

Choosing or writing teaching materials for patients with low health literacy



Parkland
Patient Education

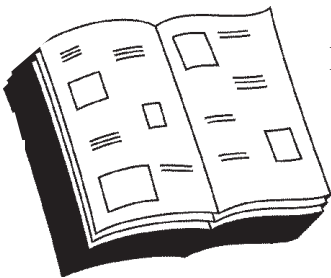
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Why do I need to know how to choose or write materials for patients with low health literacy?

Literacy is more than just the ability to read. It encompasses comprehension, problem-solving skills, synthesis and analysis of information, abstract thinking and reasoning, the capacity to recognize patterns and generalize from them, and the development of a broad general knowledge base. The 2003 National Assessments of Adult Literacy uses this definition of literacy - “using printed and written information to function in society, to achieve one’s goals, and to develop one’s knowledge and potential”. Literacy level cannot reliably be judged by patient age, level of education or economic status.

Approximately 1 out of every 5 Americans cannot read well enough to use a menu to order food, the 'want ads' to find a job, or a picture book to read their child a bedtime story. This 21% of the population is considered functionally illiterate. Another 33% or more are only marginally literate. A 1998 study of patient literacy at Parkland found 40% of patients do not have adequate functional health literacy skills. Healthcare professionals are caring for and teaching a significant population with low health literacy.

Yet, study after study has shown that most patient education materials (including Internet freebies) are written at a 9th grade level and above; a level that cannot be read or comprehended by many patients. Patients obviously cannot be helped by materials they cannot read or understand, and to provide them with such materials is not only counterproductive, it also fails to meet the patient education standard recommended by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).



Readable, useful and helpful materials for patient teaching should be written at a 4th or 5th grade level (Corel ‘WordPerfect’ and Microsoft ‘Word’ have reading level checkers). **It is easier** for most professionals to write at a higher grade level. Many find it a frustrating and harder-than-expected experience to write at a low grade level. Using the guidelines that follow will

help you choose or write effective patient teaching materials – particularly for patients with low health literacy. But first, here's the answer to a question that is frequently asked about such materials.

Won't materials designed for patients with low health literacy be too simplistic for patients with good literacy skills?

- When patients with good literacy skills read teaching materials that simply, clearly and understandably present pertinent information, they are relieved and satisfied. They don't notice nor care that complex words and sentences weren't used.
- If a patient needs or wants to know more about the topic, additional, more detailed materials are generally available.
- A higher level education (unless healthcare related) does not prepare a patient for medical concepts or terminology. These still need to be simply explained.
- We all regress under stress. This negatively affects our ability to read, and specially, to comprehend what we read. Patients are people under stress, and it can be a relief to have educational material that is easy to read and understand.

How should I plan before I write my teaching material?



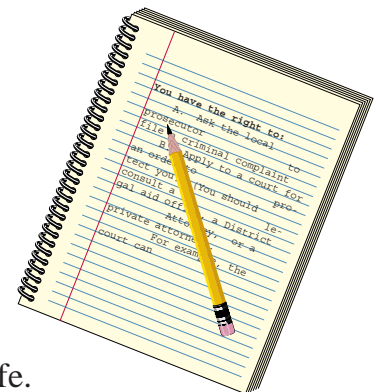
What is your goal in writing this material? What do you want the patient to be able to do? What do you want the patient to know? Is the material intended to meet a legal or mandatory requirement? What questions do your patients usually ask about this topic? Keeping your **objectives for the patient** firmly in mind will help you decide which aspects to include and emphasize, and how to organize your content.

What are the key elements in writing teaching materials for patients with low health literacy?

When choosing materials for these patients, look for those that best meet these criteria.

Content:

- Cover only the essential information. Don't try to teach everything you know. Include only information that pertains directly to meeting the patient objectives for the material. Historical and theoretical information generally should not be included. Keep anatomy and physiology broad and brief – emphasize the specifics that impact the patient's daily life.





- Aim for a basic "how-to" approach.
 - Organize your essential content in a logical flow.
 - Place the most important information either first or last. This information is remembered best.
 - Start with more general information and progress to the specific.
- Present just one or two key ideas per paragraph. The first sentence (first word, if possible) of each paragraph should introduce the key idea of that paragraph.
 - Include sensory information – what will the patient feel, see, hear, smell or taste?

Style:

- Aim for a friendly, conversational style.
- Use "you" or "your" instead of "the patient". This makes your information more personal and less intimidating to read. For example: "Put your colostomy bag over . . ." instead of "The patient should place the colostomy bag . . ."
- A question and answer format is friendly and intriguing. Think of the questions your patients frequently ask about the subject. Here are some examples:

What is (a gastectomy, a Pap smear, bronchitis)?
Why do I need this (medicine, surgery, test)?
What should I do to get ready for . . .?
What will happen before (and after) . . .?
Will I have pain? What will I feel?
What common side-effects may I have?
What special things do I need to know?
When should I call my doctor or the clinic?
When should I go to the ER?

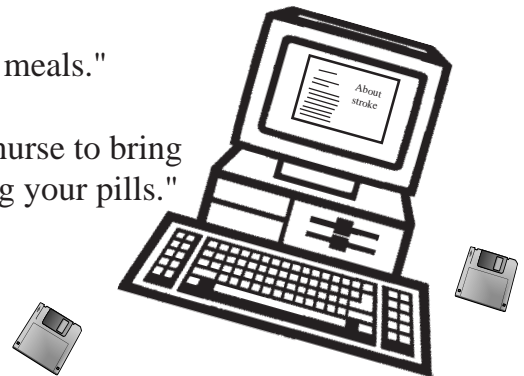


- Use colloquial words whenever possible in place of medical terms. If the patient will need to become familiar with some medical terminology be sure to define each word or phrase clearly and simply. You may also choose to use the medical term followed by the colloquial word in parentheses. For example: "urinate (pee)", "fainting (falling out)", "diarrhea (many loose bowel movements)" or "nausea (feeling sick to your stomach)".

- Use short, simple words (usually not over 2 syllables). Here are some examples:

Use:	instead of:	Use:	instead of:	Use:	instead of:
go back	return	lessen	decrease	check	examine
do not	avoid	swelling	edema	after	following
tell	notify	get well/better	recover	doctor	physician
many	frequent	most of the time	usually	put in	inserted
medicine	medication	keep . . . from	prevent	get worse	deteriorate

- Be consistent with words. Don't use "operation" and "surgery" interchangeably in the same material. Pick one and stick with it.
- Keep sentences short and simple, but not choppy.
- Write your short, simple sentences in the active, not the passive voice. Here is an example:
Active voice – "Take this medicine every night just before going to bed."
Passive voice – "This medicine should be taken every night just before going to bed."
- State things positively rather than negatively. For instance:
Positive approach – "Eat 4 - 6 small meals a day."
Negative approach – "Do not eat large, infrequent meals."
- Word your sentences to avoid "he/she". Say "Ask the nurse to bring your pills", instead of "Call the nurse. He/she will bring your pills."



Visual appeal:

- Use type at least this big. This is 14 point type. Align left - don't justify your text.
- A simple serif font (Times, New York) makes letters easier to differentiate. This font is Times. This font is New York. This hard to read font is Geneva, and this one is Bauhaus.
- USING ALL CAPITALS MAKES LETTERS HARDER TO DIFFERENTIATE.
- *Using italics makes letters hard to read.*
- Use headings and subheadings to divide your material into small, logical sections. Make your headings larger than the rest of the text - **18 point (like this)** is desirable if you have the space. If not, **use 16 point, or bold** the heading or subheading, and leave a space before starting your text.

- To **emphasize** a subheading or a point in the text use **bolding**. Underlining is next best. Don't italicize or use all capital letters. These are hard to read.
- Leave generous white space around the text. This makes it easier and more inviting to read. Wide margins and borders help. Double space if space allows.
- If a word won't fit at the end of the line, put it on the line below and avoid hyphenating.
- Keep paragraphs to four or five sentences in length.

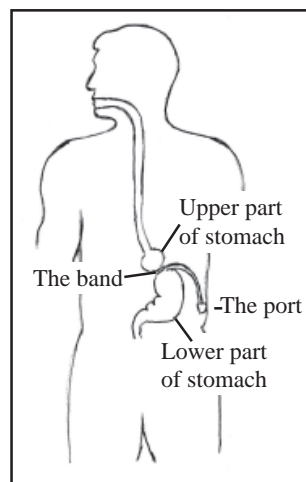
OK, I've written my material. Now what?

After you've written the first draft, read your material aloud to yourself, a co-worker or a patient. Does it sound natural and conversational? Does the material flow logically? It should. Have you included key information? Rewrite for simplicity, clarity and flow.

Should I use pictures? If so, what kind?

Illustrations that relate directly to the text are a valuable addition to the material. They are often the best way to show a symptom, procedure or a complex concept.

- Simple line drawings are best. Photographs and detailed pictures usually have too many distracting elements. Cartoon figures may be misunderstood or seen as frivolous.
- Show internal organs within the context of recognizable outside body parts. Many people do not know the location, shape or size of internal organs.
- Label key items, but don't clutter your drawing.
- Show things being done correctly, rather than with a large X over the incorrect or undesirable choice.



What else need to be done?

You now have an objective-guided, clear, concise teaching material ready for review and official approval. There is a lot of gratification to be had from producing teaching material that helps patients care for themselves and have better health outcomes.