

Health Literacy: Effective Client Communication and Education

Presenter:

Dr. Kathleen Weissberg, MS, OTD, OTR/L, CMDCP, CDP
National Director of Education
Select Rehabilitation, Milford, DE
kweissberg@selectrehab.com

Objectives

1. Define health literacy and recognize the factors that influence it in your customers who may have backgrounds different from your own.
2. Identify appropriate assessment tools to evaluate how well your clients understand health information.
3. Receive resources for clear and effective communication and selecting easy-to-read health materials to ensure that clients understand the healthcare services provided.

Introduction

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

Health Literacy

Affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- 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

Low Literacy

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

Incidence and Statistics

Low Literacy Statistics

- 36 million adults in US cannot read, write, or do math above a third grade level
- Low literacy costs the US \$225 billion+ per year
- \$232 billion in healthcare costs are linked to low literacy
- Each year about 2 million immigrants come to the US, many lacking proficiency in English

Low Literacy Statistics

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

(Campinha-Bacote, D., 2005)

Vulnerable Populations

- Adults over the age of 65
- Recent refugees and immigrants
- People with incomes at or below poverty levels
- Racial and ethnic groups other than white
- People with less than a high school degree or GED
- Non-native speakers of English

(National Center for Education Statistics, 2006)

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

(HHS AHRQ, 2015; Kutner, Greenberg, Jin, & Paulsen, 2006; Weiss, 2003; Weiss, 2007; HHS ODPHP, 2010)

Signs of Low Literacy

- Poor compliance with treatments and appointments
- Watching and mimicking others
- Not knowing the names 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

Signs of Low Literacy (Weiss, 2003)

- 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

Relationship Between Health Literacy and Health Outcomes

Preventative Services

- More likely to skip important preventive measures
- Those with low literacy enter the healthcare system when they are sicker

(Scott, Gazmararian, Williams, & Baker, 2002; Bennet et al., 1998)

Knowledge of Conditions and Treatment

- More likely to have chronic conditions
- Less able to manage chronic conditions effectively
- Less knowledge of illnesses and management

(Williams, Baker, & Parker, 1998; Schillinger et al., 2002; Schillinger et al., 2003; Williams, Baker, Honig, Lee, & Nowlan, 1998; Kalichman, Ramachandran, & Catz, 1999; Kalichman & Rompa, 2000; Kalichman, Benotsch, Suarez, Catz, Miller, & Rompa, 2000)

Hospitalization

- Associated with increased preventable hospital visits and admissions
- Higher rate of hospitalization
- Higher frequency of emergency services use

(Baker, Parker, Williams, & Clark, 1997; Baker, Parker, Williams, & Clark, 1998; Baker et al., 2002; Gordon, Hampson, Capell, & Madhok, 2002)

Health Status

- More likely to report their health as poor

(National Center for Education Statistics, 2006)

Healthcare Costs

- Greater use of services designed to treat complications of disease
- Less preventative service use
- Higher hospitalization and ER use associated with higher healthcare costs

(Friedland, 1998; Howard, Gazmararian, & Parker, 2005)

Stigma and Shame

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

(Parikh et al., 1996; Baker et al., 1996)

Our Role in Long-Term Care

Role in Long-Term Care

- 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

(DHHS, 2013)

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

Integrating Health Literacy into Practice

- 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

Integrating Health Literacy into Practice

- 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?

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

Integrating Health Literacy into Practice

- 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

- 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

Communication

- Verbal
 - Sharing information in a one-on-one interaction, usually orally, to achieve a shared meaning
- Nonverbal
 - Conveying meaning without words, including using gestures, facial expressions, eye contact, body language, and clothing
- Written
 - Using written symbols, such as letters and numbers, as well as pictures and graphics

(Adeyanju, 2008; Wanless & Cameron, 2010; Norton, 1983; Poyatos, 1983)

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)

Transcultural Assessment Guide

(Boyle, 2003)

- Bio-cultural Variations and Cultural Aspects of the Incidence of Disease
- Communication
- Cultural Affiliations
- Cultural Sanctions and Restrictions
- Developmental Considerations
Restrictions
- Educational Background
- Health-Related Beliefs and Practices
- Kinship and Social Networks and Practices
- Values Orientation
- Nutrition
- Religious Affiliation

Other Communication Models

- **LEARN Model** (Berlin & Fowkes, 1983)
- **BATHE Model** (Stuart & Lieberman, 1993)
- **ETHNIC Model**(Levine, Like, & Gottlieb, 2000)

Language Assistance Services

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

(Shi, Lebrun, and Tsai (2009))

With Language Assistance

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

(HHS OMH, 2013; Levinson, Lesser, & Epstein, 2010; Marks, 2009, Wynia & Osborn, 2010)

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

(National Council on Interpreting in Health Care, 2008; Torres, 2001)

Issues with Language Barriers

- Impact access to health services
- Jeopardize comprehension of diagnosis, treatment, and follow-up care
- Diminish quality of care
- Increase health care costs

(Perkins, 2003; Grantmakers in Health, 2003)

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

(HHS OCR, 2003; (National Health Law Program, 2010)

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*



Graphic Cards

Wong-Baker FACES Pain Rating Scale



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

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

Interpreter Services

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 mjeksore. Ju lutem tregoni me gisht gjuhën që flisni. Ju lutem prisni, do t'ju gjejmë një përkthyes për viziten mjekësore.

Amharic

አማርኛ

Haitian Creole

Kreyòl Ayisyen

Ou gen dwa a yon entèprèt gratis. Tanpri montre nou lang pa w la. N ap rélé yon entèprèt pou ou. Tanpri ret tann.

Hebrew

עברית

Russian

Русский

Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.

Serbo-Croatian

Српско-Хрватски Језик

“I Speak” Cards

ဧပြီလ ၁ရက် ၂၀၁၀ သန်းခေါင်စာရင်း ကောက်ယူမည့်နေ့

United States
Census
2010

www.2010.census.gov

၂၀၁၀ သန်းခေါင်စာရင်း ကောက်ယူရာမှာ လူတိုင်း လူတိုင်း ပါဝင်ပေးကြဖို့ အရေးကြီးပါတယ်။ အဲဒီလို ပါဝင်မှသာ ဖိအရယ်နဲ့ ပြည်နယ် အစိုးရက လူထု စီမံကိန်းနဲ့ ဝန်ဆောင်မှု လုပ်ငန်းတွေ အတွက် ထားရှိတဲ့ ဒေါ်လာ ဘီလီယံ ၃၀၀ ထက် ပိုတဲ့ ရုံးပွဲထဲက မိမိနဲ့ သက်ဆိုင်တဲ့ လူထု အသိုင်းအဝိုင်း အတွက် သေင်္ဂဏန်းတို့ ဝေစက် ခေမိဇ်ဒီ သေခဏမှာ ခြစ်ပါတယ်။ (၂၀၁၀)

United States
Census
2010

www.2010.census.gov

Participating in the 2010 Census ensures your community a fair share of more than \$300 Billion in federal and state funding for community planning and services. Census 2010 is Safe, Easy, and Important.

“I speak Burmese.

Interpreter Qualifications (HHS OCR, 2003)

- Proficiency and ability to communicate information accurately in both languages
- Knowledge in both languages of specialized terms/ concepts
- Understand confidentiality and impartiality rules
- Understand regionalisms, dialects
- Understand and adhere to the role of interpreter

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

Child Interpreters

- The HHS (Health and Human Services) Office for Civil Rights discourages use of minors
 - Role reversal
 - Editing
 - Mistakes

(Kaiser Permanente, 2006)

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

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

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

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

Flesch-Kincaid Grade Level Readability
Formula

5th grade

Microsoft Word

Includes a feature providing reading ease statistics:

- Comprehensive counts
 - Words
 - Paragraphs
 - Characters
 - Sentences

Microsoft Word

- Averages
 - Sentences per paragraph
 - Words per sentence
- Readability level
 - Passivity
 - Flesch-Kincaid level

Health Literacy Notes WORKING - Microsoft Word

File Home Insert Page Layout

Calibri (Body) 11

File Home Insert Page Layout

Clipboard

Word Options

General

Display

Proofing

Save

Language

Advanced

Customize Ribbon

Quick Access Toolbar

Add-Ins

Trust Center

Change how Word corrects and formats your text.

AutoCorrect options

Change how Word corrects and formats text as you type: **AutoCorrect Options...**

When correcting spelling in Microsoft Office programs

- Ignore words in UPPERCASE
- Ignore words that contain numbers
- Ignore Internet and file addresses
- Flag repeated words
- Enforce accented uppercase in French
- Suggest from main dictionary only

Custom Dictionaries...

French modes: Traditional and new spellings

Spanish modes: Tuteo verb forms only

When correcting spelling and grammar in Word

- Check spelling as you type
- Use contextual spelling
- Mark grammar errors as you type
- Check grammar with spelling
- Show readability statistics

Writing Style: Grammar Only **Settings...**

Recheck Document

Exceptions for: Health Literacy Notes WORKING

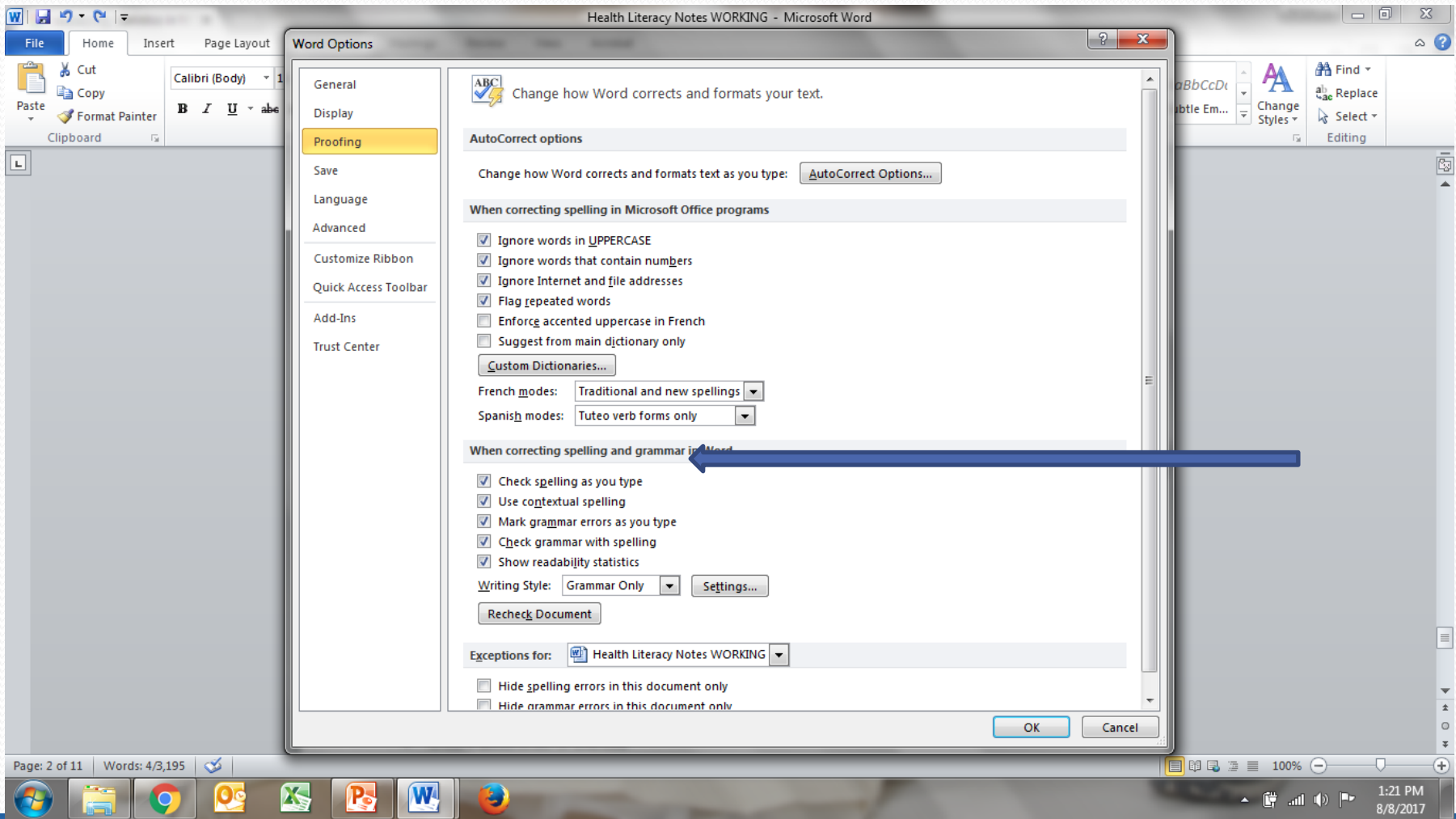
- Hide spelling errors in this document only
- Hide grammar errors in this document only

OK Cancel

Page: 2 of 11 Words: 4/3,195

100%

1:21 PM 8/8/2017



Health Literacy Notes WORKING - Microsoft Word

File Home Insert Page Layout References Mailings Review View Acrobat

Spelling & Research Grammar Proofing

ABC 123 Word Count

Translate Language Language

New Comment Delete Previous Next Comments

Track Changes Tracking

Final: Show Markup Show Markup Reviewing Pane

Accept Reject Previous Next Changes

Compare Block Authors Restrict Editing Compare Protect

Page: 2 of 11 Words: 4,3195

100% 1:22 PM 8/8/2017

Readability Statistics

Counts	
Words	4
Characters	29
Paragraphs	1
Sentences	0
Averages	
Sentences per Paragraph	0.0
Words per Sentence	0.0
Characters per Word	0.0
Readability	
Passive Sentences	0%
Flesch Reading Ease	0.0
Flesch-Kincaid Grade Level	0.0

OK

Health Literacy Assessment Tools

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.

Test of Functional Health Literacy in Adults (TOFHLA)

- 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

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

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

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

Language

- 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

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

Writing Tips for All Readers

- 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

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

Text Appearance Matters

- 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