



**CAMBIO DE COLORES
IN SOUTHWEST MISSOURI**
Workshop for Healthier Communities

Best Communication Practices

Crowder College in Neosho, Missouri
September 29th, 2006
Hilda Ochoa Bogue, RN, MS, CHES

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Goals and Objectives

Workshop Goal
Increase awareness of the complexity of communication and explore strategies for communication with Hispanics

Workshop Objectives:
At the end of the presentation, program participants will Be able to:

- Identify the complexity of communicating
- Discuss the value of health literacy
- List three communication strategies

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Outline

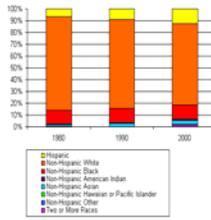
- The Communication Challenge**
 - US Population by Ethnicity & Language
 - Impact of Communication Barriers
- The Complexity of Communication**
 - Hispanic Population and its Diversity
 - Hispanic Population in Missouri
 - When speaking the language is not enough
- Low Literacy**
- Mandates for increasing access for People with Limited English Proficiency**
- Language Assistance Programs**
 - Elements
 - Definitions
 - Practice Standards in Medical Interpretation
 - Steps for establishing LAP
 - Models of LAP
 - Modes of Interpretation
- Tools for Improving Interpersonal Communication**
- Organizational Tools to Improve Communication**
- Promising Practices for LAP**
- Points to Remember**
- Additional Resources**

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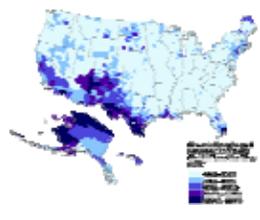


Ethnic & Language Diversity

Race and Ethnicity Selections, 1980-2000



US Population with Difficulty Speaking English



<http://www.census.gov>

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Impact of Communication Barriers

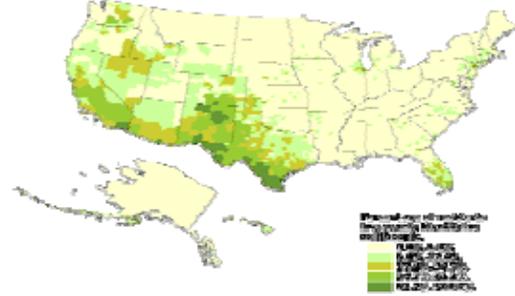
- Decreases access to services
- Compromises customer/provider comprehension
- Reduces quality of the service
- Increases service cost
- Lowers customer/provider satisfaction

In The Right Words: Addressing Language & Culture in providing Health Care. 2003 Grantmakers in Health Brief # 18 August 2003

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US HISPANIC POPULATION 35 Million

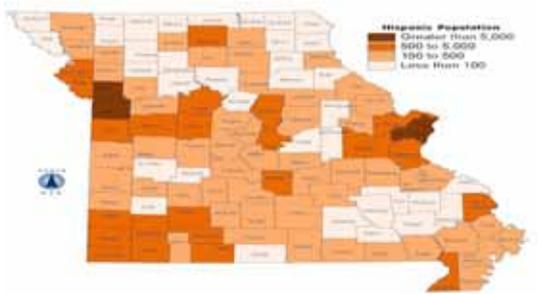


<http://www.censuscope.org>

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Total Hispanic Population 118,592



<http://www.missourieconomy.org>

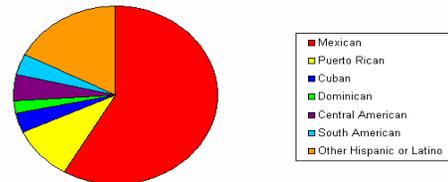
State Population 5.6 million

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Diversity among 35 Million Hispanics in the USA

Hispanic Ancestries, 2000



<http://www.censuscope.org>

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Is Speaking The Language Enough?



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To achieve communication

- A service provider not only needs to know how to speak or sign, but needs to read and to understand the language
- Needs to have an understanding of the cultural background of his/her clients
- Needs to know the literacy level of the client
- Needs to be aware of and/or eliminate physical barriers

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Types of Communication

- Verbal
- Body gestures: Eyes, hands, head, etc



- Symbols: Arrows, traffic light and signals



- Writing

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As service providers, a large portion of our communication with clients is in writing; therefore, we need to be aware of the literacy level of our client

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What is Literacy?

- It is the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their lives, their needs, their health, etc.
- It is not simply the ability to read.
- It requires a complex group of reading, listening, analytical and decision-making skills and the ability to apply these skills to health situations

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The Magnitude of Low Literacy

Approximately 40 to 44 Million Adults in the US Are Functionally Illiterate¹ *Cannot Perform Basic Reading Tasks Required to Function in Society*

Approximately 50 Million Are Marginally Illiterate¹ *Have Trouble Reading Maps and Completing Standard Forms*

*Average Reading Skills of Adults in the US Are Between the 8th and 9th Grade Levels*²

Sources:
¹ Kirach et al., "A First Look at the Results of the National Adult Literacy Survey" Nat'l Center for Education Statistics, 1993
² Shadman L, Kaeble C. Literacy and Reading Performance in the US From 1880 to Present. In: Kaeble C, Editor. Literacy in the US: Readers and Reading Since 1880. New Haven (CT): Yale University Press; 1991. P. 75-128

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Who Is at Risk for Low Literacy?

- Anyone in the US – regardless of age, race, education, income or social class – can be at risk for low literacy
 - Elderly
 - Low Income
 - Unemployed
 - Did not finish high school
 - Minority Ethnic Groups
 - Recent Immigrant to US who does not speak English
 - Born in US but English is second language

Source: Weiss, B.D. 2003. Health Literacy: A manual for Clinicians. Pat of Health Literacy: Help your Patients Understand

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Behavior that May Indicate Limited Literacy

- Client registration forms that are incomplete or inaccurately completed
- Frequently missed appointments
- Clients do not adhere to the plan
- Lack of follow-through with referrals, tests, or consultants
- Clients say they are doing what they are supposed to do but tests or parameters do not change in the expected fashion

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Responses that May Indicate Limited Literacy

Responses to receiving written information

- "I forgot my glasses. I'll read this when I get home."
- "I forgot my glasses. Can you read this to me?"
- "Let me bring this home so I can discuss it with my children."

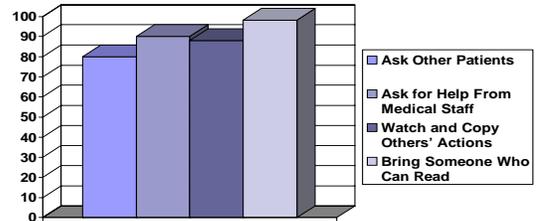
Responses to questions about medication regimens

- Unable to name medications
- Unable to explain medication's purpose
- Unable to explain timing of medication administration

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Coping Mechanisms for Patients with Low Literacy



Source: Parikh et al., 1996

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US Laws, Executive Order and Guidance Related to Limited English Proficiency

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Title VI of the Civil Rights Act of 1964

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance

Executive Order # 13166

August 2000, President Clinton reiterated the Title VI by issuing Executive Order (EO) 13166, Improving Access to Services for Persons with Limited English Proficiency

- Applicable to all federal agencies
- Federal agencies must develop & implement guidance for their grantees
- Federal agencies are required to meet the same standards of their grantees

HHS Office of Civil Rights Guidance

Imposes same requirements as EO 13166 and reaffirms expectation that federally funded health care entities are required to offer meaningful access to linguistic services, including interpreters.

- Provides a road map for compliance
- Identified best practices
- Compliance and enforcement process

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Strategies to Comply with The Law

Language Assistance Programs (LAP)

- Elements
- Definitions
- National Standards for Linguistic Appropriate Services
- Essential Steps for establishing LAP
- Types of Interpretation Services

Available Resources

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Elements for Effective Language Assistance Programs



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What is Interpretation & Translation?

Interpretation: is the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account. Its purpose is to enable communication between two or more individual who do not speak each other's languages.

Translation: is the conversion of a written text into a corresponding written text in a different language.

Linguistically Appropriate Access and Services www.ncthc.org

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National Standards for Linguistic Appropriate Services in Health Care

- Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- Health care organizations must provide to patients/consumers in their preferred language both verbal and written notices informing them of their right to receive language assistance services.
- Health care organizations must assure the competency of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on the request of the patient/customer).
- Health care organization must make available easily understood patient-related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area

In the Right Words: Addressing Language and Culture in Providing Health Care

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Essential Steps for Establishing LAP

Assess customers/community needs

Develop written policies

Hire and train Interpreters

Monitor performance

■ Assess interpreter proficiency using the six components recommended by the National Council on Interpreting in Health Care:

- Basic language skills
- Ethical case study
- Cultural issues
- Terminology, i.e.: medical, judicial, law enforcement, etc.
- Integrated interpretation skills
- Translation of sample instructions

Plan to avoid:

- Asking clients to bring his/her own interpreter
- Asking another client to interpret
- Using children as interpreters
- Asking family members or friends to translate. If consumer requests it, waiver is needed

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Models for the Provision of Language Access

- Bilingual Provider Models
- Non-English speaker providing services: i.e. Spanish
- Bi-lingual Patient Mode (bilingual customers)
- Interpreter Models
 - Ad-hoc Models (language banks)
 - Bilingual clinical staff model: i.e. nurses interpreting for physician
 - Bilingual non-clinical staff model (staff member interpreter outside of their areas of expertise)
 - Staff with dual responsibility: i.e. janitorial responsibilities + interpreting
 - Community Service Agency staff model (bilingual staff from the agency accompany customers to appointments and translate for them)
 - Family of friends model (last resource)
- Dedicated Interpreter Models
 - Staff interpreter model (employment of professional interpreters)
 - Contract interpreting model ("on-call" "freelance" or "per diem" interpreters)
 - Agency model (wide range of languages when needed)
- Volunteer Model Community Volunteers as interpreters
 - Telephone interpretation lines

HHS/OMH A patient-Centered Guide to Implement LAS in Health Care Organizations

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Modes of Interpretation

- **Simultaneous:** Interpreter renders a second language version at the same time as listening to the original: court proceedings, United Nations, etc.
- **Consecutive:** The interpreter waits for the question or statement to be finished before interpreting into a second language: Q&A scenarios such as interviews, interrogatory, or testimonial
- **Summary Interpretation:** the interpreter listens more than s/he talks, later deciding what and how to summarize. Not allowed in medical, legal or quasi-legal settings

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Face-to-Face Interpretation

- The most common
- Interpreter is present in the room
- Service provider, customer & interpreter have the benefit of observing non-verbal communication
- Interpreter can provide consecutive interpretation
- Room for culture-brokering, limited advocacy, increasing customer trust, etc.

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Remote Interpretation

Phone

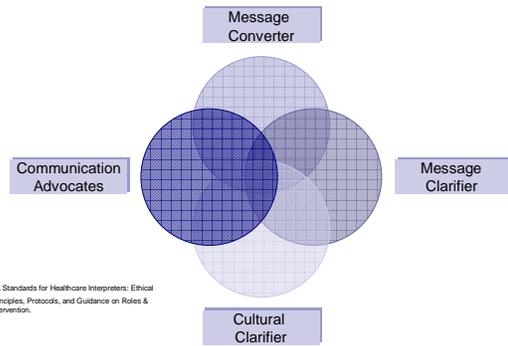
Requires the use of phones or dual headsets

- Avoids waiting time of customers and providers
- Solves the problems of multiple languages
- Decreases the need to have translators in staff
- There is no opportunity to read body language
- Least impersonal

Video

- Interpreter see and hear the parties from whom he/she is interpreting

Role of the Interpreters



Basics Requirements for Quality Interpreting

- Fully understanding the customer's language
- Ensuring confidentiality
- Pointing out customer's lack of understanding
- Refraining from judgment
- Translating faithfully
- Declaring Conflict of Interest
- Acknowledging language limitation and asking for clarification
- Abstaining from advising the client
- Avoiding time alone with clients

Tools to improve Interpersonal Written and Verbal Communication

Writing Communication for Low Literacy Customers

Remember:

- 50% of adults read at below 8th grade reading levels
- 20% of adults read at below 5th grade reading levels
- 40% of seniors read at below 5th grade reading levels

Recommendations:

- Develop Written Materials at 6th Grade or Below
 - Uses visuals to explain concept
 - Uses action captions that clarify the point of the visual
 - Creates interaction with the reader

Source: Health Literacy & The Prescription Drug Experience: The Front Line Perspective From Patients, Physicians and Pharmacists, Roper ASW, May 2002

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Sample



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Verbal Communication

Remember:

- Up to 80% of patients forget what their doctor tells them as soon as they leave the doctor's office and nearly 50% of what they do remember is recalled incorrectly
- Patients experience shame around the issue.
- Only 14% of patients say they feel awkward admitting they don't understand; yet 79% feel others don't understand
- Providers interrupt patients 30 seconds after they start speaking; if not interrupted, patients will speak less than two minutes.

Recommendation:

- Create an Environment of Trust

Source: Health Literacy & The Prescription Drug Experience: The Front Line Perspective From Patients, Physicians and Pharmacists, Roper ASW, May 2002

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Six steps to improve interpersonal communication with your customers

1. **Slow down**
Communication can be improved by speaking slowly and by spending just a small amount of additional time with each client
2. **Explain things to clients as you would explain them to a family member**
3. **Show or draw pictures.** Visual images can improve the client's recall of ideas
4. **Limit the amount of information provided, and repeat it.** Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

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Six steps to improve interpersonal communication...cont.

5. **Use the teach-back or show-me technique.** Do not simply ask a patient, "Do you understand?" Confirm that patients understand by asking them "Do I explained my self?" and if they repeat back your instructions.
6. **Create a sham-free environment.** Be respectful, caring and sensitive. Make patients comfortable asking questions. Enlist the aid of others (patient's family, friends) to promote understanding.
If the patient does not understand correctly, assume that you have not provided adequate teaching. Re-teach the information using alternate approaches. If possible, provide a private area to review information.

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Sample of Clear Health Communication in Action

- | | |
|------------------|--|
| ■ Benign | Harmless |
| ■ Chronic | Happens again and again;
does not end |
| ■ Cardiac | Heart |
| ■ Edema | Swelling; build up of fluid |
| ■ Fatigue | Tired |
| ■ Screening | Test |
| ■ Intake | What you eat or drink |
| ■ Generic | Not a brand name |
| ■ Adverse events | Side effects |

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Behaviors that Improve Communication

- Use orienting statements: "First, I will ask you some questions and then I will listen to your heart."
- Ask customers if they have any concerns that have not been addressed.
- Ask customers to explain their understanding of their medical problems and/or treatments.
- Encourage customers to ask questions.
- Sit rather than stand.
- Listen rather than speak.

Source: Weiss, B.D. 2003. [Health Literacy: A manual for clinicians](#). Part of Health Literacy: Help Your Patients Understand. American Medical Association Foundation and American Medical Association.

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Tips on Listening Effectively

- Focus on the speaker and practice active listening.
- Avoid competing for response time because you are focused on having a turn to speak.
- Avoid formulating and listening to your own rebuttal while the speaker is talking.
- Do not focus on your own belief system about what is being said.
- Avoid making evaluations and judgments about the speaker or the message being communicated.
- Always ask for clarification when you do not understand what has been said to you.

University of California San Francisco Human Resources
<http://ucsfhr.ucsf.edu/assets/articles/info.html?no.1426>

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Organizational Tools To Improve Written and Verbal Communication

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Simplify Forms

When making an appointment, provide people with simple options and clear facts

Appointment Instructions
Also see: [\[Link\]](#) (if you are too sick to wait for an appointment)
Making a medical appointment for the first time. It is straightforward! You call 555-2222 and make an appointment at XYZ Health Services just like you would at any doctor's office.

- You can request a specific clinician if you have someone in mind, or you can explain your need or problem to the appointment counselor, and he or she will schedule you with an appropriate clinician at the earliest possible date.
- At your first appointment, you will receive a medical record card – often referred to as your "gold card" – which you will keep and use as your XYZ Health Services identification.
- If you are unsure about whether you should make an appointment, you may call the Advice Nurse at 688-7777. Also, in advance of your first appointment, be sure to read [\[Link\]](#).
- Please call 643-7177 to make an appointment in the Specialty Clinics, including Allergy & Travel. Specialty appointments require a referral.
- You may also stop by the Appointment Office to make a medical appointment. The Appointment Office is located on the first floor in Room 1111. You may also make an appointment in the Specialty Clinics by going to the Specialty Clinic reception desk, located behind the elevators on the first floor.
- If you need to cancel an appointment, please call our 24-hour cancellation line at 643-7533. Please note that you will be billed for a no-show appointment fee if you do not show up for your appointment and have not called to cancel it.

Your Name:

Your Appointment Date:
Time:
Place:

Our Telephone Number:

Instructions:
Do not eat or drink for 6 hours before the day and time on this card

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Improving Your Phone Recordings




Remember:

- Phone answered by a tape recording.
- Speaking quickly
- The caller is offered numerous options and alternatives.

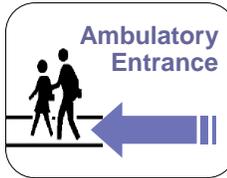
Recommendations:

- Speak slowly and clearly
- Provide an easy way to connect with a live person
- Provide options in other languages

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Improving your Signs





- Some people become confused about whether this entry was intended for ambulances or for patients

- The use of visuals clarify the message
- Contrast in color makes it easy to read
- Try to be consistent when hanging signs

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Promising Practices for LAP

1. Encourage Passionate Champions Throughout the Organization
 - Make leadership support visible
 - Integrate communication initiatives
 - Start small
2. Collect Information to Demonstrate Needs
 - Assess the needs of both patients and staff
 - Use data to build support
 - Collect information on model programs

M. Wynia 7 J. Malasek, Promising Practices for Patient-Centered Communication with Vulnerable Populations: Sample from Eight Hospitals. The Commonwealth Fund, August 2006

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Promising Practices, cont.

3. Engage Communities
 - Work closely with a community advisory board
 - Collaborate with community organizations
4. Develop Workforce Diversity and Communication Skills
 - Recruit and retain diverse staff
 - Train staff
 - Watch for communication problems

M. Wynia 7 J. Malasek, Promising Practices for Patient-Centered Communication with Vulnerable Populations: Sample from Eight Hospitals. The Commonwealth Fund, August 2006

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Promising Practices, cont.

5. Involve Patients Every Step of the Way
 - Educate patients
 - Use patient's experiences
6. Be Aware of Cultural Diversity
 - Recognize the importance of culture
 - Create a welcoming environment
 - Use interpreters strengths

M. Wynia 7 J. Malasek, Promising Practices for Patient-Centered Communication with Vulnerable Populations: Sample from Eight Hospitals. The Commonwealth Fund, August 2006

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Promising Practices, cont.

7. Provide Effective language Assistance Services
 - Coordinate interpretation and translation services
 - Assess and train interpreters
 - Assess and train bilingual staff
8. Be Aware of Low Health Literacy and Use Clear Language
 - Carefully review document, educational materials and signs
 - Incorporate "teach back" into process
9. Evaluate Organization Performance Over Time
 - Report and track communication problems
 - Link communication performance to outcome indicators

M. Wynia 7 J. Malasek, Promising Practices for Patient-Centered Communication with Vulnerable Populations: Sample from Eight Hospitals. The Commonwealth Fund, August 2006

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Points to Remember

- Many Hispanics live in an environment that provides little day-to-day contact with English speakers
- Language and culture are always together
- For the majority of Hispanics, family comes first. Do not be surprised if they ask about your family
- Be aware of differences in name structure
- First, father last name & mother last name: i.e. Maria Lopez Lara de Roman

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Point to Remember...Cont

- When talking about appointments, remember that not everyone express date and time in the same manner: i.e. 29/09/06 vs. 09/29/06
- Avoid using military time, use 8:00 am or 8:00 pm
- Hispanics tend to have a present time orientation
- Hispanics may feel the need to provide you with a context and may have difficulty providing direct and short answers

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Point to Remember...Cont

- For some Hispanics it is difficult to disagree with you - it is a sign of disrespect
- Some Hispanics only speak English
- Some Hispanics from Rural Mexico and Centro-America only speak their native language: i.e. Mixteco. There is a high possibility that males are more bilingual than their spouses
- For some of those groups, eye contact is avoided as a sign of respect to you

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Resources

- A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics. The National Alliance for Hispanic Health
- Executive Order 13166. Limited English Proficiency Resources Document: Tips & Tools from the Field. UD Department of Justice, Civil Rights Division
- Executive Summary: A Patient-Centered Guide to Implement Language Access Services In Healthcare Organizations. Office of Minority Health. US DHHS
- Guidelines for Interpreting in BSAS Settings. Massachusetts Department of Public Health. Office of Multicultural Health. Nov, 2005
- Guide to Initial Assessment of Interpreters Qualification. www.ncihc.org
- Hablamos Juntos: <http://www.hablamosjuntos.org>
- In the Right Words: Addressing Language and Culture in Providing Health Care. <http://www.gjh.org>
- Models for The Provision of Health Care Interpreter Training. www.ncihc.org
- M. Wynia 7 J. Matiasek, Promising Practices for Patient-Centered Communication with Vulnerable Populations: Sample from Eight Hospitals. The Commonwealth Fund, August 2006. <http://www.cmwf.org>
- Relationship Between Trained Medical Interpreters in Healthcare Institutions and Medical Error Rate. Touro University International. Sept, 2005
- The 24 Language Project: <http://medstat.med.utah.edu/24language>

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Hilda Ochoa Bogue
Resources Development & Policy Analysis
Manager
National Center for Farmworker Health
1770 FM 967
Buda, TX 78610
Phone (512) 312-2700 Ext 5454
Cell (512) 983-2486
Fax (512) 312-2600
E-Mail: boque@ncfh.org
Webpage <http://www.ncfh.org>

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Additional Resources Health Literacy

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Literacy in Health Care



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What is Health Literacy?

The ability to **read**, **understand** and **act** on health information (such as prescription instructions, appointment slips, test results, educational brochures, consent forms, and insurance forms)

- 90 million people in the USA have difficulties in understanding and acting on health information
- Compounding the problem is the fact that most people hide their confusion from their providers because they are too ashamed and intimidated to ask for help.

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Health Literacy: Impacts a Patient's Ability to Fully Engage in the Healthcare System

The Largest Study Conducted on Health Literacy Found That...

- 33% Were unable to read basic health care materials
- 42% Could not comprehend directions for taking medication on an empty stomach
- 26% Were unable to understand information on an appointment slip
- 43% Did not understand the rights and responsibilities section of a Medicaid application
- 60% Did not understand a standard informed consent

Source: Williams MV, Parker RM, Baker DW, et al. Inadequate Functional Health Literacy Among Patients at Two Public Hospitals. JAMA 1996 Dec 6; 274(21):1 677-82

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Skills Needed for Functioning in a Literate Environment

- Visually literate: understand graphs or other visual information
- Technology literate: ability to operate a phone or a computer
- Information literate: ability to obtain and apply relevant information
- Numerically/ computationally literate: ability to calculate or reason numerically
- Oral language skills: articulate health concerns, and describe symptoms accurately; ask pertinent questions; understand medical advice or treatment directions

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Literacy Skills Needed to Function in Health Care Setting

- Access Info
- Recognize cues to action
- Access Care
- Navigate Institutions
- Complete Forms
- Provide Consent
- Communicate with professionals
- Provide info for assessment & diagnosis
- Understand directions
- Follow regimen
- Advocate

Source: Rudd, RE. Literacy and implications for navigating healthcare, 2002. Harvard School of Public Health: Health Literacy Website www.hsph.harvard.edu/healthliteracy

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Implications of Low Health Literacy

- Poor Health Outcomes
- Under-utilization of preventive services
- Over-utilization of health services
- Unnecessary health care expenditures
- Limited effectiveness of treatment
- Needless patient suffering
- Higher patient dissatisfaction
- Higher provider frustration

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<h3>Impacts Health Outcomes</h3> <p>Adults with low health literacy:</p> <ul style="list-style-type: none"> • Are often less likely to comply with prescribed treatment and self-care regimens¹ • Make more medication or treatment errors¹ • Fail to seek preventive care¹ • Are at a higher risk for hospitalization than people with adequate literacy skills² • Remain in hospital nearly 2 days longer³ • Lack the skills needed to negotiate the health care system¹ <p>Diabetics with low health literacy:</p> <ul style="list-style-type: none"> • Were found to be less likely to have effective glycemic control⁴ • Were more likely to report vision problems caused by their diabetes⁴ 	<h3>Impacts Resource Utilization</h3> <p>Among adults who stayed overnight in a hospital, those with low literacy</p> <ul style="list-style-type: none"> • Averaged 6% more hospital visits¹ • Stayed in the hospital nearly 2 days longer than adults with higher literacy skills¹ <p>In general, adults with low literacy level:</p> <ul style="list-style-type: none"> • Had fewer doctor visits, but used significantly more hospital resources² • Had annual health care costs 4 times higher than those with higher health literacy³
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1 Weiss, B.D. 20 Common Problems in Primary Care. McGraw-Hill, December 1999
2 Baker DW, Parker RM, Williams MY, Clark WS. Health Literacy and the Risk of Hospital Admission. *Journal of General Internal Medicine*, 1998, (13): 791-796.
3 Krohn GS, Joubert A, Jenkins L, Kossler A. Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey. Washington, DC: Department of Education 1993.
4 Schifter D, Grambach K, Pletsch J, Wang F, Osmond D, Daher C, Patacios J, Sullivan GD, Bindman AB. Association of Health Literacy With Diabetes Outcomes. *JGIM*, July 24/31 2002 (28): No. 4.

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Checklist for Easy-to-Read Written Materials

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Checklist for Easy-to-Read Written Materials

General Content

- Limit content to one or two key objectives. Don't provide too much information or try to cover everything at once.
- Limit content to what patients really need to know. Avoid information overload.
- Use only words that are well known to individuals without medical training.
- Make certain content is appropriate for age and culture of the target audience.
- **Text construction**
- Write at or below the 6th grade level.
- Use one- or two-syllable words.
- Use short paragraphs. Eight to ten word sentences. Short but not 'choppy.'
- Use active voice.
- Avoid all but the most simple tables and graphs. Clear explanations (legends) should be placed adjacent to each table or graph and also in the text.

Source: Weiss, B.D. 2003. *Health Literacy: A manual for clinicians*. Part of *Health Literacy: Help Your Patients Understand*. American Medical Association Foundation and American Medical Association.

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Check List, contd.

Fonts and typestyle

- Use large font (minimum 12 point)
- Don't use more than two or three font styles on a page (consistency in appearance is important)
- Use uppercase and lowercase text. ALL UPPERCASE TEXT IS HARD TO READ.
- Avoid using italics, stylish fonts, reverse print.

Layout

- Ensure a good amount of empty space on the page. Don't clutter the page with text or pictures.
- Use headings and subheadings to separate blocks of text.
- Bulleted lists are preferable to blocks of text in paragraphs.
- Illustrations are useful if they depict common easy-to-recognize objects. Graphics should attract attention and re-emphasize text. Images of people, places, and things should be age appropriate and culturally appropriate to the target audience. Avoid complex anatomical diagrams.

Source: Weiss, B.D. 2003. *Health Literacy: A manual for clinicians*. Part of *Health Literacy: Help Your Patients Understand*. American Medical Association Foundation and American Medical Association.

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