



Family Health Team

# The Development of a Low Literacy Patient Satisfaction Survey

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## BACKGROUND and AIMS

It is estimated that 42% of Canadians between the ages of 16 to 65 have low literacy. Approximately 55% of Canadians in the work force have less than adequate health literacy (Canadian Literacy and Learning Network, 2014). At Village Family Health Team (VFHT), we serve a population of ~8000 patients and ~12% of our patient population has Serious Mental Illness (SMI). Some studies have shown that low literacy is even more common in those individuals with SMI (Sentell and Shumway, 2003). We estimate that out of our total population, at least 10% of our patients have low literacy.

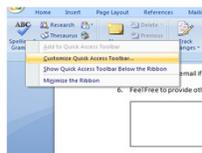
Health Quality Ontario recommends that Family Health Teams compile a patient satisfaction survey to better understand if the health care needs of our patients are being met. In order to accommodate patients with low literacy, we have developed a low literacy patient satisfaction survey to help patients give us their feedback pertaining to their care.

- We hypothesized that using a variety of communication tools, with the support of the Flesch-Kincaid Grade Level Index and SMOG (Simple Measures of Gobbledygook) Readability Formula, we would be able to effectively develop a patient satisfaction survey for those with low literacy.

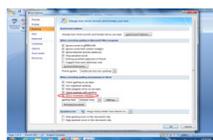
## METHODS

We first analyzed our original Patient Satisfaction Survey that had been completed by 750 patients at VFHT. In order to determine the grade level of the survey, we reviewed two readability tools: SMOG Readability Formula and Flesch-Kincaid Grade Level Index. With the use of Microsoft Word's Readability Statistics, we were able to determine that our original survey had a Flesch-Kincaid Grade Level at Grade 6. In order to utilize this Flesch-Kincaid Grade Level Index tool in Microsoft Word, we followed the instructions illustrated below (Stockmeyer, 2009).

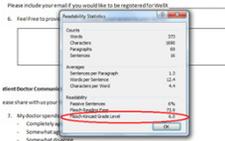
Step 1: Ensure that the Readability Statistics are enabled in Spelling and Grammar. Right click on Spelling and Grammar icon and select "Customize Quick Access Toolbar"



Step 2: Under the "Proofing" tab, ensure that "Show Readability Statistics" is enabled with a check mark.



Readability Statistics will appear once Spelling and Grammar Check is complete.



Step 3: Use SMOG grading rules to convert original survey to a low literacy survey with a lower Flesch-Kincaid grade level. This was achieved by counting syllables of each sentence from the original survey, then simplify each sentence to have lower number of syllables (McLaughlin, 1969).

Example:

Original Survey Question:

Please tell us the name of your family physician

Number of syllables in sentence = 13

Low Literacy Survey: Question:

Who is your Doctor?

Number of syllables in sentence = 5

## RESULTS

Figure 1: VFHT Patient Satisfaction Survey

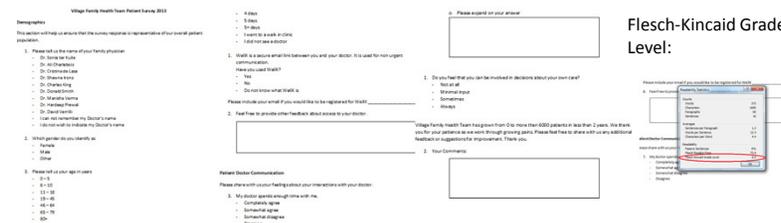
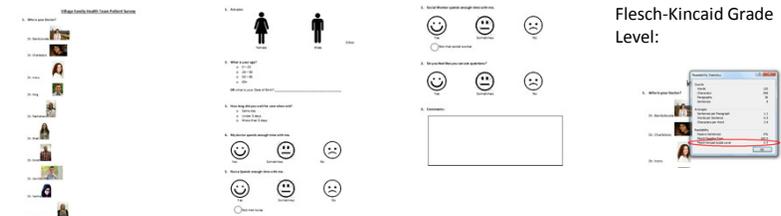


Figure 2: VFHT Low Literacy Patient Satisfaction Survey



## DISCUSSION & CONCLUSIONS

- We have been successful in creating a low literacy patient satisfaction survey using the methods outlined
- Limitations include a lack of formal trial of a the survey to date to ensure a successful transformation to a grade 1 reading level
- The next steps include an upcoming pilot of the survey, subsequent edits based on feedback received, and then dissemination amongst our low literacy population
- We hope awareness around low literacy, and the methods used in this survey creation, can be applied to other aspects of health care literacy, as those with low literacy often have significant barriers in accessing efficient & effective medical care (Ad Hoc Committee on Health Literacy, 1999)
- The higher prevalence of low literacy within the mental health population has been cited in surveys and studies (Christensen and Grace, 1999; Sentell and Shumway, 2003)
- When considering our Family Health Team's large mental health population, we must be mindful that low literacy may have multiple impacts: including reducing verbal and written comprehension of diagnostic and assessment measures (Christensen and Grace, 1999) and diminishing the impact of written educational materials (Miles and Davis, 1995)
- We look forward to applying similar methods to other health care assessment tools and educational materials

## REFERENCES

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