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Health Literacy In Practice: Effective Communication and Education

Kathleen Weissberg
OTD, OTR/L, CDP, CADDCT, CMDCP, CFPS, CGCS, TIE

Biography

Kathleen Weissberg
OTD, OTR/L, CDP, CADDCT, CMDCP, CFPS, CGCS, TIE

In her 30+ years of practice, she has worked in rehabilitation and long-term care as an executive, researcher, and educator. She has established numerous programs in nursing facilities and authored peer-reviewed publications on topics such as low vision, dementia, quality care, and wellness. She has spoken at numerous conferences, both nationally and internationally. She provides continuing education support to over 30,000 therapists, nurses, and administrators nationwide as National Director of Education for Select Rehabilitation. She is a Certified Alzheimer's Disease and Dementia Care Trainer, Certified Dementia Care Practitioner, Certified Montessori Dementia Care Practitioner, Certified Fall Prevention Specialist, a Certified Geriatric Care Practitioner, and Trauma Informed Educator. She serves as the Region 1 Director for the American Occupational Therapy Association Political Action Committee and is an adjunct professor at Gannon University in Erie, PA.

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- **Presenter Disclosure**: Financial: Presenter has received an honorarium for presenting this course. Non-financial: Presenter has no relevant non-financial relationships to disclose.
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- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Objectives

1. Define health literacy and recognize health literacy concepts including relevant statistics
2. Identify appropriate assessment tools to evaluate health literacy levels
3. Recognize factors that influence health literacy and describe techniques the practitioner can use to facilitate health literacy in practice

Definitions

- Literacy
  - Ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potential
- Health literacy
  - Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

Health Literacy

Individual and systemic factors

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context

Affects people's ability to:

- Navigate the healthcare system, filling out complex forms and locating providers or services
- Share personal information, such as health history
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

Health Literacy Skills

- Numeracy skills
  - E.g., measuring medications, choosing between health plans, calculating premiums & copays
- Health topics
  - E.g., the body, causes of disease, diet and exercise

Global crisis affecting many

Plain language + **Clear communication** = A solution

Without clear communication, we cannot expect people to adopt the healthy behaviors and recommendations that we champion

Plain Language

- Plain language is communication that users can understand the first time they read or hear it
- Elements include:
  - Organizing information so that the most important points come first
  - Breaking complex information into understandable chunks
  - Using simple language and defining technical terms
  - Using the active voice

Key Statistics and Findings

- Only 12% of U.S. adults have proficient health literacy
- 36% of adults have basic or below-basic health literacy
- Costs associated with limited health literacy estimated at $349 billion annually
- 42% of those rating their health as "poor" having below-basic skills
- Nearly 6o million adults in US cannot read, write, or do math above a third-grade level

Key Vulnerable Groups

- Older adults (65+)
- Low income, lower education levels, poverty
- Black, Latino, and American Indian/Alaska Native populations
- Immigrants and individuals with Limited English Proficiency
- Medicaid, Medicare, uninsured
- Chronic diseases, disabilities, or compromised health
- Rural populations

Incidence and Identification

- Nearly nine out of every 10 people in the U.S. have limited health literacy
- Education level is not a good predictor of health literacy
- AHRQ (Agency for Healthcare Research and Quality) recommends “universal precautions”
  - Assume that most individuals will struggle to understand health information

Signs of Low Literacy

Q1

- Poor compliance with treatments and appointments (Frequently missed appointments)
- Watching and mimicking others
- Not knowing the names/ purpose or dosing of regularly used medications
- Making excuses for not reading
- Bringing someone who can read to appointments
- Vocalization or sub-vocalization when reading
- Confusion or frustration when reading
- Incomplete registration forms
- Non-compliance with medication
- Identifies pills by looking at them, not reading label
- Unable to give coherent, sequential history
- Ask fewer questions
- Lack of follow-through on tests or referrals

Signs of Low Literacy

- Behaviors
  - Patient registration forms are incomplete or contain mistakes
  - The patient does not take medication as directed
  - The patient does not follow through with lab tests, imaging tests, or referrals
- 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/spouse."
- Responses to questions about medication
  - The patient is unable to name medications
  - The patient is unable to explain a medication's purpose
  - The patient is unable to explain the schedule/frequency for taking a medication

Key Impacts on Health Outcomes

- Worse Health Status
- Increased Healthcare Utilization
- Poor Treatment Adherence
- Reduced Preventive Care
- Advanced Illness
- Higher Mortality

Stigma and Shame

- Negative psychological effects
- Sense of shame about skill level
- Individuals may hide reading or vocabulary difficulties to maintain dignity

Role in Senior Living

- Ensure health-related information/education matches person's literacy abilities; cultural sensitivities; and verbal, cognitive, and social skills
- Provide information and education that promote self-management for optimum health and participation
- Facilitate health literacy by promoting systems of care or environments that adhere to health literacy principles and strategies

Integrating Health Literacy into Practice

Be informed about health literacy and recognize it

- Learn about health literacy and ways to integrate it into practice
- Do not assume that all clients understand what they are told even if they nod their head or that they can read
- Recognize the powerlessness, shame and sense of failure that some people may feel
- Identify your client's characteristics

Important to recognize individual and societal barriers to the promotion of health literacy

- Functional declines associated with aging
- Lack of reading and writing proficiency
- Low levels of formal education or lack of health knowledge and skills
- Different mother tongue or cultural beliefs
- Living with disabilities and social stigma
- Experiences in early childhood

Integrating Health Literacy into Practice

- Consider health literacy by making information accessible
  - Adapt the information to individual needs, circumstances and abilities to show how it is relevant
  - Communicate in a comprehensive way using more than one way of exchanging information
  - Combine oral instructions with written information
  - Use a structured educational approach
  - Use demonstration, experimentation and repetition when teaching

Integrating Health Literacy into Practice

- Design written information
  - Active voice
  - Clear simple language
  - Pictures or drawings to illustrate procedures
  - Interactive and with recaps
  - Most important information placed first
  - Personalized

Communicate effectively and simply

- Announce the subject
- Convey the message
- Ask clients to say in their own words what they remember of the information or methods taught

Integrating Health Literacy into Practice

Use the Ask Me 3

1. What is your main problem today?
2. What do I need to do for you concerning this problem?
3. Why is it important to you?

- Strengthen interactions
  - Encourage clients to ask questions
  - Take an understanding attitude
  - Shame-free environment
  - Increase the time spent on giving information
  - Observe and listen actively

Integrating Health Literacy into Practice

- Help clients make optimal use of health services
- Increase the quality of professional communication
- Use anecdotal information as appropriate
- Do not overburden clients with information or recommendations
- Strengthen interactions
  - Increase cultural competency
  - Follow up on interventions to see if recommendations have been followed and if clients have questions
  - Involve not only the client, but also families

Effective Communication with Diverse Populations

Image: Microsoft 365

Communication

- Compared to patients who are simply told what to do, patients who are encouraged to discuss their perceptions of illness and expectations for treatment:
  - Experience a greater sense of control and feel more involved in their care
  - Suffer less from anxiety
  - Are more likely to accept hospital routines and treatment schedules

(Muñoz & Luckmann, 2005)

Overview

- Interpretation of verbal communication
- Translation of written documents
- Using interpreter services and translated documents ensure better understanding by providing a common language.
- Language assistance services help you provide quality care to all of your patients by facilitating effective communication

With Language Assistance

- Patients are more likely to
  - Understand their health conditions and treatment plans
  - Follow health recommendations
  - Rate their care satisfactorily

Language Assistance Services

- Interpretation and translation
- Trained interpreters, who can communicate fluently with both the patient and health care provider
- Translated written materials such as intake forms and patient education
- Graphics and signage

Interpreter Services

- “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 “
- Provided for low English proficiency status
  - Limited ability to read, speak, write, or understand English

Providing Written Materials

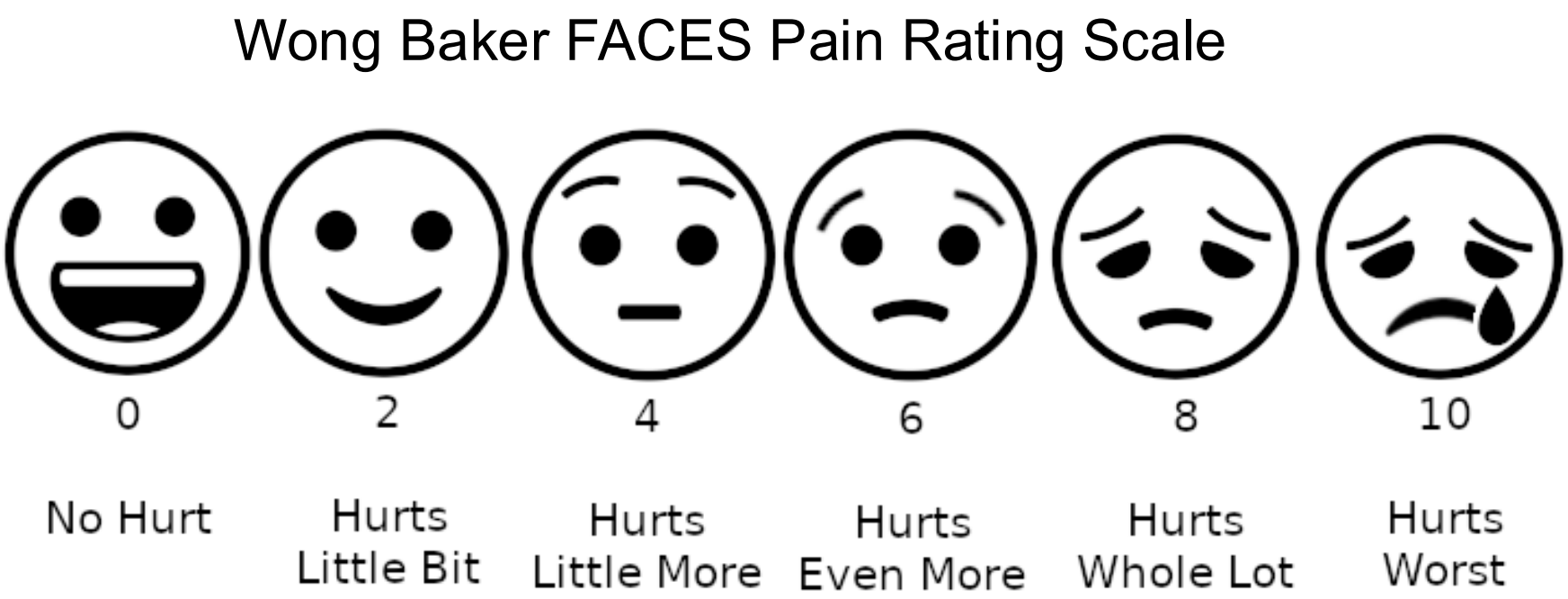
- Written materials are appropriate for patients with communication needs
- Translated written materials may include:
  - Signage
  - Applications
  - Consent forms
  - Medical/treatment/exercise instructions
- Clearly identify the audience for the materials, including literacy level, culture, and language

Use of Symbols

Universal Symbols in Health Care, expanded symbol set

https://cdn.segd.org/wp-content/uploads/2024/12/14_SEGD_Universal-Symbols-for-Healthcare.pdf

Graphic Cards



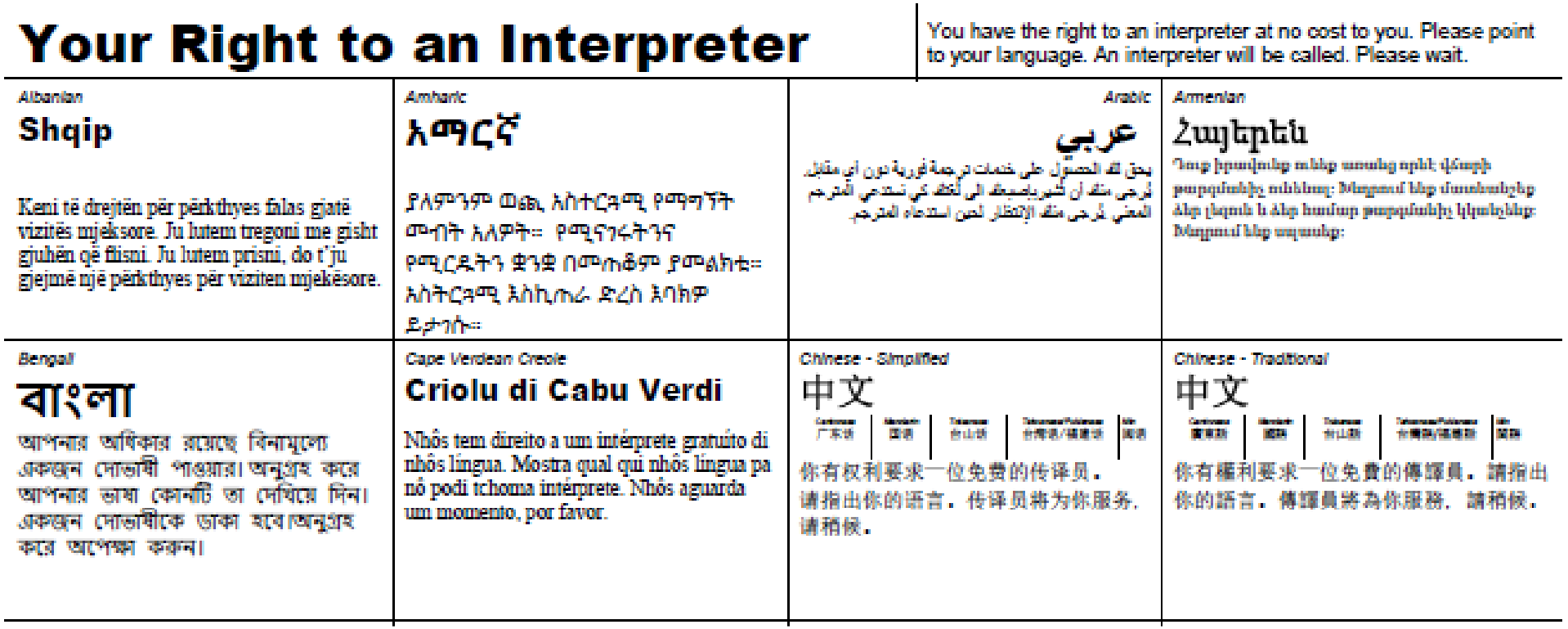
Obtaining Translated Materials

- Using trained, internal bilingual staff members as translators
- Hiring translation companies
- Collaborating with the community of the target audience
- Purchasing translated materials
- Locating web-based resources
- Researching other resources, such as state Medicaid programs, insurance companies, or pharmaceutical companies

Involve the Community

- Ensures materials:
  - Meet community needs
  - Reflect differences in dialect and culture
  - Are appropriate for the community’s cultures, education, and literacy levels

Signage for Right to Interpreter



Your Right to an Interpreter

You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

Albanian
Shqip

Keni të drejtën për përkthyes falas gjatë vizitës mjekësore. Ju lutem tregoni me gisht gjuhën që flisni. Ju lutem prisni, do t'ju gjejmë një përkthyes për viziten mjekësore.

Amharic
አማርኛ

ያለምንም ወጪዎ አስተርጓሚ የማግኘት መብት አለዎት። የሚናገሩትንና የሚረዱትን ቋንቋ በመጠቆም ያመልክቱ። አስተርጓሚ እስኪጠራ ድረስ እባክዎ ይታገሱ።

Arabic
عربي

يحق لك الحصول على خدمات ترجمة فورية دون اي مقابل. يُرجى منك أن تُشير بإصبعك الى لُغتك كي تستدعي المترجم المعني. يُرجى منك الإنتظار لحين استدعاء المترجم.

Armenian
Հայերեն

Դուք իրավունք ունեք առանց որևէ վճարի թարգմանիչ ունենալ: Մատնանշեք ձեր լեզուն և ձեր համար թարգմանիչ կկանչենք: Մնացում ևեք սպասեք:

Bengali
বাংলা

আপনার অধিকার রয়েছে বিনামূল্যে একজন দোভাষী পাওয়ার। অনুগ্রহ করে আপনার ভাষা কোনটি তা দেখিয়ে দিন। একজন দোভাষীকে ডাকা হবে।অনুগ্রহ করে অপেক্ষা করুন।

Cape Verdean Creole
Criolu di Cabu Verdi

Nhós tem direito a um intérprete gratuito di nhós língua. Mostra qual qui nhós língua pa nó podi tchoma intérprete. Nhós aguarda um momento, por favor.

Chinese - Simplified
中文

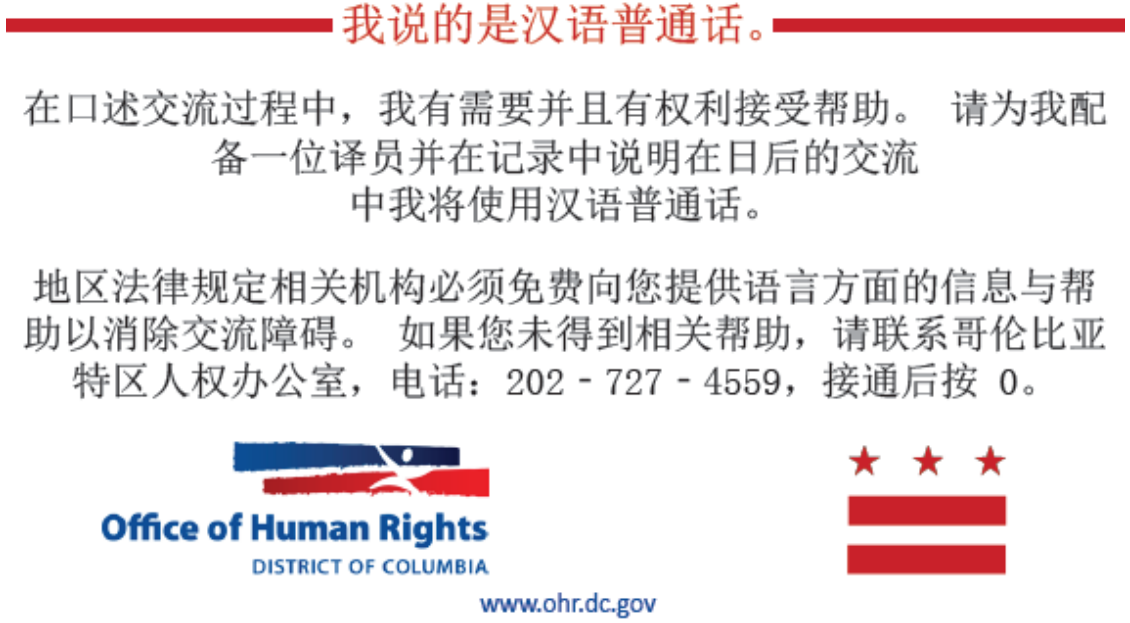
你有权利要求一位免费的传译员。请指出你的语言。传译员将为你服务，请稍候。

Chinese - Traditional
中文

你有權利要求一位免費的傳譯員。請指出你的語言。傳譯員將為你服務，請稍候。

Source: NC Department of Environmental Quality
https://www.deq.nc.gov/about/divisions/water-infrastructure/documents/your-right-to-an-interpreter-poster

“I Speak” Cards



Source: Office of Human Rights
https://ohr.dc.gov/ispeakcards

Interpreter Roles

- Conduit
  - Conveys verbatim in the target language what has been said by the other in the source language, without additions, omissions, editing, or polishing
- Culture Broker
  - Provides cultural framework for understanding message interpreted
- Clarifier
  - Explains terms that have no linguistic equivalent and checks for understanding

Triadic Interview

- Between you, the patient, and the interpreter
- Face the patient
- Speak directly to the patient
- The interpreter should remain unobtrusive
- Prior to the session, meet with interpreter to clarify the purpose of the visit, establish ground rules, acceptable roles

Keep in Mind

- Interpreter and patient speak the same language and dialect
- Give the interpreter a brief summary of the patient
- Establish, with the interpreter, goals for the session
- Insist on sentence-by-sentence interpretation
- Explain that the interpreter is not to answer for the patient
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding
- Document the name of the interpreter in the notes
- Ask the interpreter to teach you to correctly pronounce the patient's name

Keep in Mind

- Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang
- Clearly explain medical terminology
- Allow the interpreter to ask open-ended questions to clarify what the patient says
- Allow the patient time for questions and clarifications
- Be aware of your own attitudes and shortcomings
- Verify a patient’s understanding by having them repeat what they are to do and why

Readability Tools

Image: Microsoft 365

Did You Know?

- 75 out of 100 Americans can read at the 6th grade reading level without difficulty
- Readability score
  - 4th to 6th grade
    - Readable by most adults
  - 7th to 8th grade
    - Readable by half or more adults
  - High school and above
    - Readable by few adults

Clinician Role

- We need to provide education to our clients
- We must be mindful of clients' literacy skills, including reading ability and comprehension
- We can formally assess reading ability
- Can informally discuss with clients their previous level of schooling, educational achievement, and perceived reading ability

Fry Readability Formula

- Assigns an approximate grade level reading to a passage of text
- The formula depends on the vocabulary and sentence structure of the text, not the organization or content
- Grade reading level is found by plotting the average number of sentences and syllables on a graph
- The graph measures reading levels from 1st grade to college years

Quiz Hint

Q2

Flesch-Kincaid Grade Level Readability Formula

- Uses 7 different popular readability formulas to calculate the average grade level, reading age, and text difficulty of your sample text
- Considered one of the oldest, yet most reliable readability formulas

www.readabilityformulas.com

Let’s Practice

“The rate of medical complications following hip replacement surgery is extremely low. Serious infections, such as a hip joint infection, occur in less than 2 percent of patients. The most common cause of infection occurs when bacteria enter the bloodstream during dental procedures, urinary tract infections or skin infections. After your surgery, you should take antibiotics before having any dental work or surgical procedure performed. Blood clots in the leg veins or pelvis are the most common complication of hip replacement surgery. These clots can become life threatening if they move to the brain, lungs or heart. However, your orthopedic surgeon will have a blood clot prevention plan that includes medication and support stockings. If you do experience any symptoms of blood clots, you should call your surgeon immediately. Your doctor and nurse will discuss what symptoms to look for.”

Flesch-Kincaid Grade Level Readability Formula 11th grade

Let's Practice

"Most people who have hip surgery have less pain. They can get back to doing things they need to do -- like getting dressed, bathing, and walking. After surgery, you will not be allowed to do certain things like play certain sports or jog. Before surgery, you need to see your doctor who will tell you if surgery is safe for you. You will be in the hospital for surgery and it will only take a few hours. You will usually stay in the hospital for a few days. After surgery, you will feel pain in your hip. The nurses will give you something to help with the pain. Exercise is important and you need to start moving as soon as you can."

Flesch-Kincaid Grade Level Readability Formula
5^{th} grade

Microsoft Word

Includes a feature providing reading ease statistics:

- Comprehensive counts
  - Words
  - Paragraphs
  - Characters
  - Sentences

Averages
- Sentences per paragraph
- Words per sentence

Readability level
- Passivity
- Flesch-Kincaid level

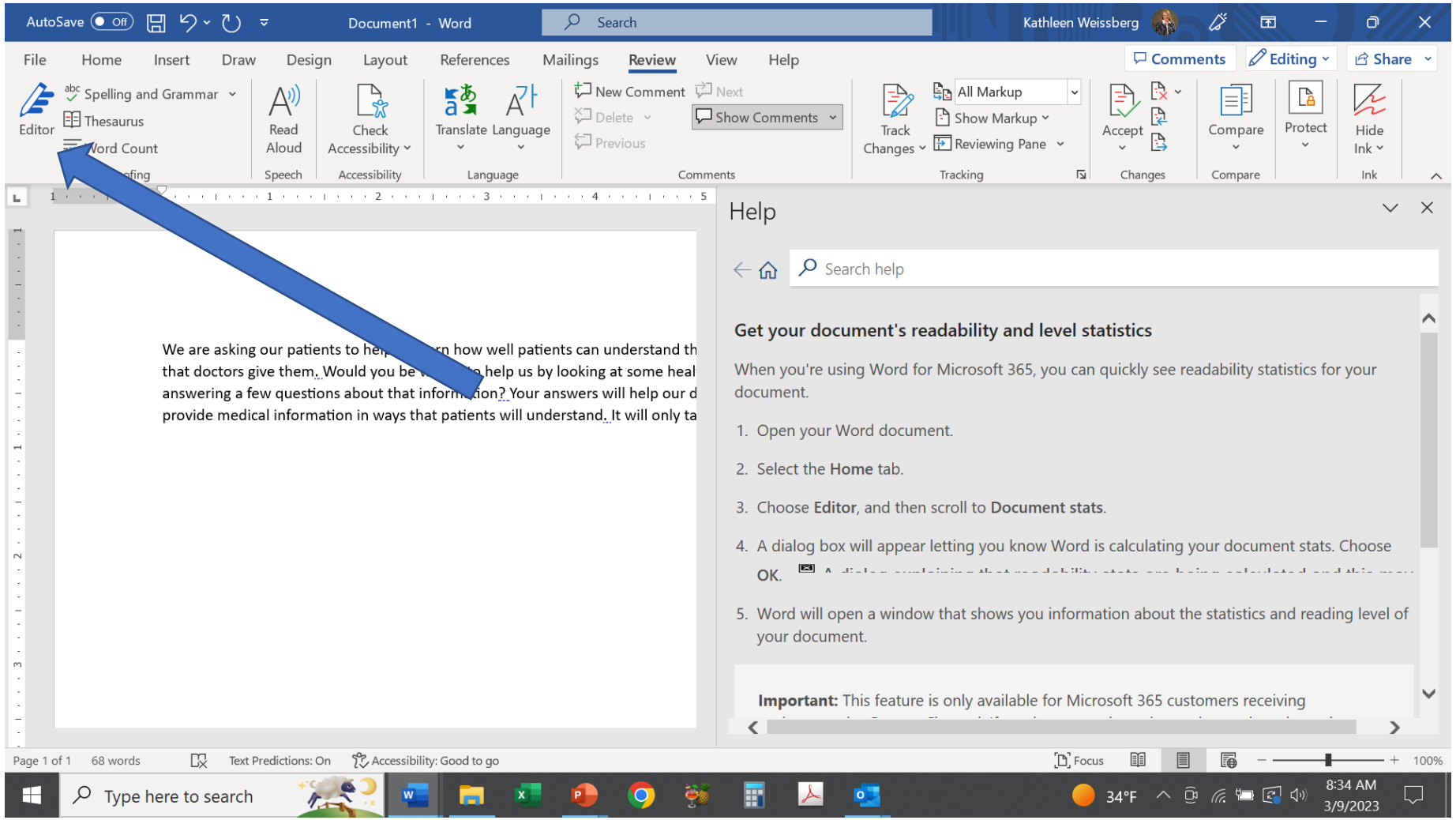


Image: Presenter

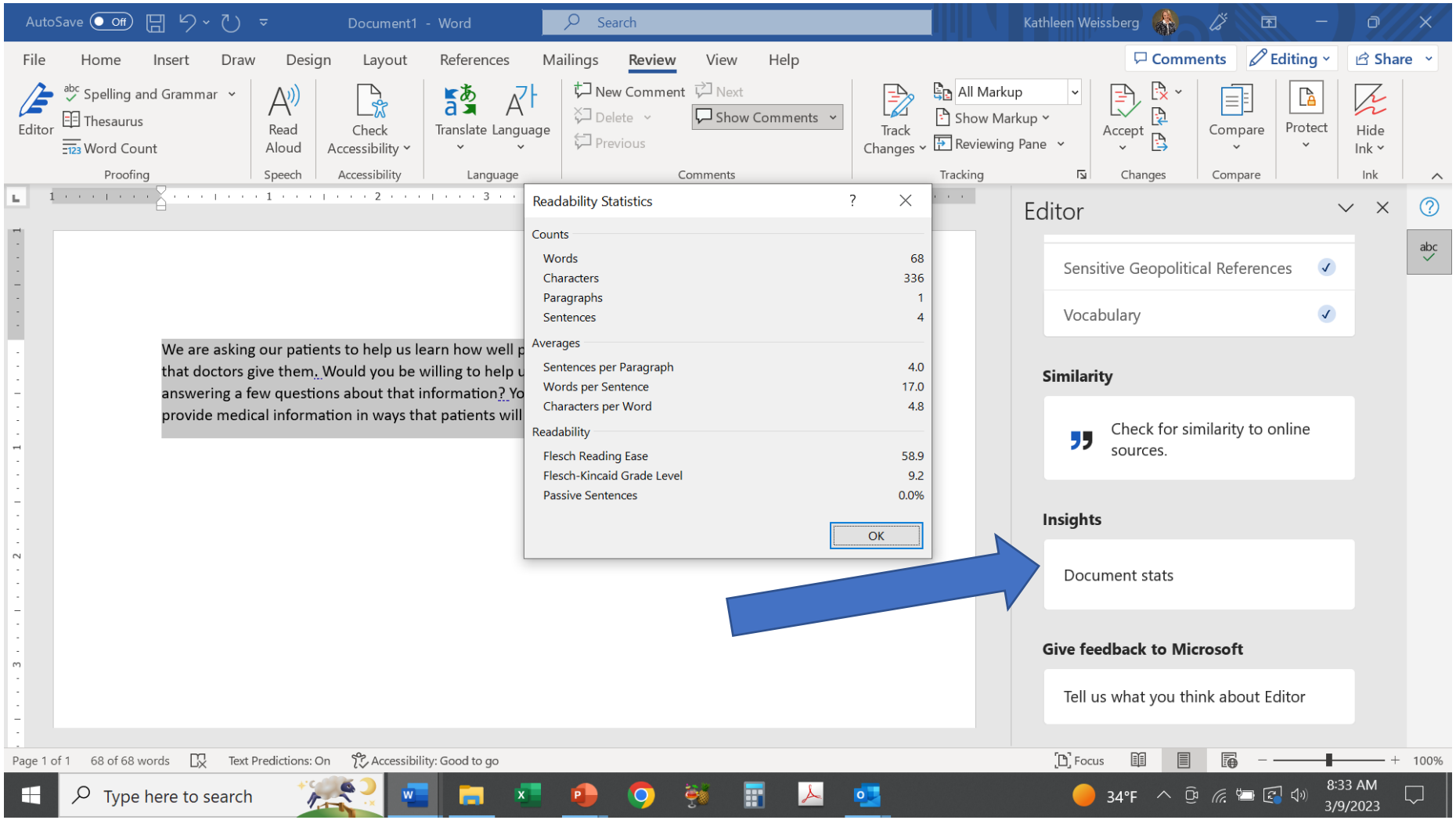


Image: Presenter

Health Literacy Assessment Tools

Image: Microsoft 365

Test of Functional Health Literacy in Adults (TOFHLA)

- Measures functional literacy using real life health care materials including patient education information, prescription bottle labels, registration forms, etc.
- Assesses numeracy and reading comprehension
- Total of 67 items
  - Numeracy includes 17 items
  - Reading comprehension includes 50 items.
- Two additional versions of the TOFHLA
  - TOFHLA-S: Spanish translation
  - S-TOFHLA: Short form

Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF)

- 7-item word recognition test
- Quick assessment of patient health literacy
- Validated and field tested
- Excellent agreement with the 66-item REALM instrument

Read 7 words:

Behavior _____
Exercise _____
Menopause _____
Rectal _____
Antibiotics _____
Anemia _____
Jaundice _____

Score	Grade Range
0	Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.
1-3	Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.
4-6	Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.
7	High school; will be able to read most patient education materials.

The Newest Vital Sign

- Quickly and simply assess a patient's health literacy skills
- Administered in 3 minutes
- English and Spanish
- Uses ice cream nutrition label for review and questions

The Newest Vital Sign

Administration

- Administer at the same time that other vital signs are being taken
- Ask the patient to participate

"We are asking our patients to help us learn how well patients can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes."

The Newest Vital Sign

Administration

- Hand the nutrition label to the patient
- Retain label throughout administration
- Refer to label as often as needed
- Asking the 6 questions, one by one, giving the patient as much time as needed to answer
- No maximum time allowed – average is 3 minutes
    - If struggling with the first or second question after 2 or 3 minutes, likely has limited literacy and assessment can stop

The Newest Vital Sign

Administration

- Ask the questions in sequence
- Continue even if the patient gets the first few questions wrong
- If #5 answered incorrectly, do not ask #6
- With 4 correct responses, stop -- patient has adequate literacy
- Do not prompt
- Do not show the score sheet to patients
- Do not tell patients if they have answered correctly or incorrectly

The Newest Vital Sign

Score by giving 1 point for each correct answer

Score	Indication
0-1	High likelihood (50% or more) of limited literacy
2-3	Possibility of limited literacy
4-6	Adequate literacy

Why an Ice Cream Label?

- Analyzing a nutrition label requires the same skills to understand medical instructions
  - Understanding and application of words (**prose**)
  - Numbers (**numeracy**)
  - Forms (**documents**)
- Whether it's a food label or medical instructions, one needs to:
  - Remember numbers/make calculations
  - Identify potentially harmful ingredients
  - Make decisions about actions based on information

Prose Literacy Example

- Clinical example
  - The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests
- Ice cream label example
  - The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts

Numeracy Example

- Clinical example
  - A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day
- Ice cream label example
  - The patient needs this same skill to calculate how many calories are in a serving of ice cream

Document Literacy Example

- Clinical example
  - The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office.
- Ice cream label example
  - The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn’t eat it

Nutrition Facts	
Serving Size	1/2 cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Questions

1. If you eat the entire container, how many calories will you eat?

Answer: 1,000 is the only correct answer

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container.
Note: If patient answers, “two servings,” ask “How much ice cream would that be if you were to measure it into a bowl?”

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

Answer: 33 is the only correct answer

Questions

4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Answer: 10% is the only correct answer

READ TO SUBJECT: Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

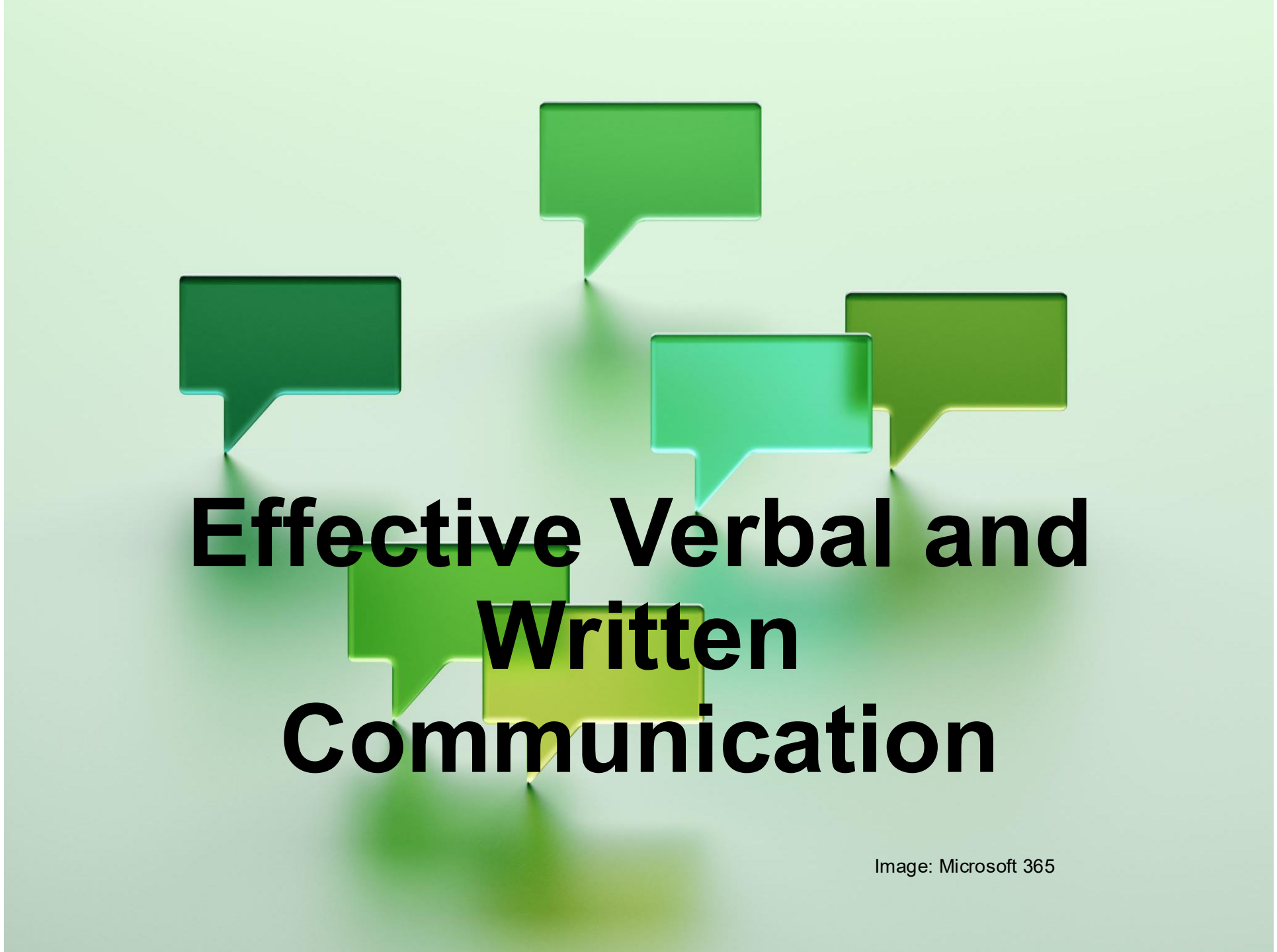
5. Is it safe for you to eat this ice cream?

Answer: No

6. (Ask only if the patient responds “no” to question 5): Why not?

Answer: Because it has peanut oil.

Assessment	Admin Time	Measures
Test of Functional Health Literacy in Adults (TOFHLA) (Parker et al., 1995)	22-25 minutes	Numeracy and reading comprehension using prescription bottles, appointment slips, Medicaid applications, etc.
Short Form of the TOFHLA (S-TOFHLA) (Parker et al., 1995)	7 minutes	Same as TOFHLA
Rapid Estimate of Adult Literacy in Medicine (REALM) (Andrus & Roth, 2002)	1-2 minutes	Medical word recognition system; doesn't assess reading comprehension
Newest Vital Sign (NVS) (Pfizer, 2016)	3 minutes	Numeracy and reading comprehension using an ice cream nutrition label



Effective Verbal and Written Communication

Image: Microsoft 365

Ask Me 3

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

- Intended to help patients become more active members of their health care team
- Improve communication
- Develop patient-centered goals

Teach Back

- The client repeats the information in his or her own words to show understanding
- Useful to assess YOUR OWN communication skills with the patient
- For example:
  - Tell me what you have understood
  - Can you show me how you are going to do your exercises?

Content and Organization

- Ensure the purpose is immediately outlined and clear to the reader
- Ensure content is balanced, accurate, and up-to-date
- Include a publication or revision date on all materials
- Provide how-to information of relevance to the reader’s situation
- Use subheadings, question and answer format, bullet points, and summaries

Layout and Illustrations

- Use ample white space
- Use serif typefaces, minimum 12-point font size, good contrast between text and background
- Avoid capitalizing all letters in words, italicizing, and the use of Roman numerals

- Use instructive, culturally appropriate illustrations but only if they augment the message
- Position illustrations next to the text they refer to
- Clearly label all illustrations

Writing Tips for All Readers

- Use plain English
- Make every word count
- Be clear and brief
- Use positive words
- Short lists or bullet points, not long sentences
- Concrete, familiar words
- Charts and pictures
- One or two syllable word when possible

Follow grammar rules:

Subject and verb together if possible
Vivid, active verbs
Active voice
Short, simple sentences
Personal pronouns
Few – ing words
Few prepositional phrases

- Aim for 5th to 6th grade reading level
- Use clear, simple, common language, and short sentences and words
- Avoid jargon and define specialist terminology
- Write in active voice and second person

Text Appearance Matters

- Text greatly affects readability
- Use font sizes between 12 and 14 points
- For headings, use a font size at least 2 points larger than the main text size
- Use fonts with serifs
  - Serifs are the little “feet” on letters
- Do not use FANCY or script lettering
- Use both upper and lower case letters
- Use grammatically correct punctuation
- Use bold type to emphasize words or phrases
- Limit the use of italics or underlining
- Use dark letters on a light background

PEMAT

- The Patient Education Materials Assessment Tool (PEMAT) is a systematic method to evaluate and compare the understandability and actionability of patient education materials. The following are our definitions of understandability and actionability:

- Understandability: Patient education materials are understandable when consumers of diverse backgrounds and varying levels of health literacy can process and explain key messages.

- Actionability: Patient education materials are actionable when consumers of diverse backgrounds and varying levels of health literacy can identify what they can do based on the information presented.

- Using an inventory of both desirable and undesirable characteristics of patient education materials, the PEMAT produces separate numeric scores for understandability and actionability.

PEMAT

- The material makes its purpose completely evident.
- The material does not include information or content that distracts from its purpose.
- The material uses common, everyday language. Medical terms are used only to familiarize the audience with the terms. When used, medical terms are defined.
- The material uses the active voice.

PEMAT

- The material breaks or “chunks” information into short sections.
- The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.
- The material’s visual aids support the main message or represent the intended audience. (score only if material includes visual aids)
- Numbers appearing in the material are clear and easy to understand. (score only if material includes numbers)

PEMAT

- Does the material use language and examples (of activities, foods, etc.) that would be familiar to the audience?
- Are images representative of the audience's race, ethnicity, age, gender, and ability?
- Does the material avoid perpetuating stereotypes?

Annotated example

This material gets a "yes" on all items in the assessment tool. The callouts explain why the material gets a "yes" on the items.

The clear main message at the beginning makes it easy to understand the material's purpose **(#1)**

Includes need-to-know information only — there's no content that distracts from the purpose **(#2)**

Get Rid of Unused Opioids Safely

Help keep your family and pets safe by getting rid of unused or expired (out of date) opioid medicines as soon as possible. Opioid medicines are prescription drugs used to treat pain.

Why is it so important to get rid of unused opioids safely?

Opioids are powerful medicines, and they can be very dangerous when people use them incorrectly. If a person misuses or accidentally takes an opioid meant for someone else, a single pill could cause death. In fact, opioids were involved in about 47,000 overdose deaths in 2018 — that's nearly 7 out of every 10 drug overdose deaths.

So it's very important to take them exactly as prescribed and get rid of them right away when you no longer need them.

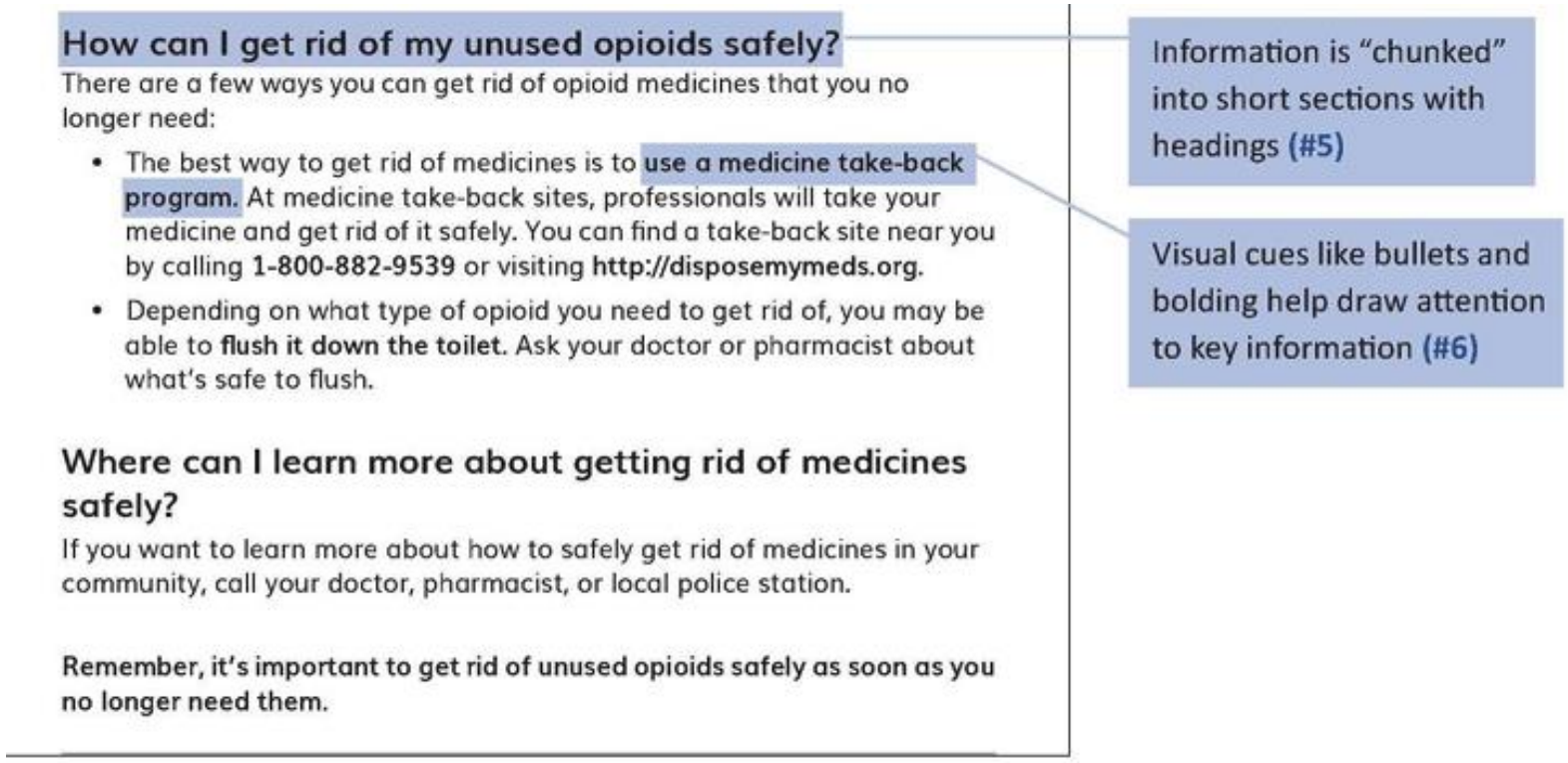
Uses common, everyday language, and key terms like "opioid medicines" are clearly defined in easy-to-understand language **(#3)**

The visual makes the material more engaging by supporting the main message **(#7)**

Uses active voice **(#4)**

Uses whole numbers and numerals — and numbers support a key message **(#8)**

Source: National Library of Medicine https://medlineplus.gov/pdf/health-education-materials-assessment-tool.pdf



Source: National Library of Medicine https://medlineplus.gov/pdf/health-education-materials-assessment-tool.pdf

Conclusion – Why Does It Matter

- Improved Outcomes
- Reduced Costs
- Enhanced Patient Engagement
- Address Disparities

Exam Review

Exam Information

Question 1: Which of these is NOT a sign of low literacy?
- A: Not knowing the names of regularly used medications
- B: Making excuses for not reading (e.g., forgetting glasses)
- C: Good compliance and follow through with treatment recommendations and appointments
- D: Bringing someone who can read to appointments

Question 2: Common readability tools include all but which of the following?
- A: The Measure Test Readability Standard
- B: Fry Readability Formula
- C: The Flesch-Kincaid Grade Level Readability Formulas
- D: Microsoft Word

Question 3: Which of these types of literacy are measures using the Newest Vital Sign?
- A: Document
- B: Numeracy
- C: Prose
- D: All of the above

Question 4: Which of the following is NOT an Ask Me 3 question?
- A: What is my main problem?
- B: Why did I come to therapy today?
- C: What do I need to do?
- D: Why is it important for me to do this?

Question 5: Which of the following is/are true about text appearance?
- A: Use font sizes between 12 and 14 points
- B: For headings, use a font size at least 2 points larger than the main text size
- C: Use fonts with serifs when possible
- D: All of the above

Questions?

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