

Writing for Patients & Families Workshop

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Course Objectives

- Discuss how low health literacy impacts health outcomes.
- Incorporate key elements of plain language principles when developing patient education material.
- Discuss how to produce materials that score a “superior” on the Suitability of Materials Assessment tool.



Literacy Types

- **Prose** – the knowledge & skills needed to perform prose tasks (search, comprehend & use info from continuous text).
- **Document** – document tasks (search, comprehend & use info from non-continuous texts in various formats)
- **Quantitative** – identify & perform computations, using numbers embedded in printed materials.



Performance Class

- **Below Basic** – Finding straightforward pieces of information in short simple texts or documents
- **Basic** – Finding complex information in longer texts or documents
- **Intermediate**- Interpreting or applying complex information
- **Proficient**- Drawing abstract references, comparing & contrasting multiple pieces of information.



Literacy Skills of US Adults

- 1992 National Adult Literacy Survey (NALS).
- NALS definition of literacy: *Using printed & written information to function in society, to achieve one's goals, and to develop one's knowledge & potential.*
- 2003 National Assessment of Adult Literacy (NAAL); expanded with health literacy components.



2003 NAAL Results

Basic and Below Basic Health Literacy:

- Entire pop: 36%
- Whites: 28%
- Native Americans: 48%
- Blacks: 58%
- Hispanics: 66%



2003 NAAL Levels

By Age Group:

16-64 year olds: 28-34%

65+: 59%



Percent of People that NEVER obtain information from the Internet

- Proficient: 12%
- Intermediate: 14%
- Basic: 58%
- Below Basic: 80%



Implications

- Majority of US adults fall into **Intermediate** category, which is considered “minimum performance standard” needed to function in society.¹
- 43 Million Americans fall into **Below Basic & Basic** categories.

¹ AMA *Understanding Health Literacy: Implications for Medicine and Public Health* 2005



Health Literacy: Definitions

- Ability to read, understand and act upon health information.²
- "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions".³

2 National Patient Safety Foundation; 3 Healthy People 2010



Background

- 90 Million Americans have difficulty processing health information.⁴
- "...a stronger predictor of a person's health than age, income, employment status, education level, and race"⁵

4: 2005, *Health Literacy: A Prescription to End Confusion*, the Institute of Medicine; 5: Report on the Council of Scientific Affairs; Ad Hoc Committee on Health Literacy, American Medical Association, *JAMA*, Feb 10, 1999.



Vulnerable Populations

- Elderly (age 65+) - Two thirds of U.S. adults age 60 and over have inadequate or marginal literacy skills, and 81% of patients age 60 and older at a public hospital could not read or understand basic materials such as prescription labels (Williams, MV. *JAMA*, December 6, 1995).
- Immigrant
- Low income
- People with chronic disease
- Minorities



Latest Research

- Higher rates of admission & use of ED services.
(Agency for Health Care Research and Quality Report, *Literacy and Health Outcomes*, Jan 2004).
- Cancer Treatment (Merriman, Betty, *CA: A Cancer Journal for Physicians*, May/June 2002)
 - Treatment options may not be fully understood; therefore, some patients may not receive treatments that best meet their needs.
 - Informed consent documents may be too complex for many patients and as a result, patients may make suboptimal decisions about accepting or rejecting interventions.



Latest Research

- Diabetes (Schillinger, Dean, *JAMA*, July 24/31, 2002)
 - independently associated with worse glycemic control and higher rates of retinopathy.
 - May contribute to the disproportionate burden of diabetes related problems among disadvantaged populations.



Latest Research

- Asthma (Williams, MV, *Chest*, October 1998)
 - strong correlation with poor knowledge of asthma and improper metered-dose inhaler (MDI) use.
 - More than 1/2 of patients reading at a sixth-grade level or less report they go to the Emergency Department when they have an attack.
 - Less than 1/3 of patients with the poorest reading skills knew they should see a doctor when their asthma was not symptomatic as compared with 90% of literate patients.



Latest Research

- Hypertension & Diabetes (Williams MV, *Archives of Internal Medicine*, January 26, 1998)
 - 48% of patients with these conditions had low health literacy
 - These patients had significantly less knowledge of their disease despite attending formal education classes.



Economic Impact

- 6% more hospital visits; 2 days longer LOS
- Low health literacy costs the US **\$106 billion to \$238 billion annually.**



Steps Towards a Solution

- Shame-free environment
- Slow down
- Use plain language
- Limit information to 3 main points
- Use “teach-back” method to evaluate
- Use more pictures, less words



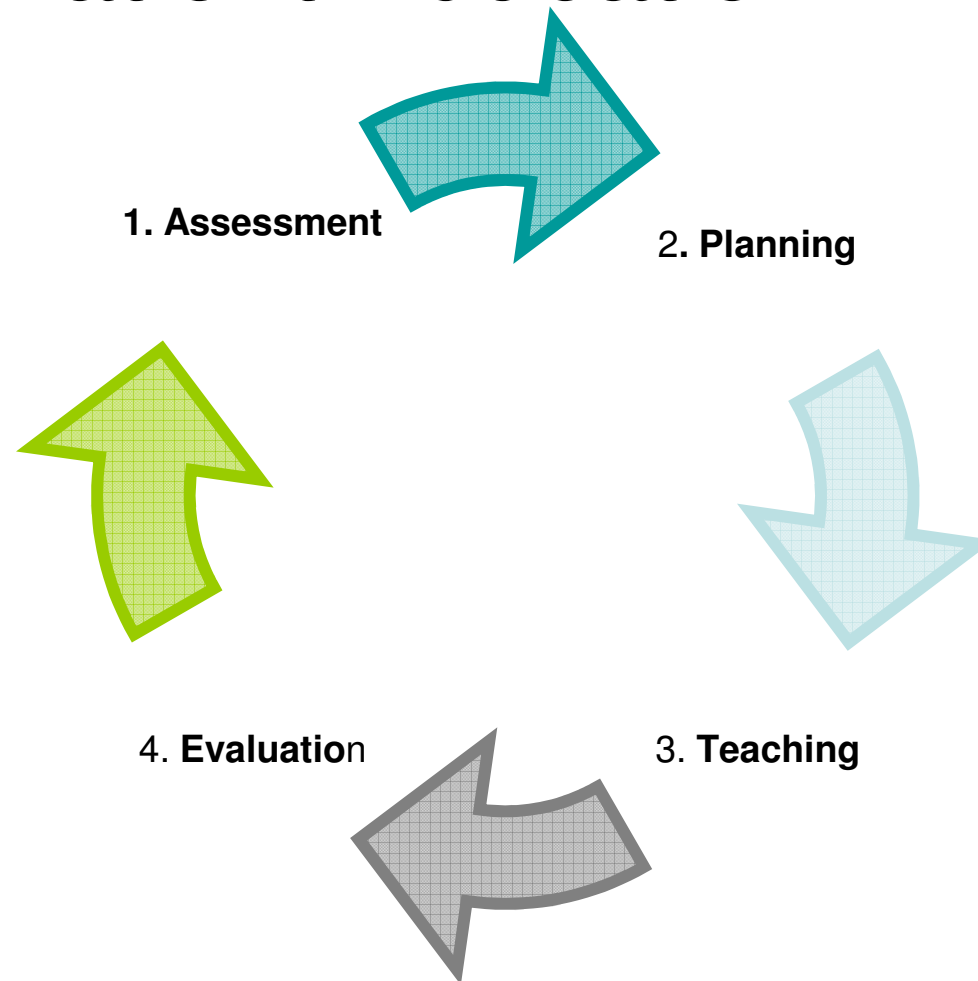


Educating Our Patients & Families



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The Patient Education Process



Writing Patient Education Materials

- Getting Started
 - What is my health message?
 - Is print the way to go?
 - Invest time in planning & research



Writing Your Document: Step by Step

- Step 1: Identify target audience
- Step 2: Define your objectives
- Step 3: Make an outline



Patient & Family Education *WriteGuides*

- Worksheets designed to assist in your writing project.
 - Knowing Your Audience
 - Defining Your Objectives
 - Creating an Outline



Beginning to Write

- Clear Writing Techniques
 - [Plain Language: Improving Communications from the Federal Government](#)



Clear Writing Techniques

- Clear writing style requires....
 - Patient & family centeredness
 - Knowing your audience
 - Testing materials with your audience

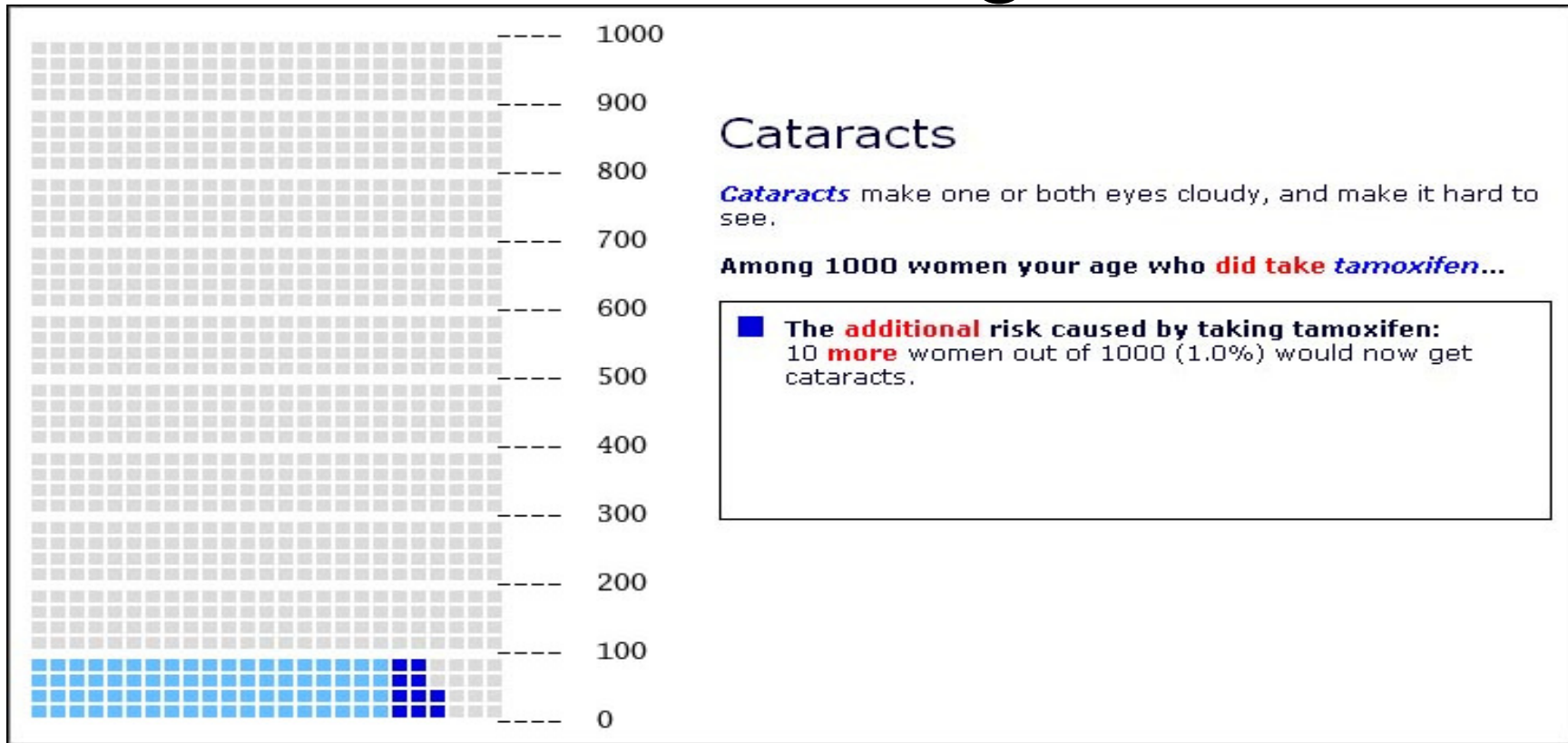


Living Room Language

- Use common words and phrases
- Explain/define difficult/new words
- Use consistency in terms
- Use pictures, less words



Communicating Risks



http://www.cbds.org/research_tools/picto_gen_details



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Active vs. Passive Voice

- Active is more direct, less confusing.
- Passive can be ambiguous.

Is this sentence active or passive?

This medication should be taken with breakfast.



Be Specific!

- Avoid value-judgment words like “adequate,” “normal range,” or “excessive.”
- “Call your physician if you have excessive bleeding.”



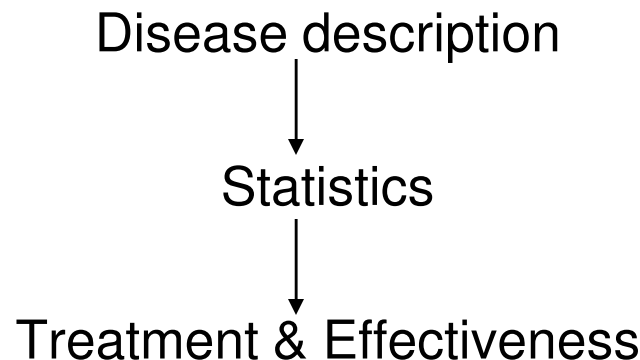
Straightforward Content

- Limit your scope
- Behavior based statements vs. facts/statistics
- Use advance organizers



Organizing Your Content

- Use the *WriteGuide* Creating Your Outline
- We tend to write in the “medical model” sequence



Patient-Centered Sequence

General (most common) information



More Specific

- Subsumption Theory (Ausubel, D).



Reader Engagement

- Q & A format
- Space for patient to write or customize material for them
- Sentence structure



Simple Sentences

- Convey one idea per sentence = simple
Exercise can help you fight fatigue.
- Two or more ideas per sentence =
complex

*Exercise can help you fight fatigue,
which if left unchecked, can lead
to depression & withdrawal.*



Overview of Readability Tools



There is more than one tool?!

- SMOG
- Flesch-Kincaid
- Fry Formula
- Many others.....



SMOG

- Used by the Department of Health & Human Services and American Cancer Society.
- Calculates using # of syllables per word in a set of sentences.
- Based on 100% comprehension (requires that 100% of people reading at a given grade level be able to understand the text).



Flesch-Kincaid

- Evaluates based on “average number of words per sentence and the average number of syllables per word.” (Ott & Hardie, 1997).



Fry Formula

- Manually calculated
- Most reliable
- Calculates using a ratio of number of syllables per 100 words to number of sentences per 100 words.
- Based on 50% comprehension.



Caution with Readability Tools

- *“Readability scores fail to weight the contextual meaning, obscurity of the language used, and a reader’s motivation in attempting to comprehend the document – qualities that require complex analysis of both document and reader.”* (Ott & Hardie, 1997, p. 54).
- *“Readability formulas...do not consider factors such as format, layout, complexity of the subject, word load or reader interest.”* (Wilson, 1996, p. 200).



Other Factors That Contribute to Readability

- Layout
- White space
- Pictures/images/graphics
- Typography
- Cultural appropriateness
- Reader engagement



Measuring Readability

- Suitability Assessment of Materials (SAM Tool).
- All pieces should be evaluated against this tool; all must score “superior.”



Suitability Assessment of Materials

- Doak, Doak & Root
- Designed to be an objective measure of patient education documents
- Evaluates readability from all aspects
- More than just grade level



Writing for Patients & Families

- Verify your need
- Plan your document
- ProHealth Care's *WriteGuides* can help!
- Test with your audience



Key Points to Remember

- Health literacy a major impact on the health & well-being of our patients & families.
- Patient education must be systematic & patient-centered.
- Grade level is just ONE indicator of overall readability of a document.
- Low reading level does not guarantee comprehension and/or learning.

