Assessing Written Materials Reading Ease and Actionabilty

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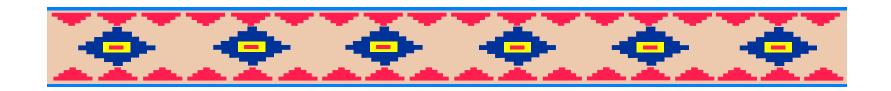
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Literacy, Language and Culture

Language is reflective of cultural beliefs and concepts.

In the Navajo language there is no word or concept for chemotherapy.



Source: Andrulis, DP and Brach, C. (2007) Integrating Literacy, Culture, and Language to Improve Health Care Quality for Divers Populations. *Am J Health Behav.* 31(Suppl 1): S122-133.



Enhanced Cultural and Linguistically Appropriate Services (CLAS) Standards

Principle Standard (Standard 1). Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* U.S. DHHS. Washington, DC: 2013.



CLAS Standards by Theme



- Governance, Leadership and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement and Accountability (Standards 9-15)

Source: U.S. Department of Health and Human Services Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. U.S. DHHS. Washington, DC: 2013.



Integrate Health Literacy and Cultural Competency

- Plain language +
 Translation +
 Cultural Relevance
- Avoid Jargon +
 Interpretation +

 Teach-back





What do you find hard to read and why?

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Article Title

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I. INTRODUCTION

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II. METHODS

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· Pellentesque bibendum pretium aliquet





Audience-Centered Materials Development

- Involve your AUDIENCE
- Specify OBJECTIVES
- Consider USE and FORMAT
- Develop the CONTENT







Develop the Content

- Use everyday "living room" language
- Limit information to need to know
- Provide information that is culturally relevant to audience concerns
- Break complex information and instructions into manageable chunks



Activity Plain language practice

Write down 5 medical words or public health terms. Suggest alternative living room language familiar to your audience.



How People Process Text

Adapted from Doak C, Doak L, Root J. Teaching Patients with Low Literacy Skills (2nd edition). Lippincott 2007

Proficient Readers	Below Basic Readers
Interpret meaning, generalize	Take words literally
Read with fluency	Read slowly, or one word at a time
Get help for uncommon words	Skip over unfamiliar words
Grasp the context, make inferences	Miss the context, may not make inferences
Persists in reading	Tires quickly when reading



Plain Language Writing Principles

- Write in everyday language
- Define unfamiliar words
- Use active voice



- Avoid abbreviations and acronyms
- Give pro-nun-see-AY-shun if needed





Tips for Writing

- Q & A format ("I"/ "you")
- Bulleted lists
- Interaction
- Story telling
- Dialogues



Plain Language <u>Design</u> Principles

- Lots of white space and wide margins
- Use SERIF font for text
- NON SERIF for headers
- Larger type (12 point or larger)
- UPPER AND LOWER CASE—NOT ALL CAPS
- · Avoid italics, script, fancy fonts



Plain Language <u>Design</u> Principles

- Bold, concise headers
- Consider use of columns
- Ragged right edge
- Appealing colors
- High contrast



RECOMMENDED REGARDING WRITING IN TERMS OF ITS RECEPTION

IT IS NOT INAPPROPRIATE, WHEN USING PRINT MEDIA TO IMPART MATERIAL OF A FACTUAL OR INTERPRETIVE NATURE WHICH HOLDS THE INTENTION OF CONVEYING CRITICAL INFORMATION TO AND/OR INCLUDING A CRITICAL ACTION BY ITS PROSPECTIVE RECIPIENTS, TO EMPLOY RELATIVELY NONCOMPLEX VERBIAGE SO AS TO MAXIMIZE COMRPEHENSION IN THE AFOREMENTIONED POPULATION.

Credit: Lessons in Plain Language 1992, PLAN, Inc.



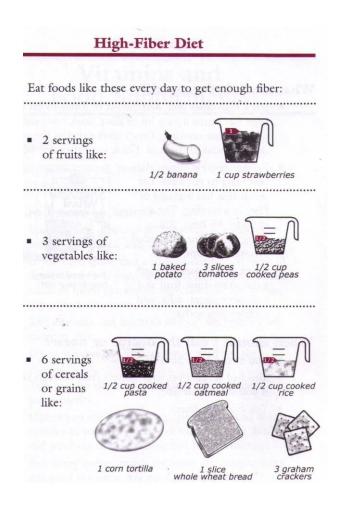
How Readers Process Visuals

Adapted from Doak C, Doak L, Root J. Teaching Patients with Low Literacy Skills (2nd edition). Lippincott 2007

Proficient Readers	Below Basic Readers
Scan the visual to find central concept	Eyes wander, difficulty finding central focus
Quickly identify key features in a visual	May skip over key features
Separate key points from details	May get lost in or too focused on details
Quickly interpret visual information to derive meaning	Interpret visuals more literally



Tips for Visuals



- Use realistic, uncluttered drawings or photos
- Select images relevant to your audience
- Apply labels and arrows



Tips for Numbers

- Reduce effort, do the math
- **% ₹**²**3 =**

- Provide fewer options
- Keep denominator the same (1 in 100 / 4 in 10)
- Use appropriate visuals
- Use labels carefully (poor, fair good, excellent)
- Use frequency (1 out of 10) vs percent (10%)

www.cdc.gov/healthliteracy/numeracy-course



Notes on Translation

- DO NOT USE Online Tools
- DO NOT EXPECT Word-for-word



- Emphasize need for plain language
- Work with experienced translators
- Consider back-translation
- Field-test and localize



Field-testing

A process of reviewing draft materials with your target audience

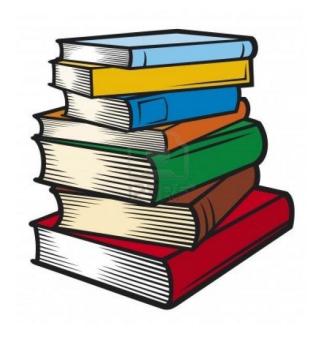
Questions

- What did you learn?
- What will you do?
- How would you say this?
- What do the pictures tell you?





Materials Assessment



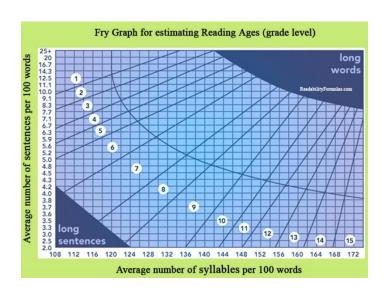
Available for English, Spanish, German Chinese, French, Hebrew, Russian, Vietnamese, others.

What are readability formulas?

- Assess the reading grade level at which a material is written
- Mathematically calculated and expressed as a school grade level
- Correlated plus or minus 1.5 grade
- Most assess two aspects of text
 - Word length
 - Sentence length



Readability Formulas



Fry

- Number of words per sentence, syllables per word
- Plotted on a graph
- 100 word sample

SMOG

- Simplified Measure of Gobbledygook
- Extensively used in health
- 3 samples of 10 sentences



Pros and Cons

- How are they helpful?
- What are their limitations?





Beyond Readability



CDC Clear Communication Index

http://www.cdc.gov/healthliteracy/pdf/clear-communication-user-guide.pdf

Patient Education Materials Assessment Tool (PEMAT)

https://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html

Suitability Assessment of Materials (SAM)

http://www.hsph.harvard.edu/healthliteracy/resources/doak-book

Criteria for Assessment

- Language
- Design
- CulturalAppropriateness
- Numbers
- Call to Action



Check List Approach

Language

Does both the main message and call to action use active voice?

Design

Does the material use bulleted or numbered items?

Actionability

Does the material include one or more calls to action

Numbers

Does the material explain what the numbers mean?

Culture

Does the material include pictures reflective of the primary audience?

□ 89% or below = Needs improvement



Activity Small group discussion

Review fact sheets. Consider criteria for assessment. Which is easier to read and why?



Key Points

- Take an audience-centered approach to materials development
- Keep literacy, language and culture in mind though out the process
- Practice plain language writing and design principles
- Field-test your materials and make suggested changes

