

FACT SHEET #4

Improving Print Communication to Promote Health Literacy

While most health care materials are written at a 10th-grade reading level, the average American reads at only a 5th-grade level.¹ Materials that are simple, attractive, and relevant are more likely to effectively reach patients.

Key Components of Effective Print Materials

Individuals rely on print materials when they are unable to speak directly with a health care professional, or when they are unable to engage fully in a verbal encounter. Materials that effectively communicate health messages will generally adhere to the following principles:

1. Plain and clear language is used and content is relevant to the audience.

- Assumes minimal background knowledge.
- Sentences are short. Messages are simple.
- Presents numbers and percentages simply. Does not require extra calculation.
- Uses commonly understood words. Minimizes multi-syllabic words.

2. Ideas are organized clearly.

- Provides background information or needed context.
- Contains logical flow of information.
- Groups information into meaningful sections with clear headings.
- Uses key points, summaries, and highlights to emphasize main points.

3. Layout and design facilitate reading and comprehension.

- Lot of white space (fewer words or less dense text).
- Bullets and/or Q&A format used to break up text, and graphics used to clarify text.
- Dark text (preferably black) on a light or white background.
- Large and familiar font. Consistent use of font sizes and styles throughout document.
- Upper and lower case letters (use of all caps can make text difficult to read).
- Left-justified margin.

HEALTH LITERACY SNAPSHOT

A 30-year-old Vietnamese-speaking man applies for Medicaid after a devastating assault leaves him with a disability. The local Medicaid office does not have application materials in Vietnamese so he attempts to use the English version, although he is not proficient. Due to errors in his application, he never receives coverage.

Testing and Improving Print Materials

Health care organizations can use quality improvement processes to help create materials that will be most useful for patients. These involve getting input from patients, creating materials, testing them with patients, and refining the materials to ensure they are effective.

This is one in a series of health literacy fact sheets that address topics like identifying low health literacy and the role of culture in health literacy, produced with support from Kaiser Permanente Community Benefit. For more information, visit www.chcs.org.

PROCESS FOR DEVELOPING EFFECTIVE HEALTH COMMUNICATION MATERIALS

- Step 1.** Define the key health problem or areas of interest (e.g., low use of preventive services) and identify your intended audience (e.g., Hispanic and African-American women).
- Step 2.** Engage the intended audience. Focus groups, surveys, patient advisory councils, or community advisory boards can be good mediums to seek input. Determine the audience's needs, beliefs/values, level of knowledge, and perceived barriers related to the identified health topic.
- Step 3.** Determine key concepts and messages based on your knowledge of the audience.
- Step 4.** Design a draft of the materials.
- Step 5.** Pilot materials with the intended audience, or an available subset. Patient volunteers or community partner organizations may be good sources for a pretest audience. Incentives such as gift certificates might help gain their participation.
- Step 6.** Revise draft according to feedback from the pretest audience.
- Step 7.** Publish and distribute materials.
- Step 8.** Evaluate the audiences' satisfaction and understanding, using focus groups, surveys, and related tools.

Using Instruments to Assess Print Materials

Grade-level readability is a common metric for print materials. It is based on the number of difficult words (usually words with three or more syllables) and the length of sentences. However, even materials written at a low reading level may be difficult to comprehend if content is poorly organized or not designed well. The following instruments may help organizations assess their materials (visit the hyperlinks for more information):

- **Flesch-Kincaid Grade Level and Flesch Reading Ease Score:** Analyzes readability based on the number of syllables per word and words per sentence in addition to other measures.
- **FOG (Frequency of Gobbledygook):** Assigns a grade level based on sentence length, number of words, and number of polysyllabic (>3) words.
- **Fry Readability Formula:** Measures readability of small documents using sample sizes of 100 words. Identifies more difficult words or sentences.
- **SMOG (Simple Measure of Gobbledygook):** Analyzes reading level of prose in sentence and paragraph format.
- **SAM (Suitability Assessment of Materials):** Measures readability based on content, literacy demand, graphics, layout, learning stimulation, and cultural appropriateness. Can also measure audio-visual materials.
- **PMOSE/ IKIRSCH Document Readability Formula:** Assigns a grade-level to charts, tables and other non-prose documents.

¹ National Patient Safety Foundation. *Health Literacy Statistics At-A-Glance*. Accessible at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_Stats_English.pdf