

Guidelines Health Literacy



The following Guidelines can be used to improve the quality and accessibility of health information for patients.

Set out your objective

- Define what outcome you need: for example, a patient taking medication at the correct time and dose, a patient refusing an injection with re-used equipment, a patient recognizing the symptoms of a disease and seeking further help
- Do not aim for more than one or two educational objectives
- Use focus groups to assess needs
- Explain the purpose and benefits of your material from the patient's viewpoint
- Limit the content
- Emphasize what you want the patient to DO rather than just KNOW
- Be specific

Engage the reader/viewer

- Relate materials to the patient's own experience
- Create interaction
- Tell stories to motivate people
- Provide a familiar context
- Make the document suitable for culture, age and gender

Make it easy to read/watch

- Use short words
- Break up long sentences
- Avoid unfamiliar words and jargon, e.g., use "blood thinning" rather than anticoagulant, at least in the first instance
- Give a clear action message
- Use active, not passive, voice
- Break up complex topics
- Use "road signs"

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Make it look easy to read

- Allow lots of white space, no dense text
- Use cueing to direct the reader to key points
- Use large type, especially for older people
- Use sharp contrast. Remember 10 per cent of men are red/green colour blind

Use pictures

- Use pictures and diagrams to clarify text
- Select realistic visuals
- Use active captions
- Explain how to use lists, charts or diaries – give examples

Move beyond the page

- Consider using audio, video or slide presentations, if appropriate
- Remember that patients with low health literacy may not have access to the Internet

Test your products

- Conduct testing on all your materials
- Use individual interviews and usability tests to show how people go through the material. Consider two rounds of 10 interviews per product
- Use readability scales such as the Fry test. This formula suggests which level of school grade reading can cope with the text. Long and difficult words and long sentences make for difficult reading. To use this formula, count the number of syllables and sentences in three 100-word passages. Take the average of these numbers and refer to a Fry Test graph to find the grade level equivalent of the text. Other such formulas include the SMOG test and the Flesch test.
- Generally do not write at higher than 5th grade level (about 10 year-old reading level)

Educate staff

- Make sure everyone in the organization pays attention to health literacy
- Look out for conferences and opportunities to train staff on health literacy

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More practical information is available from:

www.nlhp/cpha.ca/conference/c_log_e.pdf

www.pfizerhealthliteracy.com

www.healthliteracy.com

Clear & Simple: Developing Effective Print Materials for Low-Literate Readers. Bethesda (MD): National Cancer Institute; 1994 December. 65 pages. Available from: www.nlm.nih.gov/pubs/cbm/hliteracy.html (see references on readability indices and readability)

Related Publications and Selected References

IAPO Policy Statement: Health Literacy www.patientsorganizations.org/healthliteracy

The Patient's Network Magazine: Health Literacy, Issue 18, June 2003 www.patientsorganizations.org/tpn

Fry E., 1968. A readability formula that saves time. *Journal of Reading*. 11:512,575.

Sofaer S., 2000. The future of health literacy: your role in creating change. *In: National Health Council Symposium Proceedings: Health Literacy: The impact and strategies for moving forward*, Washington DC, October 25, 2000.

Spadaro DC, Robinson LA, Smith LT, 1980. Assessing readability of patient information materials. *Am J Hosp Pharm*, 37(2):215-21.

Vivian AS, Robertson EJ 2nd, 1980. Readability of patient education materials. *Clin Ther*, 3(2):129-36.

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