



### III

## Action Plan

This section of the guide focuses on the findings from the *Health Literacy Environment Review* and provides recommendations for improving the literacy environment of a facility. First, however, it is important to note that it is unlikely that any institution can eliminate all literacy barriers. Some, such as signage, may be too costly to change. Some, such as the use of professional jargon, represent a cultural change that may only happen over time. Others, such as patient education materials, may only change if and when better materials become available. Some, such as discharge preparation information, can be modified immediately.

An action plan for a health literacy initiative must be specific to a healthcare facility, and reflect priorities as well as cost considerations. Small improvements can make a difference. The following is the section outline:

#### **Options for Reducing Literacy-Related Barriers**

- Navigation
- Print Communication
- Oral Exchange
- Technology
- Policies & Protocols





## Navigation

Navigation tools such as maps, signs, and staff are often available in healthcare facilities to help people find their way to and around the facility. However, these tools are only useful for patients when they are easily accessible and understandable. In the following pages, we provide you with recommendations for increasing the visibility and readability of navigation tools in your healthcare facility based on the following key areas:

- Telephone
- Entrance
- Lobby
- Guidance
- Maps and Signs



## Recommendations for Telephone Improvement

The telephone is often the first contact a person has with a healthcare facility. This initial interaction can shape a person's impressions of that healthcare facility.

An *automated telephone system* can be improved with the following adjustments:

- Provide patients with the option to speak with a person.
- Provide patients with the option to repeat menu items.
- Use clear and simple language.
- Use a conversational tone.
- Use a slow pace.
- Provide patients with directions to the healthcare facility using multiple forms of transportation, including public transportation.

A *person* who answers the telephone can be offered a training program that provides protocols and opportunities for practicing to:

- Speak at a slow and relaxed pace.
- Maintain a friendly conversational tone.
- Use plain, everyday words and phrases.
- Answer common questions, such as directions to the healthcare facility using multiple forms of transportation including public transportation.

## Recommendations for Entrance Improvement

People may encounter problems locating a healthcare facility for the first time when the facility does not have visible signs on the outside of the buildings. This can be particularly challenging when a healthcare facility has multiple entrances that are not all clearly labeled with signs.

*The entrance to the healthcare facility can...*

- Display the facility's name clearly on the outside of the building, so patients can recognize they are in the right place.
- Provide entry signs that are visible from the street.
- Use signs with plain, everyday words such as "Walk-In" rather than medical words such as "Ambulatory Care" or "Outpatient Services".

## **Recommendations for Lobby Improvement**

People can often feel intimidated in facilities such as hospitals and health centers. A welcome sign and information desk can help patients feel a sense of welcome.

*The lobby of a healthcare facility can...*

- Provide a sign with words of welcome.
- Provide a large wall map with a key and an indication of present location, such as a statement of 'you are here' or a star.
- Provide patients with a welcome or information desk, with a sign indicating its purpose.
- Provide artwork that reflects various cultural groups, or photographs of the local area or people.

## **Recommendations for Guidance Improvement**

People often respond warmly when assistance, such as help with directions, is available to them.

*A healthcare facility can have staff members and volunteers who ...*

- Are available at or near the main entrance to help visitors.
- Wear identification such as a button, uniform, or tag.
- Provide patients with customized handheld maps (with a highlighted pathway or destination point).

## Recommendations for Map and Sign Improvement

National surveys of adult literacy skills indicate that many people have difficulty using maps and signs. Therefore, it is important for healthcare facilities to use simple and clear maps and signs so that their patients can more readily use them. The placement of signs is also important. For example, it is easy for people to walk past flat signs, such as wall signs. When wall signs are combined with other signs, such as overhead signs or signs jutting from the wall, it is often easier for people to notice them.

*The maps in the facility center can...*

- Be posted at various locations around the facility.
- Include a key.
- Indicate present location with a “you are here” and/or a star.
- Use colors when the color codes on the maps reflect colors on the walls or floors of the healthcare facility.

*The signs in the facility can...*

- Use consistent symbols/graphics.
- Use consistent words (i.e., “Cafeteria” is always referred to as “Cafeteria”, not “Café” or “Restaurant”).
- Use large, clearly visible lettering on overhead signs.
- Use large, clearly visible lettering on wall signs (eye level signs).
- Use common words and graphics.
- Indicate each service or clinic site with a sign (i.e., “Medical Records”).

## Resources on Navigating Healthcare Facilities

Rudd, R.E. (2004). Navigating hospitals: Literacy barriers. *Literacy Harvest*, 11(1), 19-24.

Rudd, R.E., Renzulli, D., Pereira, A., & Daltroy, L. (2005). Literacy demands in healthcare settings: The patient perspective. In J.E. Schwartzberg, J.B. VanGeest, & C.C. Wang (Eds.), *Understanding health literacy: Implications for medicine and public health* (pp. 69-84). Chicago, IL: American Medical Association.







## Print Communication

**P**atients are often inundated with materials (that focus on community relations, patient orientation, follow-up, patient education, legal materials, forms patients fill out, and discharge preparation information) when they go to a healthcare facility. These materials are only helpful for patients when they are written at the appropriate average reading grade level (~grade 8 or below) and have a simple layout and design. The following pages include recommendations for:

- Creating Materials
- Assessing Materials



## Recommendations for Creating Materials

When staff members develop new materials, they should consider the following:

### 1. Use plain language

Plain language is defined as a clear, simple, and conversational words and style. Plain language materials present information in a format that considers reading ease based on the organization and style of the text.

Recommendations include:

#### *Organization*

- Open by addressing issues that are of greatest interest to the reader (this requires pilot testing).
- Group information into meaningful sections with clear headings.
- Emphasize and summarize main points.

#### *Style*

- Use everyday words (e.g., use instead of utilize).
- Explain terms and offer examples.
- Avoid long and complex sentences.
- Write in the active voice.
- Engage the reader by referencing a shared context, or by using a question and answer format, true or false, stories, or dialogues.
- Link information to trusted sources.
- Limit text to most important concepts, and avoid extra information.

## **2. Apply layout and design elements that make reading easy**

The design of a material can make reading easier or more difficult.

Recommendations include the following:

### *Type and Spacing*

- Use a readable type style—a footed font (serif) in 12-point size.
- Use appropriate spaces between lines—generally 1.2 to 1.5 spacing.
- Provide good contrast between the paper and the text.
- Do not print words on shaded or patterned background.
- Use upper and lower case and avoid all CAPITAL LETTERS.
- Include ample white space on the page.

### *Margins and Lines*

- Use large margins (at least 1 inch on each side).
- Leave the right margin jagged (do not fully justify text).
- Do not split words across two lines.

### *Overall Design*

- Be consistent.
- Avoid clutter.
- Provide a guide for finding key information.
- Clearly label all illustrations and charts:
  - Offer explanations.
  - Make legends clear.
  - Place charts as close as possible to explanatory text.
  - Avoid wrapping text around illustrations.
- Use consistent and easily recognized headings.
- Signal main points with bold font or highlights.

### **3. Use rigorous methods to develop materials**

Avoid developing materials casually or informally. Be sure the purpose and proposed use of the materials is identified. All materials should be tested with members of the intended audience to 1) check for proposed use, value, and shared meaning, and to 2) test the organization, layout, and design.

Recommendations include:

- Review all materials, and use a consistent checklist. We provide you with a few sample checklists on **pages 41-43**.
- Engage members of the intended audience in the development and review process.
- Re-work the materials based on reviews.
- Pilot materials with members of the intended audience.
- Re-work materials based on pilot test findings and suggestions.

## Recommendations for Assessing Materials

Many tools (such as the SMOG, FRY, and the Flesch-Kincaid) are available to help assess the reading grade level of print materials. Most of these tools have been used extensively in the education field and have been well-tested. In addition, there are several tools available to help us conduct broader assessments of written health materials. We provide several of these tools on **pages 129-142** of this guide.

### Conduct reading grade level assessments

Assessments of the reading grade level of text offer some insight into the level of difficulty of print materials. Most reading grade level scores focus on the length of sentences and the vocabulary (generally assessed by number of syllables in words) in a text. Recommendations for improving reading grade levels include:

- **Avoid using long sentences**  
Long sentences often contain phrases set aside by commas, multiple ideas, and/or lists. Poor readers often read slowly. They have problems with long sentences because they can lose the main idea partway through the sentence.
- **Avoid using long multi-syllabic words**  
Multi-syllabic words are considered an indicator of vocabulary difficulty (e.g., *medication* for *medicine*). Poor readers often need to sound out words, and longer words present a bigger challenge. Vocabulary development requires background knowledge and exposure.

## Resources for Creating and Assessing Print Materials

### A 15 Step Process for Creating Materials

(from Health Literacy Studies)

1. Determine the intended audience for the materials.
2. Determine the need for the materials under consideration.
3. Determine the potential use of the materials. Ask:
  - *How will the potential audience use the materials?*
  - *What will the readers do after reading the materials?*
  - *Do the materials prepare the readers to take recommended action?*

**NOTE:** Be prepared to stop the project if this material is available elsewhere in adequate form, or if the material is of no perceived use to the intended audience.
4. Develop a distribution and evaluation plan.
  - Consider who will distribute the materials. Studies indicate that when a doctor gives materials to a patient, the patient is more likely to use them than when materials are simply made available.
  - Develop a small evaluation study to determine actual use and outcomes. Questions of interest might include: *Did you read this material? Was it helpful for activity X? Did you share this material with others?*
5. Divide the information into logical 'chunks' or sections, and provide a heading for each section.
6. Check all medical and scientific information with experts.
7. Determine the order of information. Have the writer (or writing team) work closely with members of the intended audience. Ask the writing partners the following questions:
  - a. *What topic is most important to you?*
  - b. *What information is missing?*

**Instructions continue onto next page→**

8. Prepare a 1st draft of the text in the order of interest to readers.
  9. Check the words in the text.
    - Be sure the materials use everyday words
    - Avoid jargon
    - Provide a glossary of medical or scientific words, if needed.
  10. Check the sentences in the text to be sure that each sentence conveys one idea.
    - If a sentence is too long, break it up into two or three sentences.
    - Avoid clauses that add information to a sentence. If the information is important, it deserves its own sentence.
    - Avoid sentences that include lists. Instead, use bulleted lists when needed.
  11. Conduct a SMOG assessment. Re-examine words and long sentences for needed re-writing.
  12. Review the 2<sup>nd</sup> draft with members of the intended audience and an adult educator. Ask the reviewers to think of a neighbor, friend, relative, or student, as appropriate. Ask: *Where would this person face some problems? What should be changed to make the information clearer to this person? How would this person use this material?*
- NOTE:** Be prepared to stop the production process if this material is of no perceived use to the intended audience.
13. Re-write the text and prepare the 3<sup>rd</sup> draft with layout, design and visuals, as needed.
    - Use a 12 point clear font.
    - Include plenty of white space.
    - Highlight headings.
    - Use graphics that highlight a theme and/or provide a needed illustration.
    - Provide a glossary of terms, if needed.
  14. Pilot test with members of the intended audience. Ask: *Would you pick this up? Do you think that this material was developed for people like you? What would make this more appealing?* Make necessary changes.
  15. Print materials; distribute as planned; evaluate use and outcome



## CDC's Checklist for Easy-to-Read Print Materials

(from CDC's *Simply Put*, 2<sup>nd</sup> ed., 1999)

- Have you limited your messages to 3-4 per document (or section)? Have you left out information that is "nice to know" but not necessary?
- Is the most important information at the beginning of the document, and repeated at the end?
- Have you identified action steps or desired behaviors for your audience?
- Is information presented in an order that is logical to your audience?
- Is information chunked, using headings and subheadings? Do lists include bullets?
- Is the language culturally appropriate? And the visuals?
- Have you eliminated as much jargon and technical language as possible? Is technical or scientific language explained?
- Have you used concrete nouns, active voice, and short words and sentences? Is the style conversational?
- Is the cover attractive to your target audience? Does it include your main message?
- Are your visuals simple and instructive rather than decorative? Do they help explain the messages found in the text?
- Are your visuals placed near related text? Do they include captions?
- Does your document have lots of white space? Are margins at least ½ inch?
- Is the print large enough (at least 12 point) and does it have serifs?
- Have you used bold, underlining, and text boxes to highlight information? And avoided using all capital letters?
- Is text justified on the left only? Did you use columns?

## Resources for Creating and Assessing Print Materials *(continued)*

### ***Simply Put. Centers for Disease Control and Prevention (CDC).***

This guide helps you translate technical and scientific language into information that captures and holds the interest of your intended audience. It provides tips for writing simply, using visuals, and organizing information for easy recall and understanding. *Simply Put* is available at <http://www.cdc.gov/od/oc/simpput.pdf>.

### ***Teaching Patients with Low Literacy Skills, Second Edition. (1996). Authors: Doak, Doak and Root. Philadelphia, PA: J.B. Lippincott Company.***

This 'classic' is for health educators and healthcare providers who wish to improve communication with adults who have limited literacy skills. The book covers a wide range of topics, including educational theories, how to test for literacy skills, how to assess the suitability of materials, and how to create easily understood visuals. The authors discuss how to test and revise health education materials. The book includes directions for using the Fry formula, a copy of the REALM, and a copy of the Suitability Assessment of Materials (SAM). The SAM, an assessment tool, was created by Doak and Doak. This is no longer in print but it is available on our Web site free of charge at [www.hsph.harvard.edu/healthliteracy](http://www.hsph.harvard.edu/healthliteracy).

### ***Making Health Communication Programs Work: A Planner's Guide. (1989). U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health and Office of Cancer Communications, National Cancer Institute.***

This guide has become a standard reference and is often referred to as the 'pink book'. In it, the Office of Cancer Communications sets out key principles for each stage of communication program development. The section on developing and pretesting materials includes considerations for message construction, tips for developing public service announcements (PSAs), and methods for pretesting. It offers practical steps for evaluating communication programs. Appendices include the SMOG formula, a focus group moderator's guide, and helpful resources on designing a public service announcement. The guide is available at <http://www.cancer.gov/pinkbook>.

***Clear and to the Point: Guidelines for Using Plain Language at NIH. National Institutes for Health.***

This summary provides guidelines and useful examples of how to write in plain language, engage readers, display information, and evaluate materials. *Clear and to the Point* is available at <http://execsec.od.nih.gov/plainlang/guidelines/index.html>

***Clear & Simple: Developing Effective Print Materials for Low Literate Readers. (1994). National Institutes of Health, National Cancer Institute.***

This guide outlines a process for developing materials with and for people with limited literacy skills. The guide contains five sections. Each section highlights specific considerations for materials development: defining the target audience, conducting audience research, developing a concept for the product, developing content and visuals, and pretesting and revising materials. *Clear & Simple* is concise and easy to use, with key information presented in bulleted lists. It contains many illustrations and offers real world examples. The guide includes a list of low-literacy publications and software and is available at <http://www.nci.nih.gov/cancerinformation/clearandsimple>.

***The Right to Understand: Linking Literacy to Health and Safety Training. (1994). Authors: Szudy and Arroyo. Labor Occupational Health Program, University of California at Berkeley.***

This manual is designed to help safety and health trainers meet the needs of workers with limited literacy skills. However, it offers clear and focused tips and processes for the development of any materials. Contents include sections on how to develop easy-to-read materials, how to evaluate materials, and how to conduct trainings for people with a wide range of literacy skills. The 'How To' section includes writing, design, and illustration tips. The 'Evaluation' section provides a quick checklist, instructions on using the Fry formula, a guide to field testing materials, sample questions for focus groups, and many case studies on field testing. For more information go to [http://socrates.berkeley.edu/~lohp/Publications/Literacy\\_And\\_Safety\\_Training/literacy\\_and\\_safety\\_training.html](http://socrates.berkeley.edu/~lohp/Publications/Literacy_And_Safety_Training/literacy_and_safety_training.html).

***Creating Plain Language Forms for Seniors: A Guide for the Public, Private and Not-for-Profit Sectors. (1998). National Literacy and Health Program and the Canadian Public Health Association.***

This guide, developed with attention to the needs of seniors, offers clear guidelines for creating forms in plain language. However, the many tips offered can be applied to all health-related forms. The guide includes a section on how to use clear verbal communication with patients who need help filling in forms. The guide also includes sections on the benefits of plain language, forms as barriers, and a Plain Language Forms Tool Kit.

Appendices include a glossary of plain words, and instructions on how to use the SMOG. For more information, contact the Canadian Public Health Association at [www.cpha.ca](http://www.cpha.ca).

***Beyond the Brochure: Alternative Approaches to Effective Health Communication. (1994). AMC Cancer Research Center and Centers for Disease Control and Prevention.***

Beyond the Brochure was developed by the AMC Cancer Institute in the mid 1990s. The goal of the writers is to help readers consider multi-media education materials. This guide presents innovative interventions and strategies to reach the audience. The guidebook begins with a section on audience assessment and participatory processes. The section on pretesting materials includes basic guidelines for discussion guide development. This publication is available at no cost at [www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp). Click on 'Resources and Publications'.

## Resources for Creating and Assessing Web sites

### **Bobby: [www.cast.org/bobby](http://www.cast.org/bobby)**

Bobby is a free Web-based service to help identify and repair significant barriers to access. Bobby was created by the Center for Applied Special Technology (CAST). To use Bobby, you simply enter the URL of the Web site you want tested and click Submit. Bobby limits the number of pages it will check, but you can test an entire set by downloading a version of Bobby.

### **The Children's Partnership: [www.childrenspartnership.org](http://www.childrenspartnership.org)**

The Children's Partnership (TCP) is a national non-profit organization that informs leaders and the public about the needs of America's children. TCP recently published a report titled "Online Content for Low-Income and Underserved Americans: The Digital Divide's New Frontier." The report examines and makes recommendations about Internet content for underserved Americans, including those with limited literacy skills. The full report is available on TCP's Web site.

### **Jakob Nielsen's site: [www.useit.com](http://www.useit.com)**

This site provides tips for the design of Web pages, including information on writing for the Web and guidelines for improving usability of the Web for people with disabilities.

### **The Trace Center, a resource on Web design: [www.trace.wisc.edu/world/Web](http://www.trace.wisc.edu/world/Web)**

This site is focused on usability and access. It includes information on: Web site guidelines, Web access tools, resources on disability and Web use, forums for discussing accessibility issues, and organizations addressing Web access issues.

### **Web site Usability: A Designer's Guide. (1999). Authors: J. Spool. T. Scanlon, W. Schroeder, et al. San Francisco, CA: Morgan Kaufmann Publishers.**

This guide offers practical advice for the design of Web pages, and includes a chapter on readability and page layout. The authors provide a guide for calculating the Fog Index and suggest ways to scan Web pages. For more information, contact Morgan Kaufmann Publishers at [www.mkp.com](http://www.mkp.com).





## Oral Exchange

Clear communication between patients and hospital or health center staff is essential. Staff members need to communicate well with patients during encounters such as phone inquiries, help desk questions, intake procedures, medical examination discussions, consent procedures, and discharge preparation information. This section provides several suggestions for improving oral exchange.





## Recommendations for Oral Exchange Improvement

We suggest that staff members follow these recommendations to ease the burden on patients:

- Ask patients how they learn best (reading, listening).
- Match teaching approaches to learning styles.
- Present a reasonable amount of information at one time.
- Avoid using organizational jargon or specialized words.
- Encourage questions.
- Assume the burden of clear communication by asking if the information or directions were clearly presented. For example, say, “Am I clear?” instead of, “Do you understand?”
- When appropriate, ask patients to repeat key points as though they were telling what they learned to a family member or friend. This approach enables the staff member to fill in missing information.
- Discuss key points of DVD/videos if materials were used in preparing a patient for a test or surgery.

## Resources Related to Oral Exchange

Institute of Medicine (IOM). (2004). *Health literacy: A prescription to end confusion*. Washington, DC: The National Academies Press.

Roter, D. (2005). Health literacy and the patient-provider relationship. In J.G. Schwartzberg, J.B. VanGeest, & C.C. Wang (Eds). *Understanding health literacy; implications for medicine and public health*. (pp 87-100). Washington, DC: American Medical Association Press.

U.S. Department of Health and Human Services (HHS). (2003). *Communicating health: Priorities and strategies for progress—Action plans to achieve the health communication objectives in Healthy People 2010*. Washington, DC: U.S. Government Printing Office.

Weiss, B.D. (2003). *Health literacy: a manual for clinicians*. Chicago: American Medical Association Press.





## Technology

While numerous healthcare facilities use technology for the delivery and collection of health information from patients, most facilities are not yet using their existing technology to its full capacity. Consider the **location** as well as the **use** of patient-facing technologies in your hospital or health center.

In this section, we offer examples from the field in order to spark new ideas for augmenting the use of existing technologies in your facility. The recommendations focus on the following key areas:

- Televisions
- Telephones
- Computers
- Kiosks



## Recommendations for Television Improvement

Televisions are useful for orienting and educating patients, especially while they are waiting for their appointments. This waiting period offers an opportunity to orient people to the facility and to services provided and can also offer education about particular health issues.

*Televisions can be located in...*

- Lobbies and other waiting areas.
- Testing sites.
- Resource rooms, learning centers, family rooms, and libraries.
- Pharmacies.

*Televisions can be connected with DVD players/VCRs to....*

- Play orientation videos/DVDs about the hospital or health center.
- Play preparation videos/DVDs for tests and surgeries.
- Play general educational videos/DVDs.

## Recommendations for Telephone Improvement

House telephones can connect patients with staff or volunteers for help with directions, translations services, or filling out forms. All house telephone should be identified with a clear and visible sign.

*House telephones can be located in...*

- Hallways.
- Lobbies and other waiting areas.
- Resource rooms, learning centers, and libraries.
- Pharmacies.

*House telephones can connect people with a person who can...*

- Speak multiple languages or who can link them to translation services.
- Provide clear and simple directions to all locations and services throughout the facility.
- Help patients fill out forms such as health history forms.

Telephones can be used to remind patients about upcoming appointments and any needed preparation for tests or surgeries. Studies show that reminding patients about their appointments can reduce no-show rates. In addition, reminder phone calls help ensure that patients come prepared for tests or surgeries.

- Call patients to remind them about their appointments a day or two before their scheduled visits.
- Call patients who are coming in for a test or surgery that requires preparation and ask the following: What are you doing today to prepare for your test (or surgery)? What will you do tomorrow to prepare?

## **Recommendations for Computer Improvement**

Computers can be used to provide patients with information and to collect information from them.

*Computers can be located in...*

- Lobbies and other waiting areas.
- Resource rooms, learning centers, and libraries.
- Pharmacies.

*Computers can include programs that can...*

- Provide patients with orientation materials.
- Provide patients with preparation information for tests and surgeries.
- Provide patients with educational materials.
- Collect health history information from patients.
- Bring patients through a basic screening process.
- Enable providers to share parts of medical records with patients.
- Connect to the Internet (ideally to trusted information sites).
- Be geared towards patients with average or limited literacy skills.
- Have audio components.

*Computers can also...*

- Have headsets connected to them.
- Have some indication of where to find help/assistance.
- Have touch-screens.

## Recommendations for Kiosk Improvement

“Kiosks”, also known as a “healthcare kiosks” or “self-service kiosks”, consist of free-standing computer consoles and can be used to answer questions, provide information, and enter data. Since kiosks contain computers, many of the recommendations we make for computers overlap with our recommendations for kiosks.

*Kiosks can be located in...*

- Lobbies and other waiting areas
- Resource rooms, learning centers, and libraries
- Pharmacies

*Kiosks can include computer programs that can...*

- Provide patients with orientation information.
- Provide patients with preparation information for tests and surgeries.
- Provide patients with educational materials.
- Collect health history information from patients.
- Bring people through a basic screening process.
- Enable providers to share parts of electronic medical records with patients.
- Be geared towards patients with average or more limited literacy skills.
- Have programs that have audio components.

*Kiosks can also...*

- Have headsets connected to them.
- Have some indication of where to find help/assistance.
- Have touch-screens.







## Policies & Protocols

Change can be difficult for people and for institutions – it often disrupts the normal course of events and daily activities. Change can be facilitated when people being asked to make a change are part of a problem solving effort. Clearly defined policies and protocols help support action.

Policies reflect organizational needs and priorities. The recommendations offered in this section are only general examples.



## **Recommendations for Policy & Protocol Improvement**

The following suggestions can promote health literacy and ease the burden on patients:

### **Policies & Protocols for Print Materials**

- Use plain, everyday words and phrases in all print materials.
- Write all print materials for patients at a grade level of 8 or below.
- Consider which materials are important to translate into another language.
- Pilot all new materials with members of the intended audience.
- Apply these protocols to:
  - Community relations (mailings and promotional materials)
  - Patient orientation (welcome information and patients' rights & responsibilities)
  - Follow-up notifications (test results, appointment reminders, and billing)
  - Patient education materials (disease and medicine descriptions)
  - Legal materials (informed consent forms)
  - Forms patients fill out (medical history forms)
  - Discharge preparation information

### **Policies & Protocols for Oral Exchange**

- Train and encourage staff, volunteers, and translators to use plain, everyday words and phrases in all discussions with patients.
- Train and encourage translators to use plain, everyday words and phrases.
- Provide patients with opportunities to ask questions about protocols and policies.

### **Policies & Protocols for Staff and Volunteer Orientation**

- Develop and hold orientation programs.
  - Include a description during the orientation of all staff and volunteers of the physical layout and design of the healthcare facility.
  - Include a discussion during the orientation of all staff and volunteers about literacy issues.
  - Include information during the orientation of all staff and volunteers about patient population characteristics (cultures, languages, and other demographics).

- Tailor orientation programs for different groups of staff. Be sure to include:
  - Administrative staff (support staff, program coordinator)
  - Intake staff
  - Discharge coordinator
  - Nursing (RNs, LPNs)
  - Medical (MDs, NPs, PAs, DOs, DMDs)
  - Pharmacy (pharmacists, educators, technicians)
  - Allied health professionals (social workers , physical therapists, occupational therapists, educators, medical assistants, x-ray technicians)
  - Translation service staff
  - Telephone services staff
  - Custodial staff
  - Volunteers

### **Policies & Protocols for Staff Skills Building**

- Offer on-site trainings or workshops about health literacy issues related to oral exchange and print communication for all relevant staff and volunteers.
- Offer CME credit courses related to health literacy and communication for all represented professional staff.
- Offer adult education courses to build literacy skills for employees.
- Inform all staff about the adult literacy resources in the community. If asked, staff could tell a patient where to get help to improve literacy skills.
- Provide staff and volunteers with a resource room with DVDs, booklets, Web sites, etc. about health literacy issues.
- Focus skill building on use of available technologies (i.e., exam room computers, use of electronic medical records).

### **Resource**

Institute of Medicine (IOM). (2004). *Health literacy: A prescription to end confusion*. Washington, DC: The National Academies Press.