

Attachment E: Web Site Visitors Survey

Pharmacy Health Literacy Website Visitors Survey

WELCOME!

Thank you for volunteering your time to respond to this brief survey!

- Your responses to this survey will help the Agency for Healthcare Research and Quality (AHRQ) better understand the health literacy tools for pharmacy that they have developed, as well as improve future quality improvement tools for pharmacists and other pharmacy stakeholders.
- This survey is confidential.
- Your participation in this survey is voluntary.
- Your name or other identifying information will not be requested in the survey.
- It should take you no more than 12 minutes to complete the survey
- Your answers to the questions will remain confidential and will be grouped together with those of others who complete the survey.
- We do not foresee any risks to you from participating in this survey. However, there is a minimal risk that your confidentiality might not be preserved, despite our best efforts.

If you have questions about the survey, or if you have questions regarding this study, contact Sarah J. Shoemaker, PhD, PharmD, the Project Director at Abt Associates at sarah_shoemaker@abtassoc.com, or the AHRQ Project Officer, Dina Moss, at dina.moss@ahrq.hhs.gov.

Public reporting burden for this collection of information is estimated to average 12 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

Awareness of Tools

1) Prior to visiting this website, from which of the following source(s) did you learn about the availability of AHRQ’s Health Literacy Tools for Pharmacy? Please check all that apply.

- National Association of Chain Drug Stores (NACDS) *Practice Memo* [Dec. 2008]
- [insert distribution mechanism #1]
- [insert distribution mechanism #2]
- [insert distribution mechanism #3]
- Direct mailing from Abt Associates
- Agency for Healthcare Research & Quality (AHRQ) website
- Directly from this *Pharmacy Health Literacy Center* website
- Other [please specify]

Respondent’s attitude about health literacy

2) For each of the following statements, please rate on a scale from 1 to 5 the extent to which you agree or disagree (1=strongly agree, 5=strongly disagree).

Prior to learning about AHRQ’s health literacy tools for pharmacy...

a) I was aware of the high prevalence of limited or low health literacy skills

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

b) I believed at least some of my patients or customers had limited or low health literacy skills

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

c) I was actively learning or seeking to learn more about health literacy

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>

d) I was actively trying to improve my health literacy practices

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
----------	----------	----------	----------	----------

Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

e) I was committed to addressing other health disparities (e.g., racial & ethnic disparities)

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

3) ~~Prior to learning about AHRQ’s health literacy tools for pharmacy, which of the following was true or false for you?~~

I was aware of the high prevalence of limited or low health literacy skills	True	False
I believed at least some of my patients or customers had limited or low health literacy skills	• True	• False
I was actively learning or seeking to learn more about health literacy	• True	• False
I was actively trying to improve my health literacy practices	• True	• False
I was committed to addressing other health disparities (e.g., racial & ethnic disparities)	• True	• False
Other [please specify]		

Respondent’s perceived need to address health literacy

4) For each of the following statements, please rate on a scale from 1 to 5 the extent to which you agree or disagree (1= strongly agree; 5 = strongly disagree – *may not need this instruction on web*).

a) Understanding health literacy needs of patients is an important part of a pharmacist’s role. Knowing how to care for patients or customers with low health literacy is an important part of the pharmacist’s role.

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

b) Many of my patients may have limited health literacy skills

• • • • •
 1 2 3 4 5

Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

c) Improving health literacy practices is an important quality improvement effort for pharmacies

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

d) Improving my health literacy practices will improve patient satisfaction

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

e) Improving my health literacy practices will improve patient care

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

f) Improving my health literacy practices will increase prescription sales

• • • • •
 1 2 3 4 5
 Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree

General Tool Use / Non-Use

5) Which of the following AHRQ health literacy tools for pharmacy did you download or read? Please check all that apply.

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

- *Strategies to Improve Communication between Staff and Patients: Pill Card tool for Pharmacy Staff*
- *How to Create a Pill Card*
- *Telephone Reminders: A Tool to Help Refill Medications on Time*
- None of the above

Tool 1: Assessment Tool

Tool-specific Use / Non-Use

- 6) Have you had a chance to begin using “*Is Our Pharmacy Meeting Patients’ Needs? A Pharmacy Health Literacy Assessment Tool – User’s Guide*”? (Assessment Tool)
- Yes
 - No [skip to question 7]

Factors that led to decision to use tool

- 7) Why did you decide to use “*Is Our Pharmacy Meeting Patients’ Needs? A Pharmacy Health Literacy Assessment Tool – User’s Guide*”? Please check all that apply.
- The *Assessment Tool* can help me to improve my pharmacy practice
 - The resources needed to use the *Assessment Tool* are reasonable
 - The *Assessment Tool* can help put me ahead of my peers or competition
 - The *Assessment Tool* is compatible with what I think my pharmacy or I should do
 - The *Assessment Tool* is consistent with my professional aims or my pharmacy’s mission
 - The *Assessment Tool* seems simple to use
 - The *Assessment Tool* seems to offer an advantage over tools I currently have
 - I can try out the *Assessment Tool* before I use it
 - I can see the potential benefits of the *Assessment Tool*
 - The *Assessment Tool* may be helpful in my teaching/class
 - The *Assessment Tool* may be helpful for pharmacy benefit management
 - Other [please specify]

8) Did the [insert tool name] live up to your expectations?

a. Yes

b. No

c. I have not had a chance to use the tool to be able to answer this question.
[skip pattern to next question on why/why not]

9) Why or why not? [open-ended]

SKIP to Q12

Reasons for tool non-use

10) What were your reason(s) for not using the tool, *Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide*? Please check all that apply.

- I have not had a chance to consider using the *Assessment Tool*
- I plan to use the *Assessment Tool*, but I haven't had a chance to do so
- I do not see the value of the *Assessment Tool*
- The *Assessment Tool* seems too difficult to use
- The *Assessment Tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Assessment Tool*
- Our pharmacy is too busy to use the *Assessment Tool*
- We do not have sufficient staff or staff availability to use the *Assessment Tool*
- Other [please specify]

Likelihood of tool use

The *Assessment Tool* is a user's guide for pharmacists to measure how well their pharmacy is serving patients with limited health literacy in order to i) raise staff awareness, ii) detect literacy barriers to understanding health information, and iii) identify opportunities for improvement.

11) How likely is it that you will use the *Assessment Tool* in the next 12 months?

- | | | | | |
|--------------|--------------|----------|---------------|---------------|
| • | • | • | • | • |
| Very | Somewhat | Not sure | Somewhat | Very |
| Likely | Likely | [Skip to | Unlikely | Unlikely |
| [skip to Q9] | [skip to Q9] | Q10] | [skip to Q11] | [skip to Q11] |
| | | Q10] | | |

Reasons for likelihood of tool use

12) What are the reasons you are likely or very likely to use the *Assessment Tool* in the next 12 months? Please check all that apply.

- The *Assessment Tool* can help me to improve my current practice
- The resources needed to use the *Assessment Tool* are reasonable
- The *Assessment Tool* that puts me ahead of my peers or competition
- The *Assessment Tool* is compatible with my pharmacy or practice approach
- The *Assessment Tool* is consistent with my mission or aim
- The *Assessment Tool* is simple enough to use
- I can test or pilot the *Assessment Tool* before I use it
- The potential results of the *Assessment Tool* are clear
- The *Assessment Tool* may be helpful in my teaching/class
- The *Assessment Tool* may be helpful for pharmacy benefit management

- Other (please specify)

13) Is there something about the *Assessment Tool* that makes you uncertain whether or not you will use it in the next 12 months?

- Yes
Please specify _____
- No

14) What are the reasons you are unlikely or very unlikely to use the *Assessment Tool* in the next 12 months? Please check all that apply.

- I do not see the value of the *Assessment Tool*
- The *Assessment Tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Assessment Tool*
- Our pharmacy is too busy to use the *Assessment Tool*
- We do not have sufficient staff or staff availability to use the *Assessment Tool*
- Other [please specify]

Tool 2: Training Program

Tool-specific Use / Non-Use

15) Have you had a chance to begin using *Strategies to Improve Communication between Staff and Patients: Training Program for Pharmacy Staff (Training Program)*, to train staff or students?

- Yes
- No [skip to Question 13]

Factors that led to decision to use tool

16) Why did you decide to use *Strategies to Improve Communication between Staff and Patients: Training Program for Pharmacy Staff*? Please check all that apply.

- The *Training Program* can help me to improve my pharmacy practice
- The resources needed to use the *Training Program* are reasonable
- The *Training Program* can help put me ahead of my peers or competition
- The *Training Program* is compatible with what I think my pharmacy or I should do
- The *Training Program* is consistent with my professional aims or my pharmacy's mission
- The *Training Program* seems simple to use
- The *Training Program* seems to offer an advantage over tools I currently have
- I can try out the *Training Program* before I use it
- I can see the potential benefits of the *Training Program*
- The *Training Program* may be helpful in my teaching/class

- The *Training Program* may be helpful for pharmacy benefit management
- Other [please specify]

SKIP to Q19

Reasons for tool non-use

17) Which of the following describes your reason(s) for not using the tool, *Strategies to Improve Communication between Staff and Patients: Training Program for Pharmacy Staff*? Please check all that apply.

- I have not had a chance to consider using the *Training Program*
- I plan to use the *Training Program*, but I haven't had a chance to do so
- The *Training Program* seems to difficult to use
- I do not see the value of the *Training Program*
- The *Training Program* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Training Program*
- Our pharmacy is too busy to use the *Training Program*
- We do not have sufficient staff or staff availability to use the *Training Program*
- Other [please specify]

Likelihood of tool use

The *Training Program* consists of PowerPoint slides and handouts for pharmacists to introduce pharmacy staff or students to the problem of low health literacy in patient populations and to explain techniques that pharmacy staff members can use to improve communication with patients who may have limited health literacy skills.

18) What is the likelihood that you will use the *Training Program* in the next 12 months?

- | | | | | |
|----------------|---------------|---------------|---------------|------------------|
| • | • | • | • | • |
| Very
Likely | Likely | Not sure | Unlikely | Very
Unlikely |
| [skip to Q16] | [skip to Q16] | [skip to Q17] | [skip to Q18] | [skip to Q18] |

Reasons for likelihood of tool use

19) What are the reasons you are likely or very likely to use the *Training Program* in the next 12 months?

- The *Training Program* can help me to improve my current practice
- The resources needed to use the *Training Program* are reasonable

- The *Training Program* puts me ahead of my peers or competition
- The *Training Program* is compatible with my pharmacy or practice approach
- The *Training Program* is consistent with my mission or aim
- The *Training Program* is simple enough to use
- I can test or pilot the *Training Program* before I use it
- The potential results of the *Training Program* are clear
- The *Training Program* may be helpful in my teaching/class
- The *Training Program* may be helpful for pharmacy benefit management
- Other [please specify]

20) Is there something about the *Training Program* that makes you uncertain whether or not you will use it in the next 12 months?

- Yes
Please specify _____
- No

21) What are the reasons you are unlikely or very unlikely to use the *Training Program* in the next 12 months?

- I do not see the value of the *Training Program*
- The *Training Program* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Training Program*
- Our pharmacy is too busy to use the *Training Program*
- We do not have sufficient staff or staff availability to use the *Training Program*
- Other [please specify]

Tool 3: Pill Card

Tool-specific Use / Non-Use

22) Have you had a chance to begin using *How to Create a Pill Card (Pill Card tool)*, to create a pill card for a patient?

- Yes
- No [skip to Question 19]

Factors that led to decision to use tool

23) Why did you decide to use *How to Create a Pill Card*? Please check all that apply.

- The *Pill Card tool* can help me to improve my pharmacy practice

- The resources needed to use the *Pill Card tool* are reasonable
- The *Pill Card tool* can help put me ahead of my peers or competition
- The *Pill Card tool* is compatible with what I think my pharmacy or I should do
- The *Pill Card tool* is consistent with my professional aims or my pharmacy’s mission
- The *Pill Card tool* seems simple to use
- The *Pill Card tool* seems to offer an advantage over tools I currently have
- I can try out the *Pill Card tool* before I use it
- I can see the potential benefits of the *Pill Card tool*
- The *Pill Card tool* may be helpful in my teaching/class
- The *Pill Card tool* may be helpful for pharmacy benefit management
- Other [please specify]

SKIP to Q26

Reasons for tool non-use

24) Which of the following describes your reason(s) for not using the tool, *How to Create a Pill Card*? Please check all that apply.

- I have not had a chance to consider using the *Pill Card tool*
- I plan to use the *Pill Card tool*, but I haven’t had a chance to do so
- I do not see the value of the *Pill Card tool*
- The *Pill Card Tool* seems to difficult to use
- The *Pill Card tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Pill Card tool*
- Our pharmacy is too busy to use the *Pill Card tool*
- We do not have sufficient staff or staff availability to use the *Pill Card tool*
- Other [please specify]

Likelihood of tool use

The *Pill Card tool* is a user’s guide on how to create an easy-to-use “pill card” for your patients who have a hard time keeping track of their medicines.

25) What is the likelihood that you will use the *Pill Card tool* in the next 12 months?

- | | | | | |
|----------------|---------------|---------------|---------------|------------------|
| • | • | • | • | • |
| Very
Likely | Likely | Not sure | Unlikely | Very
Unlikely |
| [skip to Q23] | [skip to Q23] | [skip to Q24] | [skip to Q25] | [skip to Q25] |

Reasons for likelihood of tool use

26) What are the reasons you are likely or very likely to use the *Pill Card tool* in the next 12 months?

- The *Pill Card tool* can help me to improve my current practice
- The resources needed to use the *Pill Card tool* are reasonable
- The *Pill Card tool* puts me ahead of my peers or competition
- The *Pill Card tool* is compatible with my pharmacy or practice approach
- The *Pill Card tool* is consistent with my mission or aim
- The *Pill Card tool* is simple enough to use
- I can test or pilot the *Pill Card tool* before I use it
- The potential results of the *Pill Card tool* are clear
- The *Pill Card tool* may be helpful in my teaching/class
- The *Pill Card tool* may be helpful for pharmacy benefit management
- Other (please specify)

27) Is there something about the *Pill Card tool* that makes you uncertain whether or not you will use it in the next 12 months?

- Yes
Please specify _____
- No

28) What are the reasons you are unlikely or very unlikely to use the *Pill Card tool* in the next 12 months?

- I do not see the value of the *Pill Card tool*
- The *Pill Card tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Pill Card tool*
- Our pharmacy is too busy to use the *Pill Card tool*
- We do not have sufficient staff or staff availability to use the *Pill Card tool*
- Other [please specify]

Tool 4: Telephone Reminder

Tool-specific Use / Non-Use

29) Have you had a chance to begin using *Telephone Reminders: A Tool to Help Refill Medications on Time (Telephone Reminder tool)*, for your reminder system?

- Yes
- No [skip to Question 25]

Factors that led to decision to use tool

30) Why did you decide to use *Telephone Reminders: A Tool to Help Refill Medications on Time*? Please check all that apply.

- The *Telephone Reminder tool* can help me to improve my pharmacy practice
- The resources needed to use the *Telephone Reminder tool* are reasonable
- The *Telephone Reminder tool* can help put me ahead of my peers or competition
- The *Telephone Reminder tool* is compatible with what I think my pharmacy or I should do
- The *Telephone Reminder tool* is consistent with my professional aims or my pharmacy's mission
- The *Telephone Reminder tool* seems simple to use
- The *Telephone Reminder tool* seems to offer an advantage over tools I currently have
- I can try out the *Telephone Reminder tool* before I use it
- I can see the potential benefits of the *Telephone Reminder tool*
- The *Telephone Reminder tool* may be helpful in my teaching/class
- The *Telephone Reminder tool* may be helpful for pharmacy benefit management
- Other [please specify]

SKIP to Q33

Reasons for tool non-use

31) Which of the following describes your reason(s) for not using the tool, *Telephone Reminders: A Tool to Help Refill Medications on Time*? Please check all that apply.

- I have not had a chance to consider using the *Telephone Reminder tool*
- I plan to use the *Telephone Reminder tool*, but I haven't had a chance to do so
- I did not see the value of the *Telephone Reminder tool*
- The *Telephone Reminder tool* seems to difficult to use
- The *Telephone Reminder tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Telephone Reminder tool*
- Our pharmacy is too busy to use the *Telephone Reminder tool*
- We do not have sufficient staff or staff availability to use the *Telephone Reminder tool*
- Other [please specify]

Likelihood of tool use

The *Telephone Reminder tool* is to help a pharmacy create a telephone reminder system working with a software vendor to remind patients to refill their prescriptions.

32) What is the likelihood that you will use the *Telephone Reminder tool* in the next 12 months?

- • • • •
- Very Likely Not sure Unlikely Very

Likely
[skip to Q30] [skip to Q30] [skip to Q31] [skip to Q32] [skip to Q32] Unlikely

Reasons for likelihood of tool use

33) What are the reasons you are likely or very likely to use the *Telephone Reminder tool* in the next 12 months?

- The *Telephone Reminder tool* can help me to improve my current practice
- The resources needed to use the *Telephone Reminder tool* are reasonable
- The *Telephone Reminder tool* that puts me ahead of my peers or competition
- The *Telephone Reminder tool* is compatible with my pharmacy or practice approach
- The *Telephone Reminder tool* is consistent with my mission or aim
- The *Telephone Reminder tool* is simple enough to use
- I can test or pilot the *Telephone Reminder tool* before I use it
- The potential results of the *Telephone Reminder tool* are clear
- The *Telephone Reminder tool* may be helpful in my teaching/class
- The *Telephone Reminder tool* may be helpful for pharmacy benefit management

34) Is there something about the *Telephone Reminder tool* that makes you uncertain whether or not you will use it in the next 12 months?

- Yes
Please specify _____
- No

35) What are the reasons you are unlikely or very unlikely to use the *Telephone Reminder tool* in the next 12 months?

- I do not see the value of the *Telephone Reminder tool*
- The *Telephone Reminder tool* does not seem to offer an advantage over tools I currently have
- I do not have the resources to use the *Telephone Reminder tool*
- Our pharmacy is too busy to use the *Telephone Reminder tool*
- We do not have sufficient staff or staff availability to use the *Telephone Reminder tool*
- Other [please specify]

Open-ended question

36) Is there anything else you would like to add about how AHRQ can help pharmacists with their work on low health literacy or other quality improvement activities?

Pharmacy setting characteristics

37) Which best describes your pharmacy setting?

- Retail or chain pharmacy
- Grocery or mass merchant pharmacy
- Independent pharmacy
- 340B pharmacy
- Ambulatory clinic
- Hospital: in-patient
- Hospital: out-patient
- Academia
- Managed care pharmacy
- Other

38) On average, how many prescriptions per day does your pharmacy fill?

- 0 – 100
- 101 – 200
- 201 – 300
- 301 – 400
- 400 or more
- Not applicable

39) In the past year, has your pharmacy: Please check all that apply.

- Been reimbursed for providing medication therapy management (MTM) to patients
- Served as a rotation/experiential site for pharmacy students
- Served as a site for a pharmacy resident
- Participated in a research project or study
- Been involved with a patient safety project
- Been involved with a medication error project
- Conducted a quality improvement project or activity [please specify]

40) In what state is your pharmacy or practice located?

[] drop down menu for states

Respondent characteristics

41) Which one of these best describes your role or title?

- Pharmacy owner
- Pharmacy manager
- Staff pharmacist
- Pharmacy student or intern
- Resident
- Pharmacy technician
- Pharmacy clerk

- Pharmacy faculty
- Other [please specify]

42)What is the highest level of school you completed?

- Some high school
- High school graduate or GED
- Some college or technical school
- College graduate (not pharmacy)
- Pharmacy school – Bachelors
- Pharmacy school – PharmD
- Some graduate school
- Graduate school (Masters or PhD)
- Other [please specify]

43)If you are a pharmacist, what year did you graduate from pharmacy school?

[] insert 4-digit year

44)Are you Hispanic or Latino/Latina?

- Yes
- No

45)What is your race? Please select one or more.

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African-American
- White

46)Are you:

- Male
- Female