personal information section in order to assess associations.

Interpreting and Reporting Pharmacy Staff Survey Results

Examine percentages and frequencies to determine areas of strength and weakness. High percentages of responses of "Our pharmacy is doing this well" indicate areas in which the pharmacy staff members feel that the pharmacy is meeting the needs of patients with limited health literacy. High percentages of responses of "This is something our pharmacy is not doing" indicate areas in which the pharmacy is not addressing the needs of limited-literacy patients.

Frequent responses of "Our pharmacy is doing this but could make some improvements" indicate areas in which the pharmacy could make some improvements in addressing the needs of their patients with limited health literacy skills. This response should not be taken to mean that the pharmacy is performing adequately in that area, but rather as an indication that there is room to do better. See Appendix 4 for more information and examples.

It will be useful to compare the results by section to determine whether a certain area—print materials, clear verbal communication, or sensitivity to literacy—is stronger or weaker than another area.

A report of the Pharmacy Staff Survey results should do the following:

- Provide a description of the sample, using information gathered in Section D-Personal Information.

- Identify areas of strength and weakness, as indicated by pharmacy staff.

- Include a discussion that provides an overall impression of the pharmacy's status in meeting the needs of

patients with limited health literacy. This discussion should also:

- provide suggestions for how the pharmacy can improve its services to better meet patient needs, and

- identify any problems or limitations encountered in obtaining survey responses from a representative sample.

Part III: Pharmacy Patient Focus Groups

About Pharmacy Patient Focus Groups

Focus groups are an effective way to collect detailed feedback directly from pharmacy patients about their personal experiences with and impressions of pharmacy services. The perceptions of focus group patients will help to identify physical and institutional barriers in the pharmacy that prevent those with limited literacy skills from fully understanding pharmacy instructions and accessing pharmacy services. The focus group portion of the Pharmacy Health Literacy Assessment assesses the following four elements:

- Physical Environment

- Care Process and Workforce

- Paperwork and Written Communication

- Culture

Who Should Be in the Pharmacy Patient Focus Group?

You want to include patients in the focus group who have personal experience using the pharmacy and who are responsible for managing their medications. We recommend selecting patients who:

- are adults—age 18 and older,

- are not new patients to the pharmacy—have filled most/all of their prescriptions at the pharmacy for at least 6 months,

- do not have a surrogate—they pick up their own medicines, and

- do not need assistance to take their medications (for example, are not given medicines by a nurse or a home health aide).

Recruiting Pharmacy Patient Focus Group Participants

Focus group participants may be recruited using posters placed in high-visibility areas of the pharmacy. These posters should:

- be written in large print,

- use clear and simple language,

- provide a contact number on tear-away tabs, and

- describe any incentive that will be offered to participants. Cash is the most effective incentive; $20 for a two-hour session should attract patients to participate, especially in a public hospital or low-income neighborhood.

Pharmacy Patient Focus Group Logistics

Focus groups will go smoothly with proper preparation. Plan for the following:

- Conduct at least two focus groups. If many pharmacy patients are not comfortable conversing in English, consider conducting a focus group in languages other than English with a bilingual moderator. This will require recruiting in other languages.

- Anticipate no-shows. Schedule approximately 15 patients for each group to ensure that 9-12 patients participate.

- Engage an experienced facilitator with extensive skills in moderating and guiding group discussions.

- Use two audio recorders and a dedicated notetaker to record the conversations.

- Conduct the focus groups in a space that is private yet accessible to the patients, such as a conference room in the same building as the pharmacy.

- Plan on each focus group lasting approximately two hours.

- Provide refreshments.

- Distribute incentive payments at the beginning of the focus group session (in order to avoid coercing participants to stay if they feel uncomfortable).

Obtaining Informed Consent

Each patient must consent to participate in the focus group after being fully informed about the purpose of the focus group and how results will be used. A short, clearly written form should be used to obtain informed consent. If the assessment is conducted as part of a research study by an academic group, this consent form will need to be approved by an Institutional Review Board. Individuals conducting the assessment should find out whether or not they need approval to conduct the assessment and involve pharmacy patients. This is likely to be necessary if the pharmacy is part of a hospital.

- Distribute a copy of the consent form to participants at the beginning of the focus group.

- Read the consent form out loud.

- Give participants ample opportunity to ask questions.

Conducting the Pharmacy Patient Focus Group

The following are guidelines for conducting focus groups:

- Audiotape the focus group. All participants must give permission to be audiotaped as part of the informed consent process.

- Administer an anonymous one-page demographic questionnaire, which is used to gather descriptive information about the participants, immediately after completing the informed consent process. Read questions out loud as participants follow along and answer each question. Participants should not put their name or identifying information on these questionnaires; the information should be completed anonymously.

- Use the Facilitator's Guide for Patient Focus Groups (Appendix 5) to lead the participants through a discussion of each topic.

- The moderator is responsible for paying attention to time and may skip certain sections of questions indicated on the topic guide if time is limited.

- Several questions in the "Paperwork and Written Communication" section assess participants' understanding of the printed materials that they receive from the pharmacy, specifically bottle labels and prescription inserts. Bring samples of each of these materials to the focus group. The moderator and notetaker should indicate whether participants have trouble pronouncing certain words or finding the correct information. Directly measuring participants' ability to find certain information on the bottle labels and inserts gives an indication of how well they are able to comprehend written medication instructions given to them by their pharmacist.

Analyzing Pharmacy Patient Focus Group Results

Transcribe the focus group recordings, and summarize notes taken by the notetaker. The moderator and at least one other person who has read the transcripts should identify themes that arise recurrently in the focus groups. Use these themes to create a coding scheme for analyzing the information. Transcripts may be coded either by hand or using

qualitative software such as NVivo 7 (QSR International Pty Ltd).

Additionally, information from the demographic questionnaires should be summarized, either in a spreadsheet or statistical software such as SPSS (SPSS Inc., Chicago, IL) or SAS® software (The SAS System for Windows, SAS Institute, Cary, NC), depending on the number of questionnaires. These demographic data are essential for describing the focus group sample and indicating the perspectives represented by the qualitative data.

Interpreting and Reporting Pharmacy Patient Focus Group Results

Use the demographic information collected on the questionnaire to report the mean age and the distributions of gender, race/ethnicity, educational attainment, and duration of time (years and months) as a patient of that particular pharmacy, as well as the average number of prescriptions per patient.

Report any common themes that participants bring up during focus groups. This includes any consensus of positive or negative attitudes toward certain pharmacy services, such as satisfaction with staff friendliness or frustration with long wait times. Look specifically for common topics related to the health literacy friendliness of the pharmacy environment. For example, patients may comment that signs are easy to find and read or, conversely, that directional signs are unclear.

Pay attention to the responses to the questions related to reading and understanding bottle labels and prescription inserts. Note any suggestions that participants provide for improving pharmacy services. These may include ideas such as increasing the font size on bottle labels and inserts, adding information about side effects to the bottle label, or requiring pharmacy staff to complete customer service training.

The written report of focus group results should:

- **Summarize the demographic characteristics of the group.** A table will probably be the easiest method of presenting these results, as this will be quantitative data.

- **Report common themes that surfaced in the focus groups.** Include quotations from the transcripts to support each of these themes.

- **Highlight any issues that elicited a strong positive or negative response from participants.** You may include quotations from the transcripts here to illustrate participant reactions.

- **Emphasize themes that indicate how well the pharmacy is currently meeting patient needs.** These may include participant feelings about pharmacy layout and signage, specific print materials, or avoidance of medical jargon during counseling.

- **Provide specific suggestions for improvement based on the responses of the pharmacy patients.**

See figure 1 in Appendix 6 for a sample outline for a report of focus group results.

Part IV: Using Assessment Results

Developing the Story

You have collected information from three different sources—objective auditors, pharmacists, and patients. Now you need to look at recurrent themes across those different sets of information and develop the story to tell about the pharmacy.

First, describe the Pharmacy Health Literacy Assessment results—what are they are saying overall about the pharmacy's service to patients with limited health literacy? Craft a few messages about the important assessment results, being careful to show a balanced perspective (strengths and weakness).

Second, compare the results of each component to determine areas of consistency. For example, the results from each of the three assessment components may identify a particular area of weakness that is agreed upon by the pharmacy staff, the patients, and the objective auditors. Areas of convergence increase the confidence in the findings.

Third, identify areas of disagreement among your information sources. For example, one area may be identified as a weakness by patients and objective auditors but not by pharmacy staff. Identification of inconsistencies should not be viewed as problematic, but rather as an opportunity to explore the perspectives of your sources of information. Consider plausible explanations for disagreements. See if you can test the credibility of your explanations.

Fourth, draw implications from the assessment results for quality improvement. How can the pharmacy improve in the areas in which it is weakest? How can it sustain performance in areas of strength? What do you want to happen in response to the pharmacy assessment?

Telling the Story

Decide who needs to hear the story of the pharmacy's status in addressing and overcoming issues related to health literacy. At a minimum, these audiences should include those empowered to make decisions and those responsible for implementing decisions—pharmacy leadership and staff. You may also want to share results with patient advisory or community groups and clinicians who serve pharmacy patients.

Think about what methods of communication will be most effective for each audience. For example, are there meetings during which pharmacy leadership staff can be briefed in person? Does the pharmacy leadership respond to written reports? Different levels of detail may be desired by different audiences.

Pharmacy staff may want to see detailed reports of the three parts of the assessment, while leadership may want a more concise overview.

An executive summary of the assessment results should include the following:

• A summary of areas of strength, areas that are being addressed but need improvement, and areas of weakness.

• Acknowledgement of areas of divergence among information sources. For example, pharmacists may feel that they are doing a good job providing clear print materials to patients, but the patients and/or objective auditors feel that they are not doing an adequate job.

• General recommendations for improvement based on the assessment results. For example, if the assessment indicated that the pharmacy staff is not communicating clearly and effectively with patients, the summary should highlight this and recommend strategies to improve verbal communication.

Action Planning for Quality Improvement

For the Pharmacy Health Literacy Assessment to have an impact beyond raising awareness about health literacy, an Action Plan with tangible suggestions for improvement should be developed. True to its name, an Action Plan specifies steps the pharmacy can undertake to improve its service to patients with limited health literacy. Table 5 below provides an example of what action steps might be proposed in response to assessment results.

Table 5: Examples of Possible Health Literacy Assessment Results and Proposed Action

Result	Action
Patients do not understand what the pharmacists tell them about how to take their medication.	Train staff in the principles of clear health communication.
Patients find prescription labels and inserts confusing.	Revise labels and inserts using health literacy principles regarding plain language and formatting.
Pharmacy does not provide print materials in languages other than English.	Provide materials and important signs in languages commonly spoken by the patient population.
Layout of the pharmacy is confusing and difficult to navigate.	Create signage that will make it easier to figure out where to go for intake, prescription drop-off, and pick-up.

The more concrete the Action Plan is, the more likely recommendations will be seriously considered. Anticipate questions such as, "Who will conduct the training? How long will it last?"

Finally, make sure that an individual or a group is responsible for implementing the Action Plan. Without establishing accountability, it is likely that initial enthusiasm for making improvements will fade under the daily pressures of running a pharmacy.

Appendix 1: Conducting a Health Literacy Assessment - Flow Chart

Part I: Assessment Tour of the Pharmacy

Part II: Pharmacy Staff Survey

Part III: Patient Focus Group

Gathering Information

Part I:
- Identify and train at least two objective auditors
- Conduct at least two assessment tours at each location

Part II:
- Identify sample and distribute survey

Part III:
- Recruit focus group participants from the pharmacy
- Conduct at least two focus groups with 9-12 participants each

Analyzing Results

Part I:
- Analyze results using spreadsheet or statistical software program

Part II:
- Analyze results using spreadsheet or statstical software program

Part III:
- Transcribe recorded discussion
- Summarize notes
- Identify common themes
- Analyze demographic data

Interpreting Results

Part I:
- Interpret results (identify areas of strength and weakness as indicated by objective auditors)

Part II:
- Interpret results (identify areas of strength and weakness as indicated by staff)

Part III:
- Interpret results (identify areas of strength and weakness as indicated by patients)

Using Results

- Develop story of pharmacy's status in serving limited literacy patients
- Tell the story to the organization (include suggestions for improvement)

Appendix 2: Health Literacy Assessment Tour Guide

Auditor:_____   Pharmacy: _____
                                         Date:_____

Health Literacy Assessment Tour Guide

A. Promotion of Services

This section asks questions about how well the pharmacy tells patients about its services and also how "user-friendly" the physical environment of the pharmacy is, especially for patients with limited literacy.

Please check the ONE response that most accurately describes the pharmacy today, using the following rating scale:

1.   This is something the pharmacy does not appear to be doing.

2.   The pharmacy is doing this but could make some improvements.

3.   The pharmacy is doing this well.

N/A   Not applicable

	1	2	3	N/A
1. When staff give verbal or written directions for finding the pharmacy, they refer to familiar landmarks and bus stops.	☐	☐	☐	☐

To assess this item, please call the pharmacy number at three different times.

        To be completed by calling the pharmacy at: (____)_____-_____

Assess driving directions as well as directions using public transportation. This is particularly important in urban areas where public transportation is a significant and even primary mode of transportation for patients utilizing pharmacy services. For each option, the pharmacy should be contacted at least three different times (for a total of six calls). Verify accuracy of directions with maps and/or a "test drive."

		1	2	3	N/A
2.	The pharmacy logo illustrates the service that the pharmacy provides in the community (e.g., graphic depiction of dispensing medication).	☐	☐	☐	☐
3.	The phone number is easy for everyone to find on all promotional or informational materials.	☐	☐	☐	☐
4.	The pharmacy's name and symbol are clearly displayed at the entrance to the pharmacy. *If the pharmacy is part of a multipurpose building and not free-standing, this item is intended to assess the entrance to the pharmacy. For free-standing pharmacies this applies to the main area of entry.*	☐	☐	☐	☐
5.	Clear signs and symbols direct people from the building entrance to the pharmacy. *This item is intended for pharmacies located in a multipurpose building (e.g., part of a hospital or clinic). N/A is appropriate for free-standing pharmacies.*	☐	☐	☐	☐
6.	The difference between check in/prescription drop-off areas and prescription pick-up areas is clear to patients when they enter the pharmacy.	☐	☐	☐	☐
7.	The walls and bulletin boards in the pharmacy are not covered with a lot of printed notices. It's easy for anyone to pick out the important information on them.	☐	☐	☐	☐
8.	The pharmacy displays pamphlets and educational brochures in a way that makes it easy for people to find the information they need or want.	☐	☐	☐	☐

	1	2	3	N/A
9. The pharmacy uses a variety of ways to inform patients about its services within the physical structure of the pharmacy: video and/or computer, as well as printed materials.	☐	☐	☐	☐

Comments:

B. Print Materials

This section assesses the accessibility of the print materials used in the pharmacy, such as prescription labels, prescription inserts, brochures, and posters to patients with limited literacy. Obtain from pharmacy staff samples of any materials that are not readily available. This will likely include prescription information leaflets, warning labels, and bottle labels. This should be done at the end of the Assessment Tour. Look at three different examples of each of the materials listed (if available) to assess these items.

Many of these statements are about writing in plain language, that is, writing in a way that everyone can understand. When materials are written in plain language they:

- *use simple, everyday words,*

- *organize the information so it is easy to identify the most important points, and*

- *are designed in a layout that has a lot of white space on the page, so the reader is not overwhelmed with words.*

Please check the ONE response that most accurately describes the pharmacy today, using the following rating scale:

1. This is something the pharmacy does not appear to be doing.
2. The pharmacy is doing this but could make some improvements.
3. The pharmacy is doing this well.
N/A   Not applicable

	1	2	3	N/A
10. The pharmacy uses printed materials to advise patients about its services in different parts of the hospital or clinic. *Applicable only to pharmacies that are located in hospital or clinic buildings.*	☐	☐	☐	☐
a. Emergency room waiting area	☐	☐	☐	☐
b. Primary care areas	☐	☐	☐	☐
c. Information booth in lobby	☐	☐	☐	☐
11. The following print materials are written in simple and clear language, avoiding the use of technical jargon and medical terms:				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐
d. Bottle labels	☐	☐	☐	☐
e. Warning labels	☐	☐	☐	☐

	1	2	3	N/A
12. The following print materials are designed with lots of clear space to provide relief from the print:				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐
13. The pharmacy uses visual graphics or illustrations in the following print materials (graphics should be simple and convey the meaning of the text in a way that decreases dependency on the text for comprehension):				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐
14. If appropriate, these print materials are available in languages other than English:				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐

	1	2	3	N/A
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐
15. The pharmacy uses a print size of 12 pt. or higher in the following print materials (other observations about print—use of bold, italics, etc.—may be recorded in the "comments" box at the end of the section):				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐
16. Overall, these print materials are easy for adults with limited literacy skills to understand:				
a. Prescription information leaflets that the pharmacist prints out	☐	☐	☐	☐
b. Patient education brochures that the patient takes home	☐	☐	☐	☐
c. Informational posters and signs on the pharmacy walls	☐	☐	☐	☐

Comments:

C. Clear Verbal Communication

This section assesses the communication between pharmacy staff and patients—particularly those patients with limited literacy. This section must be completed through discrete direct observation of patient-pharmacist interactions.

Please check the ONE response that most accurately describes the pharmacy today, using the following rating scale:

1. This is something the pharmacy does not appear to be doing.

2. The pharmacy is doing this but could make some improvements.

3. The pharmacy is doing this well.

N/A Not applicable

	1	2	3	N/A
17. Pharmacy staff avoid using medical jargon when they communicate verbally with patients (e.g., words and phrases like "anticoagulant," "oral hypoglycemic," "hypertension," "npo," "OTC," or "prn").	☐	☐	☐	☐
18. The pharmacy offers and provides interpreters to patients for whom English is a second language. *This item may be addressed by simply asking if there is an interpreter on the premises to assess the "in-person" portion of the question. You may assess the "on the telephone" portion by noting if an automated option for an alternate language is offered when calling the main pharmacy number and if pharmacy staff can appropriately redirect callers when they ask for an interpreter.*				
a. In person	☐	☐	☐	☐
b. On the telephone	☐	☐	☐	☐

	YES	NO
19. The pharmacy has the following:		
a. A window between pharmacy staff and the patient	☐	☐
If yes, is there a small hole or open space in this window for verbal communication?	☐	☐
b. A raised platform between pharmacy staff and the patient	☐	☐
c. Information sheets to inform patients on disease states and drugs to help them understand their condition and treatment	☐	☐
d. A call-in telephone line for patients to ask questions	☐	☐

The call-in telephone number should be correct and lead you to someone who can answer specific questions about medication indication, dosing, and side effects.

Comments:

Appendix 3: Health Literacy Assessment
Survey of Pharmacy Staff

How Health Literacy Friendly Are We?

A pharmacy may have barriers that make it hard for people with limited literacy skills to use its services successfully. These barriers can be grouped in three areas: **Print Materials, Clear Verbal Communication, and Sensitivity to Literacy.**

A. Print Materials

This section assesses the accessibility of the print materials used in the pharmacy, such as prescription labels, prescription inserts, brochures, and posters to patients with limited literacy.

Many of these statements are about writing in plain language, that is, writing in a way that everyone can understand. When materials are written in plain language they:

- *use simple, everyday words,*

- *organize the information so that it is easy to identify the most important points, and*

- *are designed in a graphic layout that has a lot of clear space on the page, so the reader is not overwhelmed with words.*

Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:

1. This is something our pharmacy is not doing.

2. Our pharmacy is doing this but could make some improvements.

3. Our pharmacy is doing this well.

N/A Not applicable

Note: The response option "N/A" should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.

	1	2	3	N/A
1. Our pharmacy uses printed materials to advise patients about our services in different parts of the hospital or clinic, such as in the medical and surgical clinics, walk-in or urgent care centers, and inpatient wards.	☐	☐	☐	☐
2. The following print materials are written in simple and clear language, avoiding the use of technical jargon and medical terms:				
a. Prescription bottle labels	☐	☐	☐	☐
b. Prescription warning labels	☐	☐	☐	☐
3. The following print materials are designed with lots of white space to provide relief from the print:				
a. Prescription bottle labels	☐	☐	☐	☐
b. Prescription warning labels	☐	☐	☐	☐
4. We use graphics and illustrations in the following print materials:				
a. Prescription bottle labels	☐	☐	☐	☐
b. Prescription warning labels	☐	☐	☐	☐
5. If appropriate, these print materials are available in languages other than English:				
a. Prescription bottle labels	☐	☐	☐	☐
b. Prescription warning labels	☐	☐	☐	☐

		1	2	3	N/A
	c. Prescription information inserts	☐	☐	☐	☐
	d. Patient education brochures	☐	☐	☐	☐
	e. Informational posters	☐	☐	☐	☐
6.	We use a print size of 12-point or higher in these print materials:				
	a. Prescription bottle labels	☐	☐	☐	☐
	b. Prescription warning labels	☐	☐	☐	☐
7.	Overall, these print materials are easy for adults with limited literacy skills to understand:				
	a. Prescription bottle labels	☐	☐	☐	☐
	b. Prescription warning labels	☐	☐	☐	☐
	c. Prescription information inserts	☐	☐	☐	☐
	d. Patient education brochures	☐	☐	☐	☐
	e. Informational posters	☐	☐	☐	☐
8.	We regularly review our printed materials to check how easy they are to read.	☐	☐	☐	☐
9.	We modify materials that are too difficult to understand and make them easier for patients to read and understand.	☐	☐	☐	☐

	1	2	3	N/A
10. We consult with hospital/clinic staff outside of the pharmacy (e.g., Patient Education Committee) for feedback on the written materials we prepare for our patients.	☐	☐	☐	☐
11 a. The clinic/hospital/pharmacy chain that we are affiliated with has guidelines for limiting the level of reading difficulty of our printed materials.	☐	☐	☐	☐
b. Our pharmacy follows these guidelines.	☐	☐	☐	☐
c. Our pharmacy has guidelines for limiting the level of reading difficulty of our printed materials.	☐	☐	☐	☐
d. Our pharmacy follows our own guidelines.	☐	☐	☐	☐
12. Our staff has received training in how to identify, prepare, and simplify materials so that they are written in plain language.	☐	☐	☐	☐

B. Clear Verbal Communication

This section assesses the communication between pharmacy staff and patients, particularly those patients with limited literacy.

Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:

1. This is something our pharmacy is not doing.

2. Our pharmacy is doing this but could make some improvements

3. Our pharmacy is doing this well

N/A Not applicable

Appendix 3: Health Literacy Assessment
Survey of Pharmacy Staff (continued)

Note: The response option "N/A" should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.

	1	2	3	N/A
13. We distribute educational materials that patients can use to help them understand and remember the information we give them.	☐	☐	☐	☐
14. We have identified the jargon that is specific to our pharmacy or services we provide and have developed an easy way to explain these words to our patients.	☐	☐	☐	☐
15. When we work with patients, we continually check that they have understood the information we give them by asking them to repeat back key points (i.e., "teach-back").	☐	☐	☐	☐
16. We have been trained to recognize non-verbal cues that may indicate a person is not understanding what is being said.	☐	☐	☐	☐
17. We offer and provide interpreters to patients for whom English is a second language.	☐	☐	☐	☐
18. Our pharmacy's leadership promotes commitment to health literacy and clear patient communication.	☐	☐	☐	☐
19. We have a space that provides some privacy if patients need to discuss confidential information.	☐	☐	☐	☐

	1	2	3	N/A
20. If a patient asks to speak with the pharmacist, we offer counseling on the following topics:				
a. The name of the medicine.	☐	☐	☐	☐
b. The purpose of the medicine (blood pressure, cholesterol, etc.).	☐	☐	☐	☐
c. The dosage form, dosage, route of administration, and duration of drug therapy.	☐	☐	☐	☐
d. Special directions and precautions for preparation, administration, and use by the patient.	☐	☐	☐	☐
e. Common severe side or adverse effects, interactions and contraindications that can happen, including how to avoid them and what the patient should do if they happen.	☐	☐	☐	☐
f. Techniques for self-monitoring drug therapy.	☐	☐	☐	☐
g. Proper storage.	☐	☐	☐	☐
h. Prescription refill information.	☐	☐	☐	☐
i. Action to be taken in the event of a missed dose.	☐	☐	☐	☐
21. I have received training on the following clear verbal communication techniques:				
a. How to effectively organize the information given to patients.	☐	☐	☐	☐
b. How to communicate using simple language.	☐	☐	☐	☐
c. How to check for understanding.	☐	☐	☐	☐

	1	2	3	N/A
22. I am confident that I can effectively educate patients about medicines and diseases when:				
a. Time is limited.	☐	☐	☐	☐
b. The patient has many medications.	☐	☐	☐	☐
c. The patient has many new prescriptions.	☐	☐	☐	☐
d. There are many changes in dosage.	☐	☐	☐	☐
e. The patient has limited literacy skills.	☐	☐	☐	☐
f. The patient is in a rush.	☐	☐	☐	☐
g. The patient asks a lot of questions.	☐	☐	☐	☐
h. The patient is angry at the pharmacy staff.	☐	☐	☐	☐
i. The patient is new to the pharmacy.	☐	☐	☐	☐
j. The patient does not understand how to pay for their medication.	☐	☐	☐	☐
k. The patient can't afford their medication.	☐	☐	☐	☐
l. The patient appears noncompliant.	☐	☐	☐	☐
m. The patient does not speak English proficiently.	☐	☐	☐	☐

Appendix 3: Health Literacy Assessment
Survey of Pharmacy Staff (continued)

C. Sensitivity to Literacy

This section asks questions about standard practices that your pharmacy uses in delivering its services to patients with limited literacy skills.

Please check the ONE response that most accurately describes your pharmacy today, using the following rating scale:

1.   This is something our pharmacy is not doing.

2.   Our pharmacy is doing this but could make some improvements.

3.   Our pharmacy is doing this well.

N/A   Not applicable

Note: The response option "N/A" should ONLY be used to indicate that the statement does not apply to you, and not to indicate disagreement with the statement.

	1	2	3	N/A
23. Staff or volunteers are available to help patients fill out our forms.	☐	☐	☐	☐
24. We have identified what a patient must know (e.g., about health or medicine) and the literacy skills a patient must have to make use of our services.	☐	☐	☐	☐
25. We regularly ask our patients for verbal or written feedback about the quality and effectiveness of our services.	☐	☐	☐	☐
26. Our pharmacy's policies specifically support activities and resources that help make our pharmacy accessible to people with limited literacy.	☐	☐	☐	☐

	1	2	3	N/A
27. We are confident that we promote our pharmacy in ways that allow adults with limited literacy skills to learn about our programs and services.	☐	☐	☐	☐
28. All staff members who have direct contact with patients are aware of certain behaviors that may indicate literacy problems.	☐	☐	☐	☐
29. Our staff, including leadership, has received awareness and sensitivity training about literacy and literacy issues.	☐	☐	☐	☐
30. Our staff knows about the adult literacy resources in our community. If asked, they could tell a client where to get help to improve his or her literacy skills.	☐	☐	☐	☐

D: Personal Information

In this section you will provide some descriptive information about yourself. (**All personal information will be kept confidential)

31. What is your primary work location?

Name of Pharmacy: _____

32. Are you a:

☐ Pharmacist, PharmD   ☐ Pharmacist, RPh

☐ Pharmacy technician   ☐ Other (please specify)_____

33. What is the highest level of school you completed?

☐ Elementary school   ☐ College graduate

☐ Some high school   ☐ Some graduate or professional school

☐ GED or high school graduate   ☐ Graduate or professional degree

☐ Some college or technical school

34. Which one best describes your race?

☐ Black or African American   ☐ Asian or Asian American

☐ Native Hawaiian or other Pacific Islander   ☐ Caucasian or White

☐ American Indian or Alaska Native   Other_____

35. Are you of Spanish or Hispanic origin?   ☐ Yes   ☐ No

36. Are you: ☐ Male   ☐ Female

37. How old are you? _____

Thank You!

Appendix 4: Sample Tables and Analyses for Pharmacy Staff Survey

Here are sample tables and analyses for comparison of the data for items 1, 2a, and 2b in the Pharmacy Staff Survey. These examples are based on a hypothetical sample of 50 pharmacy staff members.

Table 6: Sample Table of Variable Frequencies and Percentages for Section A: Print Materials, Items 1-2b.

Variable	*n*	*%*
Print Materials Used to Advertise Services in Different Parts of the Hospital or Clinic		
This is something our pharmacy is not doing.	10	20%
Our pharmacy is doing this but could make some improvements.	5	10%
Our pharmacy is doing this well.	30	60%
N/A	3	6%
Missing*	2	4%
Prescription Bottle Labels are Written in Simple and Clear Language		
This is something our pharmacy is not doing.	8	16%
Our pharmacy is doing this but could make some improvements.	10	20%
Our pharmacy is doing this well.	23	46%
N/A	3	6%
Missing*	6	12%

Appendix 4: Sample Tables and Analyses for Pharmacy Staff Survey (continued)

Table 6: Sample Table of Variable Frequencies and Percentages for Section A: Print Materials, Items 1-2b. (continued)

Variable	*n*	*%*
Prescription Warning Labels are Written in Simple and Clear Language		
This is something our pharmacy is not doing.	38	76%
Our pharmacy is doing this but could make some improvements.	3	6%
Our pharmacy is doing this well.	8	16%
N/A	1	2%

* Missing values are reported

The presentation of findings may be further simplified by reporting only percentages for each item, as shown in Table 7.

Table 7: Sample Table of Variable Percentages for Section A: Print Materials, Items 1-2b.

Variable	This is something our pharmacy is not doing (%)	Our pharmacy is doing this but could make some improvements (%)	Our pharmacy is doing this well (%)	N/A (%)	Missing (%)
Print Materials Used to Advertise Services in Different Parts of the Hospital or Clinic	20	10	60	6	4
Prescription Bottle Labels are Written in Simple and Clear Language	16	20	46	6	12
Prescription Warning Labels are Written in Simple and Clear Language	76	6	16	2	

Once the information is in table form, it is easy to see if the pharmacy staff feels that certain areas are particularly strong or weak. For example, a weakness that stands out in this sample table is that the pharmacy staff does not feel that prescription warning labels are written in simple and clear language. Seventy-six percent of staff members feel that this is something that their pharmacy is not doing. However, more than half of the pharmacy staff surveyed (60 percent) felt that the use of print materials to advertise services in different parts of the hospital or clinic is something that their pharmacy is doing well.

Description of the Sample

A written report of the information collected in the pharmacy staff survey should begin with a description of the sample. This information may be organized in a table showing significant variables such as race, gender, job title, and education level. Table 8 shows a sample portion of such a table.

Table 8: Sample Table of Respondent Characteristics

Characteristic	%
Job Title	
Pharmacist, PharmD	30
Pharmacist, RPh	40
Pharmacy Technician	22
Other	8
Highest Education Level Completed	
GED or high school graduate	4
Some college or technical school	2
College graduate	46
Some graduate or professional school	18
Graduate or professional degree	30
Race	
Black or African American	45
Asian or Asian American	5
Caucasian or White	48
Other	2
Gender	
Female	56
Male	44

Appendix 5: Health Literacy Assessment Facilitator's Guide for Patient Focus Groups

I.   Introduction

Hi, and thank you for coming today. My name is (*facilitator*), and I am from (*institution or group*). I will be conducting today's focus group discussion. Also here is my colleague, (*notetaker*), who will help take notes.

Today's group session is part of a study to help folks like yourselves better understand the medicines they take and when to refill their medicines. Today you will be asked to answer some questions about the (*pharmacy name*) pharmacy and about your thoughts and feelings when you go to get your medicines filled.

II.   Objective (not to be read to the group)

The objective of this focus group is to identify barriers to accessing the pharmacy as perceived by patients with limited literacy.

III.   Consent and Ground Rules

[*The envelopes containing the copy of the consent form and incentive should be given out at the beginning of the focus group*.]

Before we get started, I want to let you know what will happen today during this 2-hour session. We will start by going over a Consent Form that will describe the project and that each of you must sign if you want to take part in the discussion. You will give me the signed copy and you will get a copy for your records. There is also a short information sheet to fill out for our records. After this, we will have our discussion. What questions do you have before I explain the Consent Form?

Okay, feel free to follow along as I read the form to you. Feel free to ask me questions if you don't understand something. If you agree to take part in this focus group session, sign at the bottom of the page and return the signed form to me.

Appendix 5: Health Literacy Assessment Facilitator's Guide for Patient Focus Groups (continued)

(*Read consent form, and if participants agree, have them sign and return the forms*.)

A copy of this form is in your envelope along with $20 as a thank you for talking with us today. Our phone number is on this consent form, so please feel free to get in touch with us if you have any questions after this focus group.

I will be asking you questions so that we can learn how easy or hard it is for (*pharmacy name*) patients to find their way around the pharmacy area. We are also interested in hearing your thoughts and about experiences you have had working with your pharmacist.

Your participation in this focus group is completely up to you. You can choose to take part in as much or as little as you want. Also, there are no right or wrong answers to any of the questions I will ask. You are the experts, so I want you to be as complete and honest as possible in the answers you give. We are here today to learn about your opinions and thoughts about the (*pharmacy name*) pharmacy.

We will be tape recording the discussion to make sure we don't miss anything, so we need everybody to be sure to speak one at a time, speak loudly, and speak clearly. Also, we would like you to fill out an information sheet that lets us keep track of who has participated in the focus group today. Your name will not be connected to either your answers to the questions asked or the answers to the written questions. The tapes and papers will be kept by us and destroyed once all the information is recorded.

Finally, just some housekeeping issues: The bathrooms are located (*indicate location*). If you need to use the bathroom during our discussion, feel free to do so, but please be as quiet as possible when you open and close the door because we are recording everything. This session will take about two hours. Please turn off your cell phones. What questions or concerns do you have before we begin?

IV.   Patient demographic questionnaire

(*Distribute a demographic questionnaire to each participant*.) This is a short information sheet. Please answer all the questions on this sheet. Do not write your name on it. The purpose of this is to get to know a little bit more about all of you who are in today's focus group. Your name will not be connected with any of your responses. This is just for our information. Please hand it back to me when you are finished.

Okay, let's begin!

V.   Physical environment

This first set of questions is to find out what it's like for patients to get to the (*pharmacy name*) pharmacy and find their way around.

A.   Think back to the first time you went to the pharmacy. How easy or hard was it to find?

    i.   Why was it easy/hard to find?

B.   If you worked at the pharmacy, how would you give directions over the phone to a new patient who is trying to find (*pharmacy name or name of hospital or clinic in which pharmacy is located*)?

C.   Have you ever noticed the signs and symbols that are posted (on the walls/on the floors) to direct patients to different places in the hospital or clinic (*if applicable*)?

    i.   If YES: Have you ever used these to help you find your way to the pharmacy?

        1.   Do the signs help you understand what you are supposed to do?

            a.   If YES: In what ways do the signs help you?

            b.   If NO: Why are the signs not helpful?

            c.   If NO: What could be done to make the signs more helpful?

D. When you are talking to a pharmacist, are there things about the pharmacy that make it hard for you, physically, to talk to or hear the pharmacist?
PROBE (*only suggest these if participants cannot name barriers*): Barriers may include raised platforms, windows, high counters, excessive noise in the area.
PROBE: What would make it easier for you to talk to or hear the pharmacist? Tell me more about this.

VI. Care process and workforce

This next set of questions is about your experiences with pharmacy staff and the kind of care you receive at the pharmacy.

A. How friendly or unfriendly are the pharmacy staff members?

B. If you need help with something, do you feel comfortable asking a staff person?
PROBE: If you do not feel comfortable asking staff questions, please explain why.

C. Sometimes patients need to talk to a staff person in private to ask questions about a medicine or their health. Is there a private space at the pharmacy where you would feel comfortable talking to staff person?
PROBE: If so, do you use it? Why or why not? If not, do you think there should be such a space? Would you use it? Why or why not?

D. Before giving you your prescription, tell me about what the pharmacist says?
PROBE: What do you remember talking about when you pick up your medicines?

E. When you pick up your prescription, has a pharmacist ever told you about the following information about your prescription?

   i. The name of the medicine

   ii. What the medicine does

iii. How to take the medicine and for how long

iv. Any special directions about preparing the medicine

v. Any special directions about taking the medicine

vi. Side effects, harmful effects, if you can take it with another medicine, how to avoid any harmful problems from taking the medicine wrong, or what to do if you have taken the medicine wrong

vii. How you should change the dose of your medicine if you need to (i.e., diabetes management or pain medication)

viii. Where to keep the medicine (including avoiding high temperatures or humidity)

ix. Information on when to refill your prescription

x. Information on how to refill your prescription

xi. What to do if you forget to take your medicine

    1. How much of this information do you think you remember as you are being told by the pharmacist?

    2. How much of this information do you still remember by the time you get home? A few days after you've gotten your prescription?

    3. Does the pharmacist write down any of the information to help you remember it? If so, what does she or he write down? In what ways is this helpful to you?

F. Doctors and pharmacists often use medical words that patients may not understand. Examples of some of these words are *anticoagulant*, *oral hypoglycemic*, or *hypertension*.

       i.   Does your pharmacist use complicated words?

      ii.   If so, does the pharmacist explain what these words mean in plain language?

    iii.   In what ways might this affect your understanding of your medical condition?

    iv.   In what ways might this affect your understanding of how to take your medicines?

G.   How much time do you typically spend with your pharmacist?

       i.   Is this enough time for you to ask all of your questions?

      ii.   Does the pharmacist take enough time to make sure you have understood everything she/he told you?

H.   Has a pharmacist ever asked you if you understand what she or he has told you?

       i.   Has a pharmacist ever asked you to repeat back what she or he told you?

      ii.   If you were speaking to a pharmacist and did not understand what she or he was telling you, what would you say?

I.   When you are given your last prescription, you are asked to sign a paper in a notebook or an electronic screen. Why are you signing?

       i.   What have you been told by a staff person or the pharmacist about signing?

YOU'RE ALL DOING GREAT. THIS IS REALLY HELPFUL FOR US TO HEAR YOUR THOUGHTS!

Appendix 5: Health Literacy Assessment Facilitator's Guide for Patient Focus Groups (continued)

VII. Paperwork and written communication

The next set of questions is about reading and understanding printed materials from the pharmacy, including the bottles that your medicines come in and the paper inserts that come with your medicine. I have some samples of materials to show you, and then I'll ask some questions about how easy you think they are to understand. Please be as clear and honest as possible when you answer the questions.

A. Please tell me how easy or hard the following items are for you to read and understand.
PROBE (only suggest these if participants cannot name barriers): Things that can make printed materials hard to read and understand may include print size, or the way the print looks

  i. Prescription bottle labels

  ii. Prescription information inserts
PROBE (if participants rank materials hard to read): What makes the bottle labels and inserts hard to read or understand?

B. 1. What do you usually need to know when you are trying to find information on printed materials?

  2. Do printed materials tell you what you want to know about your medicines or health conditions?

  3. Are the printed materials organized in a way that makes it easy for you to find the information you need?

  4. If you cannot easily find the information you need, what makes it difficult to find?

C. Do you ever have to fill out forms in the pharmacy? (*LAST ON LIST, ELIMINATE IF TIME IS RUNNING OUT*)

    i.   How easy or hard are the forms used in the pharmacy to understand and fill out?

    ii.   Is there staff available to help you with filling out the forms?

    iii.   Has anyone ever offered to help you fill out forms?

OKAY, WE'RE ALMOST DONE. ONLY ONE MORE SET OF QUESTIONS!

VIII. **Culture**

In this last set of questions, I'd like to talk about whether and how well you think the pharmacy helps patients.

A. How are patients treated?
PROBE: In what ways do you feel patients are treated with respect and dignity?

    PROBE: In what ways do you feel they are treated as if they are a burden? For example, how might patients with different situations and backgrounds (i.e., homeless vs. insured) be treated?

B. Some patients bring other people with them to doctors' appointments and to the pharmacy to pick up medicines. Is this your experience? Do you find it helpful to bring someone else with you?

    i.   If YES: How does the pharmacy deal with this? If someone else is with you, does the pharmacist speak directly to you or to those with you?

C. Many patients have lots of medical problems. They may have trouble seeing or hearing. Do any of you have these types of problems?

    i.   If YES: How do the pharmacists adapt to your needs?

        1.   *PROBE*: Do they speak louder or slower? Do they show you what your pills look like?

        2.   How does this make you feel?

ii. Are you comfortable with the way the pharmacists work with you?

1. If YES: Why?

2. If NO: Why not?

D. Have you ever been asked about what you think about the pharmacy and the services it provides?

i. If YES: What have you said?

ii. If NO: Would you like to give the pharmacy some feedback?

1. If YES: What would you say?

E. *ONLY ASK IF ASKED PREVIOUS QUESTION AND PEOPLE HAVE TOLD YOU THEY GET HELP WITH FORMS AND IF THERE IS ENOUGH TIME.*

If help is offered with filling out forms, tell me about how this is offered and how it makes you feel? (*If the help is not offered to the person him/herself, then he/she may not have any feelings about it*.)
PROBE: Is it offered in a way that makes patients feel embarrassed?
PROBE: Is it offered in a way that makes patients feel comfortable?

IX. **Thank you**

That's all the questions we have for you today. Thank you very much for your time and your thoughts. This information will be very helpful for us to better understand how to address patient needs.

Appendix 6: Sample Outline for Report of Focus Group Results

Focus groups are a form of qualitative research, and results will be reported differently than results of quantitative research, as in the other two sections of this assessment tool. However, you will want to summarize your focus group findings in a written report. See Figure 1 below for a sample outline of a written focus group report.

Figure 1: Sample Outline of a Report of Focus Group Results

Methods

- **Design**
    - Overview of focus group research
    - Location/dates of focus groups
    - Personnel involved in focus groups
    - Description of consent process
- **Facilitator's Guide**
    - Source of facilitator's guide
    - Topic areas covered by the facilitator's guide:
        - Physical environment
        - Care process and workforce
        - Paperwork and communication
        - Culture
- **Participant Recruitment**
    - Methods of recruitment
    - Criteria and methods for selecting participants
    - Enrollment process and number of participants in each group
- **Participants**
    - Summary of demographic information

Figure 1: Sample Outline of a Report of Focus Group Results (continued)

- • Detailed demographic information presented in a table

- **Analysis**

  - • Summary of methods used for analysis

Results

- • Summary of results, organized by topic under descriptive headings (e.g., "Printed Materials," "Interactions with Pharmacy Staff," "Layout of the Pharmacy")

- • Illustrative quotations

- • Participants' suggestions for improvement

Discussion/Conclusion

References

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