

# Health Literacy

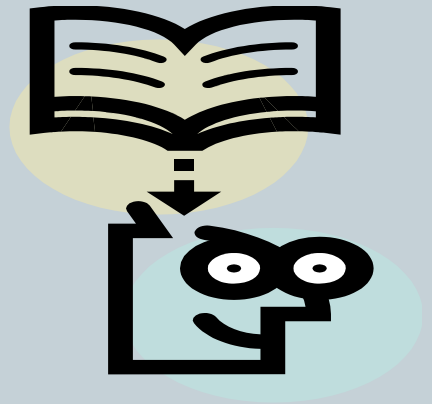


## **CREATING MEMBER MATERIALS**

# What is Literacy?



Being able to read, write and speak in English and to compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve your goals and develop your knowledge and potential. (*U.S. Congress*)



# Who Has Problems?



Nearly half of all American adults have problems understanding and using basic health information.

*(IOM, 2004)*

# True or False?



- Most people with limited literacy are poor, immigrants or minorities.
- Most people with limited literacy have low IQs.
- People will tell you if they have trouble reading.
- The number of years of schooling is a good general guide to determine literacy level.



**FALSE!**

# Literacy in America



- 90 million Americans have difficulty understanding health information. (*IOM – Health Literacy*)
- Nearly one out of every two adults have trouble using health information
- *40 million* Americans age 16 and older have significant literacy needs (*NALS – 2006*)

# What Does This Mean?



- \$58 Billion dollars in extra healthcare costs
- 26% didn't understand when it was time for their next appointment
- 42% didn't understand the instructions to “takes their medicines on an empty stomach”
- 86% didn't understand the rights and responsibilities section in the Medicaid application.

# Did You Know?



## **Low Health Literacy:**

- Strongest predictor of health status
- Causes 4 times greater annual health costs



# What is Health Literacy?



The degree to which individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions. *(HP2010, IOM, 2005)*

# Health Insurance – Predictor of Literacy



- Adults with employer - provided insurance had higher average health literacy.
- Adults with Medicare, Medicaid and adults with no coverage had lower average health literacy.

# How Does this Impact Care?



- 26% don't keep appointments
- Unable to find clinic/office
- Failure to take meds correctly
  - 42% did not understand “empty stomach”
- Incomplete history
- Overuse of emergency room
- Lack of informed consent
  - 86% couldn't understand sections of the Medicaid Application.
- Diagnosis made at later stages of illness

# Consequences:



Estimated \$58 Billion annual costs  
of poor health literacy!

# Low functional literacy results in 3 to 6% greater health care expenditures.



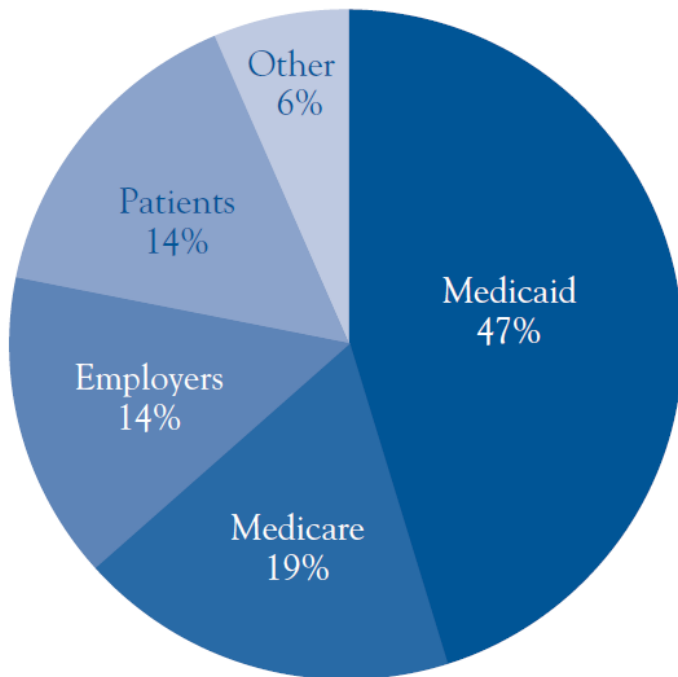
**The direct medical costs of low functional literacy are financed through:**

- additional hospital and office visits
- longer hospital stays,
- extra tests,
- additional procedures,
- More prescriptions.

**While all payers fund these additional resources, taxpayers finance a disproportionate share.**

# Who Pays for Low Health Literacy?

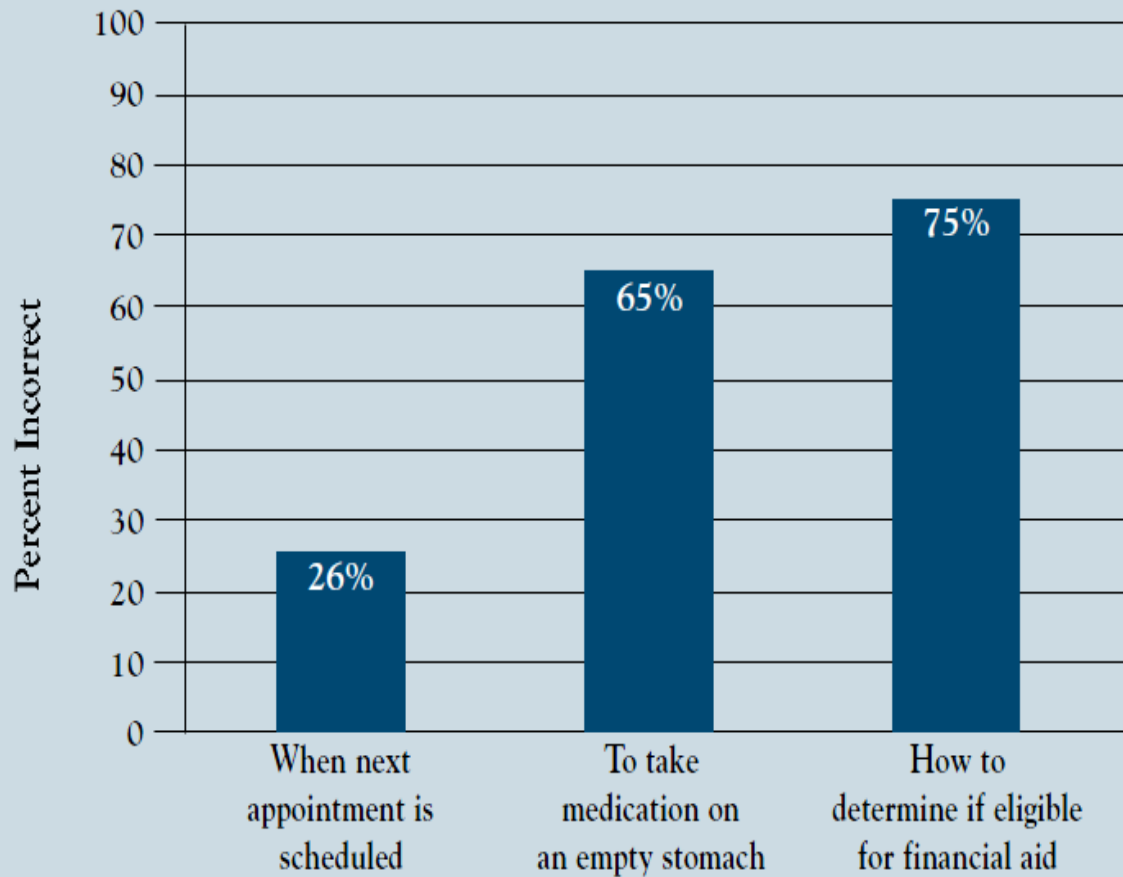
Who Pays for the Cost of Low Health Literacy?



- 47% Medicaid
- 19% Medicare
- 14% Employers
- 14% Patients
- 6% Other

Low Health Literacy can contribute to higher death rates due to inability to read prescriptions, appointment reminders and other basic information properly *(Forbes, 7/23)*

## Many Public Hospital Patients\* Do Not Understand Basic Health Care Information<sup>4</sup>



\*% of 979 low-income patients

Source: Williams, et al., 1995.



# What does this Mean for Us?



- Good Communication is vital to good care
- Medicaid Members are more likely to have low health literacy.
- It's critical for us to communicate effectively with members, who more likely than not, have low literacy.
- Well written communications empower members:
  - Informed consent
  - Ability to exercise their rights
  - Partner with providers in their care (recovery principles)
  - Better able to manage their health and wellness.

# Written Materials



## MAKING IT EASY TO READ

Write in plain language

Plain language means writing that's clear to most readers the *first* time they read it.

- Well organized and streamlined.
- Not wordy or long.
- Vocabulary is simple and familiar.
- Sentence structure is uncomplicated.

# Written Materials



## MAKING IT EASY TO READ

Use simple **vocabulary**

- Don't use acronyms, abbreviations, and jargon
- Use common, everyday words
- Use words the reader has probably heard before (context)

# Written Materials - Context



## Context -

- Each phrase in your writing contributes to the total meaning of what you are trying to say.
  - Low literacy readers “fill-in” their own meaning if they don’t understand the words.
  - Each sentence should be able to “stand on its own.”
  - Test - Can a phrase or sentence, when isolated from the rest of the writing be taken out of context?

# When the context is unfamiliar readers can't guess at the meaning so they miss the key messages.



## What's printed on the page:

All residents of B.C. must enroll with MSP. Premiums are required by MSP and there are several options available to you (see Premiums). If you leave B.C. you will continue to be billed for premiums, unless you notify us that you are moving away and, therefore, no longer require MSP coverage.

## What low-literate readers "see":

All ??????? of B.C. must ?????? with MSP. Premiums are ??????? by MSP and there are several ?????? ??????? to you (see Premiums). If you leave B.C. you will continue to be billed for premiums, unless you ?????? us that you are moving away and, ????????, no longer ?????? MSP ??????.

# To Avoid Making Readers Guess, Consider:



- Substitute easier words or phrases for more difficult ones.
- If you must use a difficult word, explain it to readers immediately after using it or provide a simpler alternative in parentheses.

*“ You can get help with behavioral health (mental health and drug and alcohol) problems.”*

# Simplify and Give an Explanation for the Difficult Words



## Before:

Only health care providers or health maintenance organizations (HMOs) that are enrolled or contracted as Medicaid providers may serve MediKids enrollees.

## After:

Children who have MediKids can only be seen by providers who take Medicaid, or who are in Wyoming's HMO program.

A provider is a doctor, nurse, physician assistant, hospital, or clinic.

# Common, Hard to Understand Words



## Difficult

- Eligible
- **Ineligible**
- Exceeds
- **Terminated**
- Discontinue
- **Hearing**
- Comply

## Easy to Understand

- qualified, or are able to get
- **not qualified, or not able to get**
- is more than
- **Ended**
- Stop
- **meeting with program staff and hearing officer**
- meet the program rules



# Abbreviations



- Acronyms and other abbreviations are useful shorthand for us.
- Clients may or may not need to learn the shorthand.
- Make sure that you're using an abbreviation because learning it will be useful for your readers.
- For necessary abbreviations, write it first, then write the full name afterward in parentheses.
  - CHP (Colorado Health Partnerships)
  - PCP (Primary Care Provider)
  - BHO (Behavioral Health Organization)
- For difficult abbreviations (BHO) you also want to give a definition in easy to understand language.

# Legalese And Bureaucratic Language

## Language

### Bureaucratic Language

- It is time to determine your continuing eligibility for benefits.
- My situation is subject to verification by the Department of Social Services or other state or federal agencies.

### Simple Language

- It is time for us to find out if you still qualify for benefits.
- I understand that the Department of Social Services (or other state or federal offices) might check to see if my information is true and correct.

# Legalese



- If attorneys or regulations mandate certain legal language is included in a document, write the prescribed text.
- Paraphrase it in plain language immediately afterward.
- If legal citations are required, (referencing the laws governing the actions your agency has taken) place them where they won't distract readers from the main message.
  - at the end of the paragraph
  - in the footer at the bottom of the page.

# Colloquialisms and Jargon



- Don't use colloquialisms, idioms, slang, or jargon (including professional jargon).
- They are often specific to a certain area or profession.
- Idioms or jargon may change the way words are conventionally used
- Poor readers are less likely to understand them.

# Use the Active Voice



- Write in the active voice
  - the subject of the sentence performs the action expressed by the verb.
- Avoid using the passive voice –
  - the subject *receives* the action, and it's not always clear who's performing it.
- low literacy readers, find it easier to follow the text when it's clear who is taking the action, or “doing the doing.”

# Example - Active Voice



## Passive

- Babies born to women who are covered by one of Minnesota's health care programs are covered through the month of their first birthday as long as the baby continues to live with the mother and reside in Minnesota.

## Active

- If a pregnant woman gets health coverage from a Minnesota program, her baby will get coverage until the end of the month of the baby's first birthday. The baby must live with the mother in Minnesota.

# Write Simple Sentences



- **Write sentences that have a simple structure**
  - Avoid compound sentences; minimize use of commas and semi-colons. Simple sentences have a subject, a verb and an action.
- **Keep them reasonably short**
  - Try to keep sentences under 10 words maximum.
- **Use a conversational tone**
  - Use the second tense – think as though you are talking to the person.

# Paragraphs



- Write short paragraphs
- Each paragraph covers only one main topic
- Organize information into manageable chunks so readers aren't asked to absorb too much at a time.
  - Use the “PowerPoint model” – identify key points, organize key points by topics, be brief.
- Use more white space to offer visual relief.
  - A page full of words can be intimidating (or boring) to the reader.
  - Formatting, graphics and pictures break up a page.
  - When using pictures or graphics, make sure they are tied to the message of the written words. Avoid using random graphics.



# A Word about Fonts



- Microsoft offers hundreds of fonts.
- Don't be too creative with your fonts.
- Use a font with a “serif” – the little notches or lines at the end of a letter.
- People with visual disabilities have more difficulty reading fonts without a serif “sans serif.”
- Never use <10 point font. Ideally 14 pt. is best.

# A Word About Fonts



## Avoid

- Arial
- Calibri
- Franklin Gothic
- Verdana
- *Brush Script*
- Comic Sans
- *Script Bold*

## Use

- Times New Roman
- Cambria
- Garamond
- Georgia
- Lucida Bright

# Example of Negative Tone



It is time to determine your continuing eligibility for benefits. The redetermination must be completed or your [program] benefits will end.

1. Contact me for an appointment.
2. Please bring the completed form to the scheduled appointment at [date].

You must answer every question on the application form, even though nothing may have changed. You must provide the proof listed on the enclosed form. Contact me by [date] if you need to reschedule the appointment.

# Example of Positive Tone



## It's time to see if you still qualify for benefits

This is what you need to do:

- **1. Please call us by [date]** to set up a meeting. You can call Monday to Friday, 8:30 a.m. to 5 p.m. Call **1- 800- 123- 4567**. The call is free. TTY: **1- 800- 456- 7891**. If you do not call by [date], we may have to stop your benefits.
- **2. Fill out the form that came with this letter.** Answer each question and gather the proof that we ask for on the form.
- **3. Bring the form and all proof to our meeting.**

**Remember: call 1-800-123-4567 to set up a meeting**

**\*\*\*If you do not call us by [date], we may stop your benefits.\*\*\***

**Questions?**

If you have any questions or need to change your meeting day or time, call us at **800- 123- 4567**.

# Delivering Bad News



- When you're sending news that is not good from the client's point of view, you can still be polite, respectful and clear.
- Deliver the message clearly without being unfriendly.

*Thank you for your application for the Children's Health Program. At this time, we cannot give your children health insurance because your family income is too high for this program.*

# Delivering Bad News

- Sometimes a letter *sounds* like it is delivering bad news even when it isn't.
- It begins with or contains formal, not conversational words
- For example, *pursuant to... due to... regarding...*
- Certain other words and phrases create a friendly tone—
- *Please...Thank you... If you have questions...We appreciate*

# Write Notices that Answer Reader's Questions

- When people read notices, they're looking for information
- They want to know right away how the notice affects them.
- If the notice is informational, the first paragraph should:
  - Let the reader know that it is informational .
  - that benefits or programs are not being affected.

# Write Notices that Answer Reader's Questions



It's important to make clear to your readers

1. what the notice is about,
2. what they are being asked to do,
3. when they have to do it, and
4. how they can get help.
5. that their benefits won't be affected



# Tips for Writing and Formatting Notices



For most notices, use a standard letter format, which has the advantage of being familiar to the reader.

- Put the key message in the first or second sentence, right up front.
- Use short headings to break the notice into readable sections.
- Use text boxes to highlight important messages that might otherwise seem lost on a crowded page.
- Repeat the key message—particularly if the notice is long.

# Link New Information to Old



- Readers link new information to old in order to construct meaning.
- If they have no previous experience with managed care, or EPSDT, they have no way to tie the new information you are giving them to what they already know.
- Write to link what they already know and make sense of new information
- Introduce new information to readers by putting it in a context that's familiar to them.

# Link New Information to Old



## No context:

- “managed care is coordinated care provided by a network of providers”

## With context:

- “when you join a health plan, doctors, nurses, and hospitals who work for the plan will give you the medical care you need. You can choose one doctor or clinic to go to every time you are sick or want a checkup.”

# Offer Help To Readers



- Provide a resource message for readers who have questions or need help.
- Create a special “help” message, and repeat it several times
- It should include:
  - An offer of help.
  - Information about whom to call.
  - Phone numbers.
  - Days and hours of operation.
  - TTY information.
  - In the case of toll-free numbers, note that “the call is free.” People may not assume that an 800# is free.

# Offer Help To Readers



## Incomplete Message

Toll free

1-(888) 318-8890 or  
(907) 269-6529 (in  
Anchorage)

## Helpful Message


Questions?

- Call us at 1-888-318-8890 (the call is free),
- Or 907-269-6529 in Anchorage.
- You can call Monday to Friday, 8:30 a.m. to 5 p.m.
- TTY: 1-888-123-4567.

# Educational Materials




**MAKING THEM EASY TO  
UNDERSTAND FOR LOW  
LITERACY READERS**



People at  
all literacy  
levels  
prefer  
written  
materials  
that are  
simple and  
attractive


- Most people, even those who read well, use visual clues to reinforce learning.
- Graphics and videos can help patients absorb new information, especially when used with written materials.
- Brochures alone cannot change health behavior, but ...



People at  
all literacy  
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- Written materials can provide accurate information in a way that is easy to read and understand.
- Emphasize the desired behavior rather than the medical facts. Education is more important than information.
  - Smoking Brochure – readers aren't interested in the statistics around health hazards, costs to society, and other data. Readers are interested in specific, concrete tools they can use to stop smoking.





*“Written materials are the most accessible and least costly way to provide information in the clinical setting.”*

- Have just one or two educational objectives —what the reader needs to learn and do. In this case, less really is more.
- Use clear headings, bullets instead of paragraphs, and ample white space (a Q&A format works especially well).
- Use short sentences, active voice, and conversational language — “give” instead of “administer” and “birth control” instead of “contraception.”



*“Written materials are the most accessible and least costly way to provide information in the clinical setting.”*

- Use pictures and examples to illustrate important points. (Never use pictures that aren't related to the topic. They will only confuse people.)
- Supplement written material with conversation, video, and audio sources, if possible.

Notice the changes in:

- Font size
- Simple word description
- Additional white space
- Only enough description to get the point across

### Revision of the Package Insert for "The Pill," Based on Patient Interviews<sup>9</sup>

#### **SIDE EFFECTS OF ORAL CONTRACEPTIVES**

##### Vaginal bleeding

Irregular vaginal bleeding or spotting may occur when you are taking the pills. Irregular bleeding may vary from slight staining between menstrual periods to breakthrough bleeding which is a flow much like a regular period. Irregular bleeding occurs most often during the first few months of oral contraceptive use, but may also occur after you have been taking the pill for some time. Such bleeding may be temporary and usually does not indicate any serious problems.

**Original (6 pt. type)**

#### **Bleeding side effects**

You may have some spotting or light bleeding between periods, especially after you miss any pills.

**Revision (10 pt. type)**

# Patient to Provider Interactions



## **WHEN LOW LITERACY IMPACTS THE PATIENT/PROVIDER INTERACTION**

*Patients with poor health literacy skills struggle to understand basic medical forms and instructions.*



- Of 979 emergency department patients with inadequate health literacy: 81% could not read the rights and responsibilities section of a Medicaid application.
- 74% did not know if they were eligible for free care.
- It's hard for less literate patients to:
  - fill out intake forms,
  - enroll in insurance programs for which they may be eligible,
  - get services once enrolled,
  - follow medical instructions,
  - or give informed consent.
- Most informed consent and insurance forms, and most medication package inserts, are written at high school level or higher.

*Prescription labels and self-care instructions are among the most important written materials patients receive.*



- Poor compliance with medication and care regimens can be dangerous. Yet serious mistakes may occur because the patient cannot read the instructions.
- Results of several studies on patients with low literacy:
  - ❖ Patients, with poor health literacy skills are five times more likely to misinterpret their prescriptions than those with adequate skills.
  - ❖ Only 11% of asthma patients who read below a third-grade reading level could use their metered dose inhaler correctly.
  - ❖ HIV-positive adults with low functional health literacy missed more treatment doses than patients with high health literacy because they were confused by the instructions .

*Providers can create a “shame-free” environment where low literate patients can seek help without feeling stigmatized.*



- Office staff can serve as surrogate readers can help patients with reading difficulties understand key information.
- Family members can help low literacy readers at home by reading and reviewing medical information.
- Office staff can encourage the patient to bring an advocate (including family members) to the appointment.
- Prior to an appointment, office staff can tell a patient what information will be needed — medicines they are already taking, what kind of insurance they have, as well as the reason they are seeing the doctor.

*Providers can create a “shame-free” environment where low literate patients can seek help without feeling stigmatized.*



- Strategies to increase medication compliance:
  - Tailor medication schedules to fit a patient’s daily routine,
  - color code medicines
  - use daily events as reminders to take medication (i.e. before the kids are picked up at school, during the evening news, etc.)
- To verify that patients understand, or to uncover health beliefs and tailor teaching, providers might ask patients to “teach back” by repeating or restating the instructions as the patient might tell a friend (i.e., “Can you tell me in your own words what we have discussed?”).
  - A study conducted at San Francisco General Hospital found improved glycemic control when physicians used the “teach back” method with patients with diabetes.



# Low Health Literacy and Verbal Communication.



- Patients with poor health literacy tend to be more responsive to information designed to promote patient action, motivation, and self-empowerment than detailed facts.
- If a patient is having difficulty understanding written or spoken directions, a good approach is to say, “A lot of people have trouble reading and remembering these materials. How can I help you?”
- Use commonly understood words. For instance, use “keeps bones strong” instead of “prevents osteoporosis.”

# Low Health Literacy and Verbal Communication.



- Slow down and take time to listen to a patient's concerns. Create an atmosphere of respect and comfort. Build trust with the patient.
- Limit information given to patients at each visit. Remember that less than half of the information provided to patients during each visit is retained.
- Visuals help the patient understand the action recommended. Patients also can take them home as reminders. The behavior should be clear and language easy to understand.
- Short handouts can help a patient remember information.
- The internet is not yet a viable option. More Medicaid members are using it, but not enough so that we can exclusively depend on it to distribute patient education materials.

# Finalizing your Materials



**TOOLS AND TECHNIQUES  
TO ENSURE YOUR READERS  
WILL BE ABLE TO READ  
YOUR MATERIALS**

# Polish the Text



## **When you have a good draft**

- Is the material written primarily in the active voice and in a conversational style?
- Is the reading level of the document appropriate for the intended audience?
- Are the words and sentences generally short, simple, and direct without being choppy or sacrificing cohesion and meaning?
- When you use technical terms, are they clearly explained with helpful examples?

# Polish the Text



## When you have a good draft

- Look at it critically and get rid of redundancies (except those that serve to reinforce key messages). Delete unnecessary sentences or paragraphs.
- Streamline the text, taking out unnecessary words and phrases without making it sound choppy or stilted.
- Print it out and read it in hard copy—perhaps out loud—to yourself.
  - This will help you get a fresh perspective on it and be able to “hear” whether or not the tone is conversational and the messages clearly organized and easily understandable.

# Readability Testing



Readability formulas measure only one aspect of readability, but they are a place to start, providing scores that can be converted to general grade levels

- **Easy-to-read:** Fifth- to sixth-grade reading level. This level can reach the majority of those who need the information and is recommended for all health education materials.
- **Average reading:** Eighth grade. *USA Today* is written at the eighth-grade level.
- **Difficult-to-read:** For most of the population, this is anything above eighth-grade level, especially when it includes medical jargon and more information than needed.

# Readability Testing Tools



The formulas used most widely for medical documents and patient education materials are:

- The *Flesch-Kincaid Grade Level* and *Flesch Reading Ease Score* count the number of syllables per word and words per sentence and provides a score. Word for Windows can calculate these as part of its spelling and grammar function.
- The *SMOG (Simple Measure of Gobbledygook) Index* is based on average sentence length and number of words with three or more syllables in a total of 30 sentences.
- Other tools are available.
- These only provide a guide. You have to use common sense and your own knowledge of the language.

# Readability Testing Tools



In addition to using readability tools available on the internet or for purchase, you can involve members of the population served in developing and reviewing materials.

- Focus groups with the member population can provide a wide range of opinions and suggestions.
- Individual reviewers are another good option.
- If your materials serve a culturally diverse group of people, recruit people representative of the culture in your community to review the materials to ensure materials are culturally appropriate.



# Summary



- Complete Sentences
- Simple language – use a thesaurus.
- Use the Active voice vs. the Passive voice.
- Use a conversational tone. Use the second tense as though you are talking to the person.
- Is paragraph is well organized and streamlined?
- Is the vocabulary is simple and familiar ?
- Is the sentence structure is uncomplicated?
- Read it out loud a couple of times. Does it make sense? Do you talk to people that way?

# Final Note



- Have I spent enough time planning my document? Am I sure of my communication goal? Have I strategically chosen my messages? Have I put my audience first?
- Does all the information help my audience? Have I removed things my audience probably doesn't need to know? Is the tone encouraging and inviting? Does it avoid jargon and use plain language?

# Final Note



- Is my design clean and attractive? Does it make good use of "white space"? Does it draw my audience in? Does it tap into their interests and culture?
- Have I designed a field testing plan? Have I identified focus groups to provide feedback? Are those focus groups representative of my audience?



**QUESTIONS?**

**THANK YOU.**



**FOR MORE INFORMATION, CONTACT  
MEMBER SERVICES**

**855-959-7340**

**OR**

**[haline.grublak@valueoptions.com](mailto:haline.grublak@valueoptions.com)**



**Thank You!!**

## Sources of Plain Language Guides and Materials

- **Centers for Disease Control and Prevention/Office of Communication.** *Beyond the Brochure* and *Scientific and Technical Information Simply Put* can be downloaded. This site also has publications on special populations and specific illnesses. **www.cdc.gov**
- **Centers for Medicare and Medicaid Services.** *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*. Order by fax at 410-786-1905.
- **National Cancer Institute/Office of Communications.** *Clear and Simple: Developing Effective Health Materials for Low-Literate Readers* and *Making Health Communications Programs Work* can both be downloaded.  
**www.nci.nih.gov**
- **Plain English Network.** This site provides resources, including updates specifically on health, to improve federal government communications to the public. *Writing User-Friendly Documents* can be downloaded.  
**www.plainlanguage.gov**
- **U.S. Food and Drug Administration/Office of Consumer Affairs.** This site's brochures on breastfeeding and how to give medicines to children demonstrate the variation in the quality of materials that the Food and Drug Administration classifies as "low-lit." **www.fda.gov**

# Other Resources

- ***Health Literacy Introductory Kit***. American Medical Association. Chicago. AMA Foundation, 2001. This kit includes the video “*You Can’t Tell by Looking*,” CHCS’ Health Literacy Fact Sheets, “Health Literacy: Report of the AMA Council on Scientific Affairs,” and materials for community presentations. The site provides information on how to obtain continuing medical education credits for using the kit. [www.amafoundation.org/go/healthliteracy](http://www.amafoundation.org/go/healthliteracy)
- ***National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)***. This website provides information about CLAS and a guide to assist in implementing the standards. [www.omhrc.gov/clas](http://www.omhrc.gov/clas)
- ***Diversity Rx***. This website provides information about meeting the health care needs of multicultural populations. [www.diversityrx.org](http://www.diversityrx.org)
- ***FirstGov***. This website offers links to government agencies and departments, by keyword or agency name, e.g., Agency for Healthcare Research and Quality, Health Resources and Services Administration, National Institutes of Health, and Office of Minority Health. [www.firstgov.gov](http://www.firstgov.gov)