HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION

A "How-to" Guide on Designing and Implementing Health Literacy Forums at Departments of Health

National Center for the Study of Adult Learning and Literacy

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About the National Center for the Study of Adult Learning and Literacy (NCSALL) and the Health and Adult Literacy and Learning Initiative (HALL)

A federally funded research and development center focused solely on adult learning, the National Center for the Study of Adult Learning and Literacy (NCSALL) is based in Massachusetts at Harvard University's Graduate School of Education and includes as partners Rutgers University in New Jersey, Portland State University in Oregon, the Center for Literacy Studies at the University of Tennessee, and World Education, a Boston-based nonprofit agency. NCSALL is a collaboration managed by representatives from each of the five partners. NCSALL also supports researchers at affiliates that include the Harvard School of Public Health, Brown University in Rhode Island, and the University of Texas at Dallas.

The Health and Adult Literacy and Learning (HALL) Initiative is a NCSALL research program. HALL is engaged in a variety of activities, studies, and explorations linking health and literacy. Its work is based in public health, health care settings, and adult education programs. HALL maintain strong links to public health and medical institutions, adult education programs, as well as to state departments of public health and education.

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Health Literacy Public Health Forums:
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Preface

Dear Colleagues,

This guide was designed to assist you, as public health professionals and members of departments of public health, to provide a state or local Health Literacy Forum and thereby raise awareness about health literacy and links to health outcomes within your state, county, or city. Those of us in public health can help build health literacy in many ways. This forum provides a vehicle for raising awareness and for sharing ideas across sectors to build an action plan. We also hope to encourage you, through the process outlined in this guide, to forge partnerships with the adult education sector and the library associations in your area as well as with a broad range of public health medical, dental, and nursing practitioners to initiate health literacy action.

The guide includes materials needed for planning and implementing a Health Literacy Forum. Appendix C contains background information about the nascent field of health literacy research, links to the public health and medical literature, and what I hope is a convincing argument for action related to health literacy.

I hope that you find this guide useful and that it enables you to build on this preliminary work. I encourage you to share your experiences via email at the following address: healthliteracy@hsph.harvard.edu. With your permission, our Health Literacy Studies team will post new ideas along with an electronic version of the guide on our Web site: http://www.hsph.harvard.edu/healthliteracy

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" *The ability to access, understand, and use health-related information and services is critical to the success of my three priorities: improving emergency preparedness, and eliminating health disparities, and preventing disease. That's why health literacy is the currency of success for everything I am doing as Surgeon General.* "

— RICHARD H. CARMONA, M.D., M.P.H., F.A.C.S. UNITED STATES SURGEON GENERAL, DEPARTMENT OF HEALTH AND HUMAN SERVICES
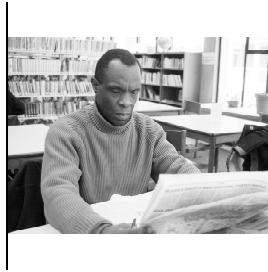
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Introduction

T his guide provides suggestions and materials for the development and implementation of a Health Literacy Forum to be coordinated by a local, county, or state Department of Public Health.

Health Literacy Forums, already implemented in several cities and states, have increased awareness about literacy skills of U.S. adults and health implications. The forums have helped staff members of departments of public health forge statewide, county- or city-wide partnerships to develop action plans that improve health messages, health materials, programs and services, as well as outreach.

Increasingly, health literacy is garnering attention through public forums, presentations at professional meetings, and publications. *Healthy People 2010* as well as the Institute of Medicine Health Literacy Committee report (*Health Literacy: A Prescription to End Confusion*, April, 2004) both indicate that professionals must plan and design programs, services, messages, and materials with attention to literacy. We can also improve our data gathering and research agenda if we include literacy considerations in the design of our forms and survey instruments. Thus we will be able to:

- ■ Meet our mandate

- ■ Broaden our reach

- ■ Improve communication strategies

For some of us, the findings from the 1992 National Adult Literacy Survey (NALS) provided a wake up call. However, many public health staff members are busy enough meeting the demands of their work and keeping up with readings in their own field, let alone with readings from other fields such as education. As a result, many public health practitioners are still not aware of the following research findings:

- Half (47–51%) of U.S. adults are not able to effectively use written health materials to accomplish everyday tasks related to health.

- Over 200 studies indicate a mismatch between the reading level of health materials and the reading skills of the general public.

- Sophisticated language and math skills are needed for many everyday activities that relate to health.

- U.S. adults who have limited reading skills are less likely to manage their chronic disease and are more likely to be hospitalized than are people with stronger reading skills.

- Those population groups that we in public health call "vulnerable" or "at risk" (such as those without a high school degree or a GED, those living in poverty, or the elderly) are the same population groups likely to have poor literacy skills.

The *Health Literacy Forum* described in this guide offers a strong first step for action. This how-to guide was piloted in three states: Massachusetts, Oregon, and Vermont. Contributors to the guide include public health department staff, adult educators, and librarians. The guide was peer reviewed and further revised based on comments and suggestions.

We encourage you to use this guide with the hope that you will consider "putting on" a *Health Literacy Forum.* The guide takes you through a planning and implementation process and contains all needed materials for a forum, including a sample invitation letter, evaluation forms, as well as DVD/video and PowerPoint slide show, either of which can be used for a presentation and discussion trigger. In addition, the guide includes options for follow-up workshops and an outline and materials for one. Please feel free to use the materials as is or modify as needed.

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1 | Goal and Objectives

T he health literacy objective for the nation, articulated in *Healthy People 2010*, is to improve the health literacy of persons with marginal or limited literacy skills. U.S. Surgeon General Carmona suggests that "for health literacy to improve, we need health professionals, policymakers, public officials, researchers, and the public to collaborate on a range of activities." This forum will contribute to this important objective for the nation.

Health Literacy Forum Goal

The goal of the forum is to improve materials and program approaches to insure a match between programs and the average literacy skills of U.S. adults.

Health Literacy Forum Objectives

The objectives of the forum are fourfold:

1. **Increase understanding of functional literacy.**

    ■ Information about literacy skills of U.S. adults is not well known.

    ■ The presentation offers basic information about functional literacy and summarizes *National Adult Literacy Survey* (NALS) findings. Additional information is included in the appendix along with references for more in-depth study. The background piece in Appendix C offers a foundation for building an argument for needed attention to health literacy.

    ■ Accompanying PowerPoint slides can be used for presentations to share this information with others.

    ■ The *In Plain Language* video/DVD can be used to trigger discussion.

2. **Become familiar with health literacy research and findings.**
    Health literacy is a relatively new field of inquiry and offers insight into the link between literacy and health outcomes.

    ■   The presentation summarizes findings from studies that examined the reading levels of health-related materials, people's ability to understand and use health materials, and the mismatch between current demands and common skills.

    ■   The presentation summarizes findings from research linking reading skills and health outcomes.

    ■   Accompanying PowerPoint slides can be used for presentations. Background information and Web site links are in the appendices of this guide.

3. **Forge partnerships with local community resources.**
    Collaborative action can support health literacy initiatives.

    ■   Planning activities and networking options built into the forum set the stage for partnerships and collaborations between and among public health practitioners, adult educators, and librarians.

4. **Explore options for additional action.**
    The forum is designed to engage participants in active discussion and brainstorming.

    ■   Suggested activities will help generate ideas and first steps most appropriate to your locale.

    ■   Suggested follow-up workshops can help public health practitioners move from information to action.

2 | Purpose of the Guide
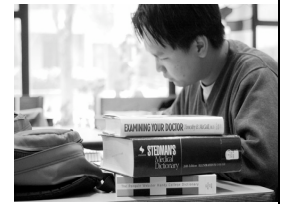
Health and Adult Literacy and Learning (HALL) researchers have been developing and offering presentations and workshops on health literacy for public health practice since the mid-1990s. In 1998, Dr. Rima Rudd developed what she thought might be an appropriate forum to bring to departments of public health and subsequently piloted this idea in Massachusetts, Vermont, and Oregon. Insights from partners in various states and feedback from participants enabled us to expand our original ideas and improve these efforts.

Over time, Rudd recognized that an outside speaker was not a necessary component of this work to learn about, discuss, and develop strategies to incorporate attention to literacy into public health work. Consequently, this guide has been developed in the form of a "how-to" manual for staff at departments of health to host their own Health Literacy Forum with additional suggestions for follow-up workshops.

This guide, building on HALL's previous work, is meant to provide the necessary information and tools to assist staff in departments of public health to plan for and implement an initial forum on health literacy. In addition to increasing knowledge and awareness within health departments, these forums can facilitate building of partnerships with adult education and library services. This guide details:

- A planning process for departments of public health to host an event (*Health Literacy Forum*) to bring together professionals from various sectors of public health with professionals in adult education and in library services;

- Helpful activities and materials for the Health Literacy Forum;

- Background information about health literacy, useful for making an argument for the importance of implementing the forum;

- Needed materials for the forum and for one follow-up workshop which has been piloted in hospitals and with department of public health staff;

- Suggestions for other possible follow-up workshops.

3 | P r e p a r a t i o n
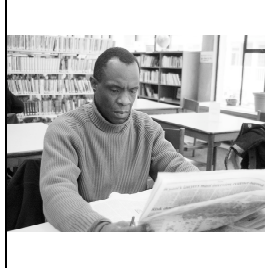
DEVELOPING PARTNERSHIPS

One of the first steps in planning your Health Literacy Forum is to bring together people from public health, adult education, and library services. You will want to identify the key people in each of these fields.

Developing Partnerships Inside Departments of Health

Key people within departments of public health should be involved in support of the forum. Consider including staff who:

■ Are involved in communication projects such as social marketing;

■ Can delegate resources;

■ Supervise other staff and are in a position to disseminate the information to a wide audience;

■ See clients.

If you are interested in implementing broad-level changes, you will want to involve top-level staff who can influence policy and generate interest among others in a variety of bureaus, divisions, or programs.

Explore the benefits to the various bureaus and/or divisions. Consider whether or not various departments, divisions, or bureaus have any on-going efforts that would coincide with the forum's objectives and goals. For example, in Massachusetts, the Bureau of Family and Community Health has an articulated goal in its strategic plan to increase collaboration between the various divisions and programs. The forum, *Health Literacy Public Health Forums: Partners for Action,* could be highlighted as a possible mechanism to help the bureau achieve this goal.

After you have built a supportive working group and involved co-sponsors, you will need to identify someone who can serve as the forum convener. This person will be responsible for the coordination of the forum, including the pre-planning, production, and follow-up. You may want to use someone from inside DPH. You may want to consider someone from adult education or library services. Sometimes a person "outside" the institution has greater cachet. Sometimes, an insider has more power.

Though using a presenter is not a required part of the forum, you may want to select one. This could, of course, be you – the person who first sought out and read this document. You may want to work with someone from within the department or you could contact an outside speaker. The presenter does not necessarily have to be an "expert" in health literacy, but he/she should become familiar with the research, reports, and references included in this guide. If you are interested in contacting an outside presenter, you may want to identify someone who is familiar with health literacy from a public health perspective (and not simply from a medical perspective with a focus on the clinical encounter). You can refer to some of the contact information in the Web Links and References in Appendix C.

Developing Partnerships with Adult Education and Library Services

Partnerships are crucial to this effort. Consider the co-sponsors for the forum. There is a logical link between the health and educational professions, specifically adult education and library sciences. Consequently, colleagues from adult education and from library services as well as any health care facilities that may have an interest can support and strengthen DPH efforts.

Professionals in public health and health care services do not necessarily have the skills or mechanisms to improve the literacy skills of community members or populations of interest. Those of us in public health practice need to improve our own communication skills, the procedures we follow for communicating with and interacting with people, and the forms and materials we write.

Adult educators understand the communication needs and learning styles of adults who have limited literacy skills. In addition, adult educators work directly with people who, because of limited literacy skills, have not had full access to public health and medical information. Public health practitioners and researchers often use the term "at risk" or "vulnerable" populations to refer to these individuals.

Librarians, who are experts on locating and gathering information, serve at the national, state, city, and local level. They are in a perfect position to help the public access needed and appropriate information. A recent survey among libraries and community organizations in New York indicates that librarians believe health literacy can offer an opportunity for productive collaborations. About a quarter of survey respondents indicated that they already address the issue of health literacy through patient education and workshops. In addition, they are involved in the collection or distribution of materials (from: Evaluation of Health Literacy Work among Libraries and Community Organizations, METRO Special Interest Group on Consumer Health Literacy, April 2002).

Increasing numbers of adults are using adult education centers and the public library to access critical information and to use the Internet. The adult educator and the librarian are in perfect positions to guide health explorations. Thus, partnerships among public health, adult education, and library science professionals will serve the public well.

You might want to begin with some information about the adult education and literacy systems in your state. You can contact your state office of adult education or the Department of Education (DOE) Web site for more information and names. Some of this national contact information can be found in Appendix C.

Similarly, you will need to gather some information about library services in your area. You may also want to contact the American Library Association. One other source of information could be your regional representative at the National Network of Libraries of Medicine (NN/LM). The mission of the NN/LM is to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information, and by improving the public's access to information to enable them to make informed decisions about their health. The program is coordinated by the National Library of Medicine and carried out through a nationwide network of health science libraries and information centers. Contact information for this source is in Appendix C.

Additionally, you can investigate whether or not your state is part of a literacy consortium. Many states such as California, Louisiana, New York, and Pennsylvania have formed health literacy consortiums. Many cities such as New Orleans and New York have done the same.

Once you have learned more about how adult education and library services work in your state, city, or county, you may want to identify counterparts within the DOE and the library arena who would be interested and willing to help plan the forum and serve as co-sponsors. You will also want to engage their help in bringing people to the forum or providing you with a list of key invitees.

OFFERING CONTINUING EDUCATION CREDITS

A good way to attract attendees to your workshop is to provide continuing education credits for their participation. Clinical public health professionals such as physicians, dentists, dental hygienists, nurses, and pharmacists are required to accumulate continuing education credits in order to retain their licensure. Other public health professionals, such as health educators and nutritionists, can accumulate continuing education credits by attending educational workshops.

Generally, for workshop attendees to achieve continuing education credit for their profession they have to supply the following information:

- Workshop name
- Sponsor/organization
- Target audience
- Agenda
- Goal and two to three measurable objectives
- Instructor
- Evaluation/usage

An outline of these requirements is in Appendix E. You will find, further along in this guide, notes about key items on this list (target audience, agenda, goals, evaluation).

However, you will need to check with your department's continuing education office to see what is necessary to incorporate in your workshop to offer these credits. Some health departments do not have continuing education offices. This will make the information harder to gather. It may involve speaking with representatives from the different public health professional associations such as the American Dental Association in order to determine how to obtain CEUs.

FORUM PLANNING GUIDE

The goals and objectives for the forum are linked to Healthy People 2010.

Goal and Objectives of the Forum

The goal of the forum is to improve materials and program approaches to insure
a match between programs and the average literacy skills of U.S. adults. The objectives
of the forum are fourfold, as detailed in the goals and objectives section of this guide:

> ### *Objectives of Health Literacy Public Health Forums:*
> ### *Partners for Action*
>
> 1. *Increase understanding of functional literacy.*
> 2. *Become familiar with health literacy research and findings.*
> 3. *Forge partnerships with local community resources for change.*
> 4. *Explore action options.*

Forum Participants and Invitation Letter

The forum announcement or brochure should identify members of the audience and
welcome them. For example, those attending the Health Literacy Forums in Vermont,
Oregon, and Massachusetts included:

- State deputy secretaries and directors of adult education
- State deputy commissioners of public health departments
- Adult educators

Public health professionals from various divisions, programs, and disciplines including
elder health, diabetes, cancer control, statistics and evaluation, women's health, health
and wellness, HIV, and oral/dental health.

Colleagues from Hawaii suggest that people from other government agencies, such
as those working in bio-terrorism preparedness, be included as well as faith groups and
community-based care providers.

Evaluations collected at previous forums suggested that you may want to also invite:

- Social marketers

- Contract vendors

- Lawyers

- Doctors, dentists, and public health nurses

- Representatives from various community ethnic groups

- Local policymakers

An optimum group size for your forum could range from 30 to 100 people with at least 10 representatives from education and library services. Some of the strengths of the forum are the group activities, interaction, and, most importantly, networking opportunities. If there are not enough representatives from fields outside of public health, the forum may not accomplish its goal of partnership building.

The letter of invitation should highlight the expected outcomes of the forum for each of the three fields (i.e., public health, adult education, and library services). In addition, you may want to ask the invitees to bring extra business cards so that they can distribute them during the networking portion of the forum. An invitation that is signed by senior representatives in public health, adult education, and library services in your area will carry weight. A sample invitation letter is in Appendix F.

Forum Location

The forum might best take place at your local or state public health department. This is important because achieving the health literacy objective stated in *Healthy People 2010* is a public health mission. Colleagues suggest that community centers work better in some locales.

The space should be reserved for fours hours even though the forum will only be three hours long (two-hour program with one hour for networking). This will allow an extra 30 minutes for set-up and an extra 30 minutes after for any lingering attendees to complete evaluations and to continue networking.

Forum Scheduling

Speak with members of your team to determine the most convenient time for members of their profession. You may also want to plan and send out the invitations to the forum well in advance of the actual event to ensure good attendance. If you are

planning a statewide forum, keep in mind the travel time your attendees will need if they are coming from across the state. Unfortunately, none of the host or sponsoring agencies in the pilot sites was able to offer financial support for travel or attendance. You might, of course, be more successful than we were. You might consider applying for sponsorship, and we hope that the background information provided in the appendix will provide you with an argument to present to sponsors.

Network Building

After the invitations have been sent out, create a mechanism that will allow you to keep track of responses and the invitees' complete contact information. You will find this information helpful for building a *registration list* and a *directory of participants* to be distributed to all attendees after the forum to strengthen network goals. Such a list will also enable you to conduct follow-up evaluations. Consider these options:

- Include a registration postcard in your invitation packet that attendees can mail back to you

- Ask invitees to mail you their business card

A sample registration postcard is provided in Appendix G.

Presentation Packet

If finances allow, include the following in the presentation packet to be distributed at the forum:

- On-site evaluation form (sample in Appendix H)

- Printed handout of the presentation slides (four or six to a page)

- List of area public health, adult education, and library services resources (taken from the Web Links and References provided in Appendix C of this guide)

Attendees of past Health Literacy Forums have recommended that this packet include a list of the forum participants along with their contact information, examples of "low literacy" materials, as well as current research articles relevant to health literacy. Of course, an expansive package may be too burdensome to assemble or expensive for some departments. This material could be posted on the web or be sent out as email attachments.

Evaluation Plans

An evaluation plan should include an on-site form and a follow-up mailing. Immediate evaluations provide information for forum planners and contain vital information for follow-up activities, while follow-up evaluations offer very powerful insight into action taken. These findings can support applications for outside funding for future endeavors and for follow-up workshops.

- One powerful question you might want to raise immediately is "what action will you take next week?"

- Next, you will be able to follow up with inquiries about partnerships formed and action taken.

Two sample evaluation forms are included in Appendix H.

4 | F o r u m   G u i d e

T his section contains all the elements of the day. The forum will begin with introductions, an overview of literacy, and a discussion of implications for public health practice. The discussion will generate ideas for action and partnerships.

This implementation section begins with a checklist of the materials that you will need to have on hand the day of the forum. Next, you will find a full annotated agenda followed by a "handy" syllabus (useful for the day of the forum).

MATERIALS CHECKLIST

The following are materials that you will need to have on hand the day of the forum.

- Registration list
- Handout of slides
- List of attendees
- Research reports
- Examples of low literacy materials
- List of national, state, and local resources (DPH, ABE, Library Services)
- Portable microphone (depending on size of room)

If Choosing Video (option A):

- *In Plain Language* video, large screen TV, and VCR **OR**
- *In Plain Language* DVD, large screen TV, and DVD Player

If Choosing Presentation (option B):

- PowerPoint and LCD projector **OR**
- Overheads and Overhead projector

ANNOTATED AGENDA

Below is a step-by-step description of all the activities included in the Health Literacy Forum. These activities are based upon the previous forums held in Vermont, Massachusetts, and Oregon and also include revisions based upon the evaluations that were collected in each state. Please feel free to use as is or modify as needed.

STEP ONE: *Introductions (15 minutes)*
Review the goals and objectives of the forum and briefly highlight the various groups of participants. This will help with the networking activities later in the session.

STEP TWO: *Health Literacy and the Implications for Public Health Practice (45 minutes)*
There are two options for this step.

- Option A: *In Plain Language* video/DVD with facilitated follow-up discussion.

- Option B: *On the National Agenda: Health and Literacy*, a PowerPoint presentation with Q and A.

Option A: *In Plain Language* (Video/DVD)
Explain that participants will view a video/DVD that deals with the topic of health literacy from several perspectives. Note that this video is meant to provide a common baseline for a discussion about health and literacy. Ask members of the audience to note down anything in the video that surprised them. Present *In Plain Language* video/DVD. Follow up with questions and answers.

When the video/DVD has ended, facilitate a group discussion by posing questions and asking for responses. Begin with implications for public health. You may want to raise the following questions:

- What experiences have you had with a mismatch between DPH materials and audience response?

- What difficulties have you faced in communicating with members of communities? Were any of these related to literacy barriers?

Next, you might ask members of the audience to note facts or passages in the video that surprised them. Here are some questions that could encourage discussion:

- What are some of the consequences of limited literacy as noted in the video?

- What literacy-related barriers to health promotion/protection/care do the Read/Write Now students and other adults face?

Finally, you will want the discussion to focus on action. You could begin with the following questions:

- ■   Which of these barriers might we, in our respective field, be able to eliminate?

- ■   What action can public health staff take?

- ■   What action can adult educators take?

- ■   What action can librarians take?

- ■   What can we do together?

Option B: *On the National Agenda: Health and Literacy* (Slide Presentation)
Present overheads or slides focused on findings from the NALS. Follow up with
questions and answers. Present the title of each slide and highlight a key item.
Avoid reading aloud all the information on the slides. You will find a master copy
of the slide show with comments in Appendix I.

Facts about Literacy:

Many health professionals are unaware of the results of the 1992 National Adult
Literacy Survey (NALS) and the implications they have for the health and economy
of the nation. The main theme of the slide presentation is an illustration of the
average or mean literacy skills of adults in the U.S.

Emphasize Average Skills:

Dr. Rudd, in presentations to many different professional audiences, found that
an emphasis on people with low or limited literacy skills did not serve the discussion
well. Some members of the audience inevitably felt that "these" people were not
the same people that they are working with. However, a focus on the mean scores
for U.S. adults did serve as a "wake-up call" to many in the audience. Members
of the audience discussed the faulty assumptions about average literacy skills among
adults in the U.S. and saw the need for some re-adjustments.

Slide Presentation:

This packet contains a sample slide presentation entitled, "On the National Agenda:
Health and Literacy" along with notes in Appendix I. You can also download this
presentation from the Harvard School of Public Health's Health Literacy Studies
Web site at http://www.hsph.harvard.edu/healthliteracy. You should feel free
to modify and tailor the presentation to better address your style as well as the
needs in your geographic area.

Local Statistics:

Evaluations from previous forums suggest that you ought to include key health and literacy statistics relevant to your city and/or state. One good source of estimated local literacy statistics is the National Institute for Literacy's report, *The State of Literacy in America: Synthetic Estimates of Adult Literacy Proficiency at the Local, State and National levels.* This report is available with a searchable database at: http://www.nifl.gov/reders/reder.htm. Please also refer to the Web Links and References found in Appendix C to help you locate important data for your area. You may also want to include slides that discuss recent findings from relevant health literacy research. Updated annotated bibliographies are available on the literature section of the Web site: http://www.hsph.harvard.edu/healthliteracy.

STEP THREE: *Question and Answer Period (20 minutes)*
Allot time for the audience to ask some questions regarding the slide presentation or the video/DVD. You should not take on full responsibility for presenting answers to questions raised. With representatives from different fields present, you will likely have experts in the audience. Ask members of the audience to answer as many of the questions as possible.

Unanswered Questions:

Consider asking someone to record questions that are left unanswered. A "research team" of volunteers can be assembled to find answers to these questions. Consider distributing the answers at the same time that you collect your follow-up evaluation. We are all more apt to give something (such as completing an evaluation form) when we receive something.

References:

This would also be a good time to refer the audience to the packet of resources that you have distributed.

STEP FOUR: *Action Steps (15 minutes)*
Ask participants to suggest action steps for public health, health care, ABE or library professionals. You might want to begin by posing the following questions:

- Based on what we've just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

Brainstorming:

Audience brainstorming activities typically generate a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums. Below is a list of action steps taken by previous forum attendees in Massachusetts, Vermont, and Oregon:

- Convened a research action group that consisted of area adult educators, university researchers, and public health professionals (VT).

- Pilot tested health materials at a local adult education center (MA, OR).

- Incorporated family planning information in an adult education center (OR).

- Ordered additional literacy related materials (MA, OR).

- Incorporated literacy information into office of communication guidelines (OR).

- Added individuals and agencies with education expertise to state's list of pre-qualified vendors (MA).

- Distributed information to local vendors (MA, OR, VT).

- Developed a workshop to train other health professionals on how to write in "plain language" (VT).

- Implemented a Health Literacy Forum in a nearby state (VT).

NOTE: This list will expand. Members of HALL will post actions steps and ideas sent in from departments of public health on the Harvard School of Public Health Web site at http://www.hsph.harvard.edu/healthliteracy.

STEP FIVE: *Brief Summary and Evaluation (15 minutes)*
This period between the final discussion and the following networking opportunity is a good opportunity to summarize the presentation and to conduct and collect evaluation sheets.

Summary:

Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Many successful forums end with summary statements and announcements of possible follow-up activities that can be conducted as a second step following the forum (see p. *25* for examples).

Evaluation:

Evaluations signal the end of the meeting. However, let the group know that after the evaluations are handed in, everyone in the audience will introduce themselves. Hand out and collect the evaluation sheets. Formal collection, by someone stationed at the exit, is usually very helpful as well.

STEP SIX: *Introductions and Networking (60 minutes)*
This last hour is of critical importance. It sets the stage for future partnerships and action steps. It is useful to divide the time between public introductions and private discussions.

Introductions:

Ask all attendees, including the '"visitors," to introduce themselves.

- It is helpful and most respectful to ask the senior people in the field to begin the introduction. In Massachusetts, for example, the State Director of Adult Education set the stage by introducing himself and commenting on the mutual benefits of collaboration.

- Participants might also highlight an idea or action of interest. For example, someone might say that he/she is interested in speaking with others who want to plan a workshop for a particular agency.

Discussion:

Consider asking if professionals in one group have any questions for professionals in another group.

Networking:

If you are able, set up refreshments for a social exchange. Refreshments provide a good draw for lingering. As facilitator, you are in a good position to bring key people together. If participants know in advance to bring business cards, this is a good time for distribution.

HEALTH LITERACY FORUM
Handy Syllabus – Option A (with video/DVD)

Objectives of Forum

- *Increase understanding of functional literacy.*
- *Become familiar with health literacy research and findings.*
- *Forge partnerships with local community resources for efficacious change.*
- *Explore action options.*

Duration

- *Half-day forum (3 hours)*

Participants

- *Between 50 and 100 people with at least 15 to 20 representatives from adult education and library services.*

Materials (provided by convener)

- *Registration list*
- *Video/DVD, In Plain Language*
- *VCR or DVD player and monitor*
- *Portable microphone*
- *On-site evaluation form*
- *Refreshments*
- *Presentation packet*

Materials (brought by participants)

- *Business cards*

Forum Goal

To improve materials and program approaches to insure a match between programs and the documented literacy skills of the average adult.

Forum Steps

1. **Introduction (15 minutes)**
   (Convener) Review the goals and objectives of the forum. Highlight the various groups that the participants represent. Introduce presenter.

2. **Video/DVD (20 minutes)**
   (Convener) View *In Plain Language* video/DVD.

3. **Question and Answer Period (45 minutes)**
   (Convener and Presenter) Direct the attention to the audience, facilitate a whole group discussion by posing questions and asking for responses. Start by asking specific questions that relate to the contents of the video/DVD. Some possible questions to begin this discussion are:

- What experiences have you had with a mismatch between DPH materials and audience response?

- What difficulties have you faced in communicating with members of communities? Were any of these related to literacy barriers?

Next, you might ask members of the audience to note facts or passages in the video that surprised them. Here are some questions that could encourage discussion:

- What are some of the consequences of limited literacy, as noted in the video?

- What literacy-related barriers to health promotion/ protection/care do the Read/Write Now students and other adults face?

Finally, you will want the discussion to focus on action. You could begin with the following questions:

- Which of these barriers might we, in our respective field, be able to eliminate?

- What action can public health staff take?

- What action can adult educators take, etc.?

If some questions remain unanswered be sure to write them down and then provide the participants with the answers in a follow-up mailing. Review the handout packet with the participants.

4. **Action Steps (15 minutes)**

(Convener) Ask participants to suggest action steps for health professionals. You might want to begin by posing the following questions:

- Based on what we've just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

We have found that an audience brainstorm activity generates a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums.

5. **Summary and Evaluation (15 minutes)**

(Convener) Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Hand out and collect the evaluation sheets.

6. **Introductions and Networking (60 minutes)**

(Convener) Ask all the "visitors" — the non-DPH attendees — to introduce themselves. Ask the senior people in the field to begin the introduction. Consider asking if professionals in one group have any questions for professionals in another group. If participants know in advance to bring business cards, this is a good time for distribution. If you are able to serve refreshments, this is a good draw for lingering. You might want to let the network time flow naturally or provide a structure by dividing the room into sections by population focus (e.g., elders, youth, immigrant groups) or by needs (e.g., assessing materials, developing new material, involving adult learners in piloting materials).

Post-Forum Steps

Follow-up mailing that includes any unanswered questions from the forum, details on the next workshop, post-forum evaluation form, as well as any other pertinent information.

HEALTH LITERACY FORUM
Handy Syllabus – Option B (with slide presentation)

Forum Goal

To improve materials and program approaches to insure a match between programs and the documented literacy skills of the average adult.

Forum Steps

1. **Introduction (15 minutes)**

   (Convener) Review the goals and objectives of the forum. Highlight the various groups that the participants represent. Introduce presenter.

2. **Slide Presentation (45 minutes)**

   (Presenter) Review slides with group. Be sure to emphasize the "mean score" or "average skills." You can view and/or hear discussion points and references by accessing the notes master version of this presentation. You should feel free to modify and tailor the presentation to better address your state and local population and interests.

3. **Question and Answer Period (20 minutes)**

   (Convener and Presenter) Direct the attention to the audience, solicit questions. If some questions remain unanswered be sure to write them down and then provide the participants with the answers in a follow-up mailing. Review the handout packet with the participants.

4. **Action Steps (15 minutes)**

   (Convener) Ask participants to suggest action steps for health professionals. You might want to begin by posing the following questions:

   ■ Based on what we've just heard, what steps can you take when you return to work? What steps might you be able to take within this month?

   We have found that an audience brainstorm activity generates a rich listing of possible action steps. You may want to include some of the actions that resulted from other forums.

5. **Summary and Evaluation (15 minutes)**

    (Convener) Ask members of the audience to offer summary statements of key points covered. Note your plans for follow-up mailing and for follow-up activities. Hand out and collect the evaluation sheets.

6. **Introductions and Networking (60 minutes)**

    (Convener) Ask all the "visitors" — the non-DPH attendees— to introduce themselves. Ask the senior people in the field to begin the introduction. Consider asking if professionals in one group have any questions for professionals in another group. If participants know in advance to bring business cards, this is a good time for distribution. If you are able to serve refreshments, this is a good draw for lingering. You might want to let the network time flow naturally or provide a structure by dividing the room into sections by population focus (e.g., elders, youth, immigrant groups) or by needs (e.g., assessing materials, developing new material, involving adult learners in piloting materials).

Post-Forum Steps

Follow-up mailing that includes any unanswered questions from the forum, details on the next workshop, post-forum evaluation form, as well as any other pertinent information.

5 | Follow-Up
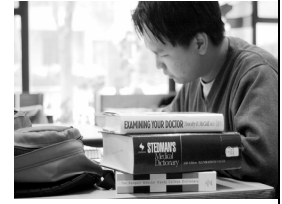
OPTIONS

After the initial forum, some of your participants may want to have a hands-on follow-up workshop. There are several options you may want to consider:

- Focus on piloting techniques and ideas for formative research;
- Focus on "visual literacy" and how best to use graphics and illustrations;
- Focus on the development of materials;
- Focus on health literacy and culture with an emphasis on overcoming language and cultural barriers;
- Focus on developing health communication tips for distribution to all DPH sectors;
- Focus on developing health communication guidelines for all departments.

This is just a brief listing of the possibilities. You may want to collect suggestions for follow-up workshop ideas on your evaluation form. It is very likely that adult education specialists or librarians could help shape the agenda for such workshops and take a lead role.

FOLLOW-UP EXAMPLE: ASSESSING MATERIALS WORKSHOP

One follow-up workshop that we have successfully organized focuses on how to assess existing health materials. This workshop teaches three main skills:

1. How to use plain language;
2. How to assess readability of written materials and how to improve vocabulary, sentence structure and organization;
3. And, how to assess other characteristics of written materials to increase readability (i.e., layout).

ANNOTATED AGENDA

The workshop outlined below should take less than 4 hours including a 10-minute break. Ideally, your workshop participants should have attended the previous *Health Literacy Forum* but it is not necessary (as long as attendees are willing to read background information before the workshop). What follows is a discussion of the workshop and its suggested activities.

STEP ONE: *Icebreaker (15 minutes)*

This brief game sets a great tone for the workshop and provides participants with an "a-ha" moment. Participants come together in pairs or as a threesome. Each member holds a "plainword" card, reads a "fancy," word and asks the others to suggest a common word substitute. This game is the exact opposite of games developed to "improve vocabulary" for those taking some national tests.

> (plain•word)™ was developed by the Canadian Public Health Association's (CPHA) National Literacy and Health Program. (plain•word)™ is easy to play. All you have to do is guess a (plain•word)™ for each hard word on a word card. (plain•word)™ is designed to help you simplify the language you use by teaching the principles of plain language that will help get your message across the first time.

This exercise will give the participants a hand-on understanding of the challenges encountered when writing and speaking in "plain language." A more detailed description of (plain•word)™ is included in Appendix J.

STEP TWO: *Introduction (20 minutes)*

An overview of health literacy findings will be useful to participants who did not attend the forum. You may want to ask participants to briefly highlight some key points about health literacy and to define terms such as literacy, functional literacy, and functional health literacy. You can also highlight the 1992 National Adult Literacy Survey (NALS) findings or recent studies regarding the functional literacy and functional health literacy of the U.S. population.

STEP THREE: *Plain Language (30 minutes)*

One of the first steps in assessing or developing materials is to make sure you use plain language.

Plain Words and Straightforward Sentences:

The term "plain language" is jargon and many people are not familiar with it. You may want to begin your discussion of plain language by circling back to the icebreaker game, (plain•word)™. In their book *Teaching Patients with Low Literacy Skills*, the Doaks (see references) provide a list of substitution examples in health. This discussion is helpful to people who, once they see "utilize" and "use" side by side, understand the concept of plain words. You may also want to use one or two examples of comparisons between complex/simple sentences. Once the participants have a reference point, it may be easier to discuss the definition of plain language, tips for writing in plain language, and other important strategies.

Organization:

Plain language also focuses on organizing and presenting information so that it makes sense and is easily understood by the intended audience. Suggestions include use of headings and summary sections to highlight important information. Typically, "plain language specialists" recommend that when you are writing for the general public, material should be written at a Grade 4 – 6 level so the greatest number of people can understand. We also urge you to emphasize clarity and not "dumbing down." Plain language is, in the terms used by the CDC, about clarity and simplicity.

Revision:

People have a difficult time when they try to make a text clear and simple. This type of exercise "goes against the grain" because, in the K-12 schooling, many have learned that good writing incorporates a broad vocabulary and varied sentence formats. Plain language revisions take skill and time. Practice is very important. Therefore, the workshop activity should include an opportunity for participants to revise a piece of material.

Examples:

Below are two examples from, *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies.* One is the original and the second is a more appropriate plain language version.

Grade 12:

It makes good sense that premature births and newborn illnesses are decreased by early pregnancy care. The doctor is actively involved in testing the pregnant woman for pregnancy-induced diabetes and a host of other problems that would not be detected by the patient alone. We know that these problems cause premature births and illness in newborns. It certainly makes sense that early detection and treatment of these problems by the doctor results in healthier babies.

Grade 4:

If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a childbirth doctor from our list will give you a first exam. Tests every month or so will let you know if all is going well. If there is a problem, you'll know it right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.

STEP FOUR: *Readability (45 minutes)*

Introduce the topic of readability to your participants. Readability is the first step in materials assessment. Generally, a readability level is associated with a grade level. This simply means that the structure and format of a sentence or passage is linked to expectations within a particular grade – if, of course, teaching has focused on needed skill building.

Note that there are several types of readability formulas in use. Some of the more commonly used are:

- ■ FRY
- ■ SMOG
- ■ Flesch-Kincaid (computer version)

For a detailed discussion of readings as well as these readability tools please see Appendices D and J.

Following this discussion, present the SMOG readability formula in detail. We promote teaching the SMOG because, unlike some of its counterparts, it does not rely on any charts or graphs – just some simple math. This allows for greater versatility and use.

SMOG Assessment Activity:

Provide the instructions for the SMOG process. Ask your participants to divide into pairs. Have each pair assess the sample material that they were asked to bring with them. Participants have enjoyed working with materials that are meaningful to them.

After the participants have assessed their materials, have them report back to the larger group. What seems like a simple straightforward formula can spark many questions. For example:

- Q: What if a polysyllabic word is repeated several times? Do you count it every time or only the first time it is mentioned?
  A: According to the SMOG rules you should count the word every single time it is mentioned.

- Q: What if a date or number is mentioned like 1999 or 12? A: In the first instance, 1999, would be counted as one poly-syllabic word since it reads as a five syllable word, "nineteen ninety-nine". In the second instance, 12, would not be counted as a polysyllabic word since it reads as a one syllable word, "twelve".

- Q: What if an acronym is mentioned like TANF? A: An acronym is counted as each individual word that it represents. In this example, TANF represents "Temporary Assistance for Needy Families" and it has 3 polysyllabic words (temporary, assistance, and families). Therefore, you would add 3 to your polysyllabic word count.

STEP FIVE: *Beyond Readability (45 minutes)*

Determining the reading level is just one component of assessing materials. In this portion of the workshop you will introduce your participants to other assessment tools such as the Suitability of Assessment of Materials (SAM) and the PMOSE/IKIRSCH, which are used to assess document literacy.

The SAM is frequently used for materials assessment and reviews. It covers organization, writing style, appearance, and appeal. Because your time is limited, you will probably have only enough time to offer an overview of the SAM. A complete overview of the SAM is in Appendix J. Again, after you discuss the benefits and the limitations of the SAM, such as its subjectivity, you will once again have the participants assess the materials that they brought.

The PMOSE/IKIRSCH is a tool used for assessing lists, charts, and graphs. Review the key components of this instrument, which is in Appendix J. If time does not permit a full discussion and application of this tool, you can refer your participants to their handout, which will have references to all of the tools used in the workshop as well as ones that were not mentioned.

STEP SIX: *Summary and Plan (10 minutes)*

Ask participants to review insights from the first half of the workshop. You may want to ask about skills learned and insights gained. This is also a good opportunity to see if you need to review any key issues.

Plan Development:

Ask participants to suggest plain language "guidelines" for their colleagues. If these suggestions are listed on an overhead or a board, the group can organize them into categories. You can also ask participants to test out this list with colleagues and consider forming a committee to develop a DPH guideline.

STEP SEVEN: *Evaluation and Follow-Up (10 minutes)*

Pass out an evaluation form. Focusing on the next step, ask participants to identify what they can do differently when they return to work. This and other evaluation options are included in Appendix K. You might consider a follow-up in two months' time to record action taken.

ASSESSING MATERIALS WORKSHOP
Handy Syllabus

Goal of Workshops

- *Participants will leave with an understanding of "plain language."*
- *Participants will be able to assess the readability of written materials.*
- *Participants will be able to improve the readability of written materials.*
- *Participants will learn other strategies for improving communication.*

Duration

- *Half-day workshop with break (3.5 hours)*

Materials (provided by facilitator)

- *Directions for the SMOG*
- *Directions for the FRY*
- *Directions for the SAM*
- *Additional list of references*
- *Sample "plain language" materials*
- *(plain•word)™*
- *Easel*
- *Flip chart*
- *Markers*
- *On-site evaluation form*
- *Refreshments*

Materials (brought by participant)

- *Sample of materials that can be written on*

Goals of Workshop
Purpose

The purpose of this workshop it to illustrate how to write in plain language and how to use various assessment tools.

Steps

1. Icebreaker (15 minutes)

Have the participants pair up in either groups of 2 or 3 depending on how many are in attendance. Pass out 2 (plain•word)™ cards to each group. Read the directions aloud and then allow the groups to play for about 10 minutes. Then ask the participants to comment on the game as a larger group.

2. Introduction (20 minutes)

Have each of the workshop participants introduce themselves to the group. Then briefly recap some of the important definitions that were discussed in the previous Health Literacy Forum: literacy, functional literacy and functional health literacy. If time permits you may also want to quickly recap some of the pertinent statistics from the 1992 National Adult Literacy Survey (NALS).

3. Plain Language (30 minutes)

Introduce the topic of plain language to the group. Review the definition and make references to the icebreaker game, (plain•word)™. Explain methods of how to write using plain language.

4. Readability (45 minutes)

Introduce the topic of readability as one component in assessing materials. Discuss the various types of readability formulas while weighing their pros and cons. Present the SMOG readability formula in detail and allow 20 minutes for the group to divide into pairs and assess the materials that they brought. Leave 10 minutes for reporting back to the larger group as well as for questions and answers.

5. **Beyond Readability (45 minutes)**

   Introduce the other important components of assessing materials. Present the SAM (Suitability Assessment of Materials) in detail.

   Have the participants divide into small groups (~3) and perform the SAM on the materials that they brought in. In order to allow the participants to "check" their work, have each participant in the smaller groups work on one piece of material. Allow at least 10 minutes for questions and answers as well as for the smaller groups to report back their findings.

6. **Summary and Plan (10 minutes)**

   Ask participants to review insights from the first half of the workshop. You may want to ask about skills learned and insights gained. This is also a good opportunity to see if you need to review any key issues.

   Plan Development:

   Ask participants to suggest plain language "guidelines" for their colleagues. If these suggestions are listed on an overhead or a board, the group can organize them into categories. You can also ask participants to test out this list with colleagues and consider forming a committee to develop a DPH guideline.

7. **Evaluation and Follow-up (10 minutes)**

   Pass out an evaluation form. Focusing on the next step, ask participants to identify what they can do differently when they return to work. This and other evaluation options are included in Appendix K. You might consider a follow-up in two months' time to record action taken.

APPENDICES:

Appendix A:

About the Development of the Guide

◆ ◆ ◆

Appendix B:

Insights from Colleagues

◆ ◆ ◆

Appendix C:

Web Links and References

◆ ◆ ◆

Appendix D:

Background Information on Health Literacy

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Appendix E:

Continuing Education Credits

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Appendix F:

Sample Invitation Letter

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Appendix G:

Sample Registration Postcard

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Appendix H:

Sample Evaluation Forms for the Health Literacy Forum

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Appendix I:

Powerpoint Slides/Overheads and Handout

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Appendix J:

Tools for Skills Development

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Appendix K:

Sample Evaluation Forms for the Assessing Materials Workshop

APPENDIX A:

About the Development of the Guide

M any people contributed to the development of this guide as writers, organizers, and reviewers.

- **Rima Rudd** is Senior Lecturer on Society, Human Development, and Health at the Harvard School of Public Health and Principal Investigator of Health and Adult Literacy and Learning (HALL) with NCSALL

- **Emily Zobel** served as the Health Literacy Studies coordinator for HALL and now works with the Massachusetts Department of Public Health

- **Gail Ballester** is the Director of Health Education, Massachusetts Department of Public Heath

- **Suzi Gates** is a Health Communications Analyst at the Centers for Disease Control and Prevention

- **Howard Koh** is the Associate Dean of Public Health Practice at the Harvard School of Public Health and the former Commissioner of the Massachusetts Department of Public Health

- **Gerald Ohta** is the Affirmative Action Officer at the State of Hawaii Department of Health

- **Karen Rowe** formerly served as NCSALL's Director of Dissemination at World Education

- **Paula A. Steib** is the Communications Director at the Association of State and Territorial Health Officials.

We would also like to thank the following agencies and businesses for granting us permission to take photographs at their facilities:

Cambridge Community Learning Center
Cambridge Public Library – Central Square Branch
Creation "N" Hair
Harvard University Health Services
Harvest Co-op Markets
Negash Auto Service
Pearl Street Laundry & Dry Cleaners
Rangzen Tibetan Restaurant

This work is part of a larger effort that includes:

- An articulated strategy for city and state health literacy initiatives;

- The development of a guide for partnership efforts among adult education programs, libraries, and local health centers or hospitals; and

- The design and development of Health Literacy Study Circles. The Health Literacy Study Circle guides engage adult education teachers in discussion of health literacy, analysis of skills needed for critical health related activities, and curriculum building. The guides include one on Navigating Health Systems, one focused on Managing Chronic Diseases, and the third addressing Disease Prevention, Screening, and Early Detection.

APPENDIX B:
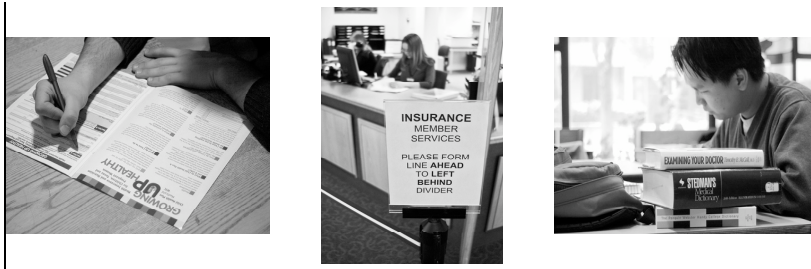
Insights from Colleagues

◆ ◆ ◆

Massachusetts Department of Public Health

◆

Vermont Department of Health

◆

Oregon Department of Human Services

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Dear Colleague:

We are pleased to share with you **"Health Literacy: Partners for Action,"** a guide for health departments to plan and implement forums on health literacy.

This guide was developed to provide health departments with the tools necessary to implement a Health Literacy Forum, as well additional suggestions for follow-up workshops. **"Health Literacy: Partners for Action"** is a "how-to" manual which includes:

- A detailed step-by-step planning process;
- Helpful activities and sample materials for the forum;
- Background resource information on health literacy, invaluable to both program planners and participants;
- Suggestions for possible follow-up activities.

This important new resource is now available to assist us as we face the increasing challenges of meeting the diverse needs of the populations that we serve. In order to improve health outcomes, we must enhance our communication strategies. In addition, we can strengthen our efforts to improve health literacy by collaborating with others who understand communication barriers and who work to help people overcome them, such as adult educators and librarians.

In the United States today, there is a growing awareness about the gap between the functional literacy skills of the average adult and the skills needed **to read, understand and act on health information**. In fact, "Healthy People 2010: Goals and Objectives of the Nation" identifies Objective 11.2: "To improve the health literacy of persons with marginal or limited literacy skills."

In Massachusetts, we have had the benefit of being one of the pilot state health departments for this forum. Heightened awareness within our state has led to increased activities to address these concerns in public health. We have conducted additional workshops both within our own department and with our contracted vendors. In addition, we pilot tested health materials at a local adult education center.

I think you will find this guide to be a useful and thorough companion as you work to improve health literacy in your state or community.

Sincerely,

Gail Ballester, M.Ed.
Health Education Director

Vermont Department of Health
Division of Health Improvement
Dental Health Services

Agency of Human Services

February 6, 2004

Dear Colleagues:

In December of 1999, the Vermont Department of Health (VDH) was honored to host a workshop on Health and Literacy presented by Dr. Rima Rudd. The session was well attended and health department staff gave very positive feedback on the workshop.

The training materials used by Dr. Rudd were excellent and have been incorporated in the "Health Literacy: Partners for Action" guide. Other health departments are sure to find this guide invaluable as they address the critical need of improving communication with members of the public.

Dr. Rudd's presentation in Vermont inspired a related follow-up training session, held on October 6, 2000 where I and other health department staff provided information on developing easy-to-read publications. Readability testing has been incorporated in the process of creating VDH publications, and layout and typeface choices are selected to make documents easier to read. Health literacy training also influenced our work with physicians being trained to provide brief interventions with smokers.

The Vermont Department of Health benefited by serving as a pilot state for the Health and Literacy Studies group led by Dr. Rudd, and other state health departments stand to profit greatly from this newly developed resource. The guide receives our highest recommendation.

Sincerely,

Barbara A. Moeykens

Barbara A. Moeykens, M.S.
Social Marketing Specialist

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)(DHS

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MULTNOMAH COUNTY HEALTH DEPARTMENT

PDES

OREGON DEPARTMENT OF HUMAN SERVICES

Phone #: (503) 731-443
Fax #:   (503) 731-860

February 11, 2004

Emily Zobel
Coordinator, Health Literacy Studies
Harvard School of Public Health
Landmark Center
401 Park Drive
Boston, MA 02115

Dear Colleagues,

Our state Health Department was lucky to host Rima Rudd during the pilot phase of the Health and Adult Literacy and Learning forum. Many people across several program areas attended and remarked to me afterwards that they had found it relevant and enjoyable. We found it to be an insightful and pragmatic summary of an important field that many of us really didn't know that much about. The presentation was valuable for staff across all phases of program development, implementation, and evaluation. It was particularly helpful to learn about resources to help guide us in the next steps to match our materials more appropriately with our clients.

I appreciated the approach that blended solid scientific evidence with practical strategies and therefore skillfully targeted the message for public health professionals. I would highly recommend the recently-developed manual as a tool to help state and local health agencies host their own health literacy forum.

Sincerely,

David Dowler, Ph.D.
Research Evaluation Supervisor

PROGRAM DESIGN & EVALUATION SERVICES

APPENDIX C:

Web Links and References

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Adult Basic Education

National • State

◆

Library Services

National • State

◆

Reports on Literacy

National • International • State

◆

Resources for Skills Development

Plain Language • Readability • Beyond Readability

◆

Research on Health and Literacy

ADULT BASIC EDUCATION

National:

■ America's Literacy Directory. Available at: http://www.literacydirectory.org/

■ Education Resources Information Center (ERIC). Available at: http://www.eric.ed.gov/

■ Laubach Literacy. Available at: http://www.laubach.org/home.html

■ National Adult Education Professional Development Consortium. Available at: http://www.naepdc.org/

■ National Adult Literacy Database. Available at: http://www.nald.ca/

■ National Center for the Study of Adult Learning and Literacy. Available at: http://NCSALL.gse.harvard.edu

■ National Institute for Literacy. Available at: http://www.nifl.gov/

■ National Institute for Literacy. Directory of National and State Literacy Contacts. (Print and online versions). Washington, DC: NIFL, 1997. Available at: http://www.nifl.gov/lincs/directories/links_directories.html

■ United States Department of Education. Available at: http://www.ed.gov/

■ World Education Health and Literacy Special Collection. Available at: http://www.worlded.org/us/health/lincs/

State:

■ National Institute for Literacy Regional Hubs. Available at:

—Region I (Northeastern states).
  http://hub1.worlded.org/

—Region II (Southern states).
  http://slincs.coe.utk.edu/

—Region III (Midwestern states).
http://archon.educ.kent.edu/Midwest/index.html

■ State Directors of Adult Basic Education. Available at: http://bcol02.ed.gov/Programs/EROD/org_list.cfm?category_ID=DAE

■ State Literacy Resource Centers. Available at: http://bcol02.ed.gov/Programs/EROD/org_list.cfm?category_ID=LRC

LIBRARY SERVICES

National:

- American Library Association. Available at: http://www.ala.org/

- Directory of Public Libraries. Available at: http://www.publiclibraries.com/

- Directory of University and College Libraries. Available at: http://www.publiclibraries.com/university_library.htm

- National Network of Libraries of Medicine. Available at: http://nnlm.gov/

- United States National Library of Medicine. Available at: http://www.nlm.nih.gov/

State:

- Directory of State Libraries. Available at: http://www.publiclibraries.com/state_library.htm

- Metropolitan New York Library Council. Special Interest Group on Consumer Health Information. Available at: http://www.metro.org/SIGs/chi.html

REPORTS ON LITERACY

National:

- Brown, H., Pristuta, R., Jacobs, B., & Campbell, A. (1996). *Literacy of older adults in America: Results from the National Adult Literacy Survey.* Washington, DC: U.S. Department of Education.

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RESOURCES FOR SKILLS DEVELOPMENT

Plain Language:

- ■ The Canadian Public Health Association. The Plain Language Service. Available at: http://www.pls.cpha.ca/

- ■ Examples of Plain Language Materials. Available at:
  http://www.nlhp.cpha.ca/Labels/index.htm
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   Health Reports, 118* (1), 80-2.

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   An empowering product, *Health Education Quarterly, 21*(3):33-44.

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APPENDIX D:

Background Information
on Health Literacy

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Functional Literacy in the U.S.

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Findings from Key Health Literacy Studies

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*Findings from Research Linking Literacy
and Health Outcomes*

FUNCTIONAL LITERACY IN THE UNITED STATES

The National Adult Literacy Survey (NALS) was conducted in 1992 and was the first national assessment of adults in the United States. The survey involved home-based interviews with 26,000 adults. The survey examined adults' functional literacy skills – their ability to use the written word to accomplish tasks. The NALS did not measure reading skills as such. The NALS focused on adults' *ability to use the written word to perform tasks with accuracy and consistency.*

The NALS and related surveys conducted in other industrialized nations assessed adults' functional literacy skills by focusing on people's ability to use the written word to accomplish everyday tasks. The materials used in these assessments were drawn from everyday life and were examined for levels of complexity. The tasks that adults were asked to perform ranged from fairly simple (locate a piece of information in a text) to sophisticated (determine the amount of medicine to be given to a child of a specified age and weight based on a medicine label). The scores were reported for three different literacy scales:

Prose literacy – the knowledge and skills needed to understand and use information from texts that include editorials, news stories, poems, and fiction. Two examples are: finding a piece of information in a newspaper article; identifying the contrasting views expressed in an editorial.

Document literacy – the knowledge and skills required to locate and use information contained in materials that include job applications, payroll forms, transportation schedules, maps, tables, and graphs. Two examples are: using a schedule to choose the appropriate bus; entering information on an application form.

Quantitative literacy – the knowledge and skills required to apply arithmetic operations, either alone or sequentially, using numbers embedded in printed materials. Two examples are: balancing a checkbook; determining the amount of interest from a loan advertisement.

NALS Scores

The NALS functional literacy tests are scored on a 500-point scale and are divided into five skill levels. The scores are related to the complexity of the materials and to the difficulty of the tasks. Scores on each of the three literacy scales were reported both by number and by quintiles. Level 1 represents the lowest level of proficiency and Level 5 the highest.

- Tasks at NALS Level 1 (0 – 225 points) require participants to locate a requested piece of information, such as a winning score in a sports article.

  - Participants scoring at the lowest level, Level 1, generally can, with accuracy and consistency, locate a piece of information in a newspaper story or on a form; however, they have difficulty locating and matching two such pieces of information or locating one piece of information in a complex text. Most are able to complete a simple mathematical operation.

- NALS Level 2 (226 – 275) tasks require a participant to match two pieces of information.

  - Adults scoring at Level 2 can, with accuracy and consistency, locate and match two pieces of information in familiar and easy text; however, they have difficulty integrating this information or finding needed information in complex text. Most are able to complete a simple sequence of basic arithmetic.

- NALS Level 3 (276-325) tasks require a participant to integrate several pieces of information to answer a question.

  - Participants scoring at Level 3 can generally locate, match, and integrate information, with accuracy and consistency. Participants at Level 3 may have some difficulty solving problems that require them to find and integrate needed information available in materials but not identified in the question. This is also the case for needed mathematical operations.

- NALS Level 4 (326-375) tasks require a participant to find information in text that is not specified in a question and to bring this information together to accomplish a task.

  - Adults with Level 4 scores can respond to questions that require them to use information present in the text to solve problems and can find and integrate needed information even in complex text.

- NALS Level 5 (376-500) tasks require participants to analyze information, such as identifying the point of view expressed in an editorial.

  - Participants scoring at Level 5 are able to analyze materials and can, for example, identify the point of view in an editorial or a poem.

The findings from the 1992 NALS indicate that fully 47% to 51% of U.S. adults have limited or low functional literacy skills. ***This does not mean that they cannot read. Most of these adults can and do read.***

The average score for U.S. adults is in the upper level of NALS 2 functional literacy skills. The mean score for U.S. adults is between 267 and 273, which is at the upper level of NALS Level 2. A number of national and state organizations in the U.S., including the National Governors Association, have identified Level 3 proficiency as a minimum standard for success in today's labor markets. Skills needed to fully function in today's health systems have not been thoroughly assessed as yet. However, researchers in health and in education speculate that very high skills are often assumed and surely needed.

In Summary

Findings indicate that about half of U.S. adults do not quite have the literacy skills required for many of the tasks needed in the twenty-first century workplace and for full participation in the activities of everyday civic life. Studies by education scholars and economists have documented the consequences.

FINDINGS FROM KEY HEALTH LITERACY STUDIES

Over the past several decades, public health, nursing, and medical researchers have documented the mismatch between the reading levels of health-related print materials and the reading ability of the intended audience. Most of the health-related print materials assessed score at reading grade levels that far exceed the reading ability of the average adult.

Research studies in education and adult literacy indicate that literacy influences the ability to access information and navigate in literate environments, has an impact on cognitive and linguistic abilities, and affects self-efficacy. Self-efficacy refers to people's sense of what they are able to do. Albert Bandura, the social psychologist who examined what helps people learn and take action, noted that self-efficacy can be built over time. Research indicates that self-efficacy is critical for learning and for action.

Literacy and Access to Information:

Patients' literacy directly influences their access to crucial information about their rights and their health care. Studies in medicine and public health indicate that reading skills influence people's ability to:

- Follow instructions for care
- Take medicine
- Comprehend disease-related information
- Learn about disease prevention and health promotion

In addition, studies indicate that patients with limited reading skills who need to manage a chronic disease such as diabetes, asthma, or HIV/AIDS may be less well-informed about the basic elements of their care plan. Several studies indicate some measurable health consequences.

Literacy and Rights:

Because consent procedures contain complex legal and medical jargon, a patient's literacy may influence his or her opportunities for inclusion in research and exposure to a variety of procedures. Studies of informed consent documents indicate that these documents are very likely not accessible for adults with average literacy skills.

Literacy and Access:

Furthermore, literacy levels may directly affect access to care. For example, difficulties in completing registration forms or applications for insurance coverage may delay the procurement of needed medical services.

Literacy and the Social Environment:

Finally, limited or low literacy-related skills are often accompanied by feelings of embarrassment or shame. This sense of shame may diminish a person's capacity to express his or her concerns in our highly demanding and literate health care environment.

Literacy and Disparities:

NALS findings indicate that people who live in poverty are more likely to have limited literacy skills than are people who do not. In addition, people who belong to minority population groups have lower literacy skills than do European-Americans. Poverty, bias, access to resources including well-funded schools may well limit the development of literacy skills. Established epidemiological data indicate that death rates from chronic and communicable diseases are related to education level.

Plain Language Initiatives:

Plain language initiatives in the United States, Canada, and Sweden are encouraging writers in a variety of professional organizations to adopt plain language principles.

These organizations include:

- U.S. Securities and Exchange Commission

- American Bar Association

- Canadian Bankers Association

- Canadian Public Health Association

- Ministry of Justice in Sweden

Plain language principles vary but generally include attention to the difficulty of words, sentence length, complexity of concepts, organization of text, as well as to the layout and design of print materials.

Multiple guidebooks for plain writing, available as texts and on Web sites, support these same principles. In addition, studies of participatory design work offer insight into the value of incorporating the voice and perspective of members of the intended audience. Such work engages members of the intended audience in the development of learning materials. This process yields materials that are more appropriately matched to the reading ability of proposed readers than are materials developed by experts.

FINDINGS FROM RESEARCH LINKING LITERACY AND HEALTH OUTCOMES

Education, occupation, and income are commonly used markers of socioeconomic status and are strongly correlated with health. *Healthy People 2010*, the U.S. Department of Health and Human Services (DHHS) report of national health promotion and disease prevention objectives for the nation, notes that people living in poverty have:

- Limited access to health promotion and disease prevention programs

- Limited access to curative services

- Greater need for preventive programs and curative services

- Greater exposure to environmental and occupational hazards

- Limited options in education, housing, and employment (all of which are often substandard among those with limited incomes)

Consequently, *Healthy People 2010* highlighted the need to reduce the disparities in health between the more advantaged segments of the population and those groups that are disadvantaged economically, educationally, and politically.

Links between Education and Health:

A report of national trends in health statistics, *Socioeconomic Status and Health Chartbook: Health United States, 1998*, highlights a substantial body of research findings relating life expectancy as well as lung cancer and heart disease rates to family income. Similarly cited are numerous studies clearly demonstrating that death rates for chronic diseases, communicable diseases, and injuries are all inversely related to education for men and for women. Educational attainment and/or income are the most convenient and commonly used indicators of socioeconomic status, and the association between years of schooling and health or income and health is well established.

Some researchers suggest that education is the best socioeconomic measure for use in epidemiological studies. They hypothesize that education may protect against disease by influencing lifestyle behaviors, problem-solving abilities, and values. Other researchers have demonstrated a strong association between education and health by exploring three explanations for this association:

1. Education influences work and economic conditions.

2. Education influences social psychological resources.

3. Education supports a healthy lifestyle.

Although the demonstrated evidence of the association between health and education is strong, the explanations for this association and the underlying mechanisms have not been extensively studied. Literacy may be an important pathway.

Health researchers began to look more closely at literacy issues since the publication of findings from the National Adult Literacy Survey in 1993.

A good deal of the research linking health and literacy skills has focused on activities within health care settings. However, adults are engaged in health-related activities on a daily basis – in the home, at work, in the community. They are intimately involved, of course, in the occasional visits to health centers, doctors' and dentists' offices, emergency departments, and hospitals. Rudd and colleagues Irwin Kirsch and Kentaro Yamamoto of the Educational Testing Services (ETS) have provided an expanded schema for examining a broad range of health related activities. Their report, *Literacy and Health in America*, examines adults' ability to use printed materials to accomplish tasks related to health promotion, health protection, disease prevention, health care, and navigation.

APPENDIX E:

Continuing Education Credits

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Information for Application

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Web Links and Resources

INFORMATION TO APPLY FOR CONTINUING EDUCATION CREDITS

Workshop: "Health Literacy Public Health Forums: Partners for Action"

Sponsor: (insert state or county) public health department

Instructor: (insert name)

Target audience: Public health professionals interested in addressing health literacy issues in partnership with professionals from adult education and library services.

Goals: The goal of the forum is to improve materials and program approaches to insure a match between programs and the documented average literacy skills of U.S. adults.
The objectives of the forum are fourfold:

1.   Increase understanding of functional literacy.

2.   Become familiar with health literacy research and findings.

3.   Forge partnerships with local community resources for change.

4.   Explore action options.

Agenda: Introduction

Slide Presentation: "On the National Agenda: Health and Literacy"

Question and Answer Period

Networking and Evaluation

Adjourn

Evaluation/usage: (EXAMPLE) – At the forum I was able to network with various people from adult education and library services. I am currently developing a brochure about cancer and I am going to pilot my brochure at an adult education center. Also, one of the contacts I made offered to review my brochure before I send it out for internal review here at DPH. In the long run, I hope to convene a health literacy/plain language committee at DPH that will work on developing a plain language guideline for the state.

WEB LINKS AND REFERENCES FOR CONTINUING EDUCATION

- Accreditation Council for Continuing Medical Education Credentialing. Available at: http://www.accme.org

- The American Association of Family and Consumer Sciences. Available at: http://www.aafcs.org/

- American Board of Industrial Hygiene. Available at: http://www.abih.org/

- The American Council for Pharmaceutical Education. Available at: http://www.acpe–accredit.org/

- American Dental Association. Available at: http://www.ada.org/prof/ed/ce/index.asp

- American Dental Hygienist Association. Available at: http://www.adha.org/ce/index.html

- Board of Certified Safety Professionals. Available at: http://www.bcsp.org/

- Board of Registered Nurses. Available at: http://www.noca.org/ncca/accredorg.htm

- Commission on Dietetic Registration. Available at: http://www.cdrnet.org/

- National Association of Social Workers. Available at: http://www.naswdc.org/

- National Commission for Health Education Credentialing. Available at: http://www.nchec.org

- National Environmental Health Association. Available at: http://www.neha.org/

APPENDIX F:

Sample Invitation Letter

YOUR DEPARTMENT'S LETTERHEAD

December 10, 2003

Dear Colleague:

We are pleased to invite you to attend **"Health Literacy Public Health Forums: Partners for Action."** We have joined forces to develop a forum to address the need for increased knowledge and skills about health literacy. **"Health Literacy Public Health Forums: Partners for Action"** is designed for participants to:

- Increase understanding of functional literacy.
- Become familiar with health literacy research and findings.
- Forge partnerships with local community resources for change.
- Explore action options.

**"HEALTH LITERACY PUBLIC HEALTH FORUMS:
  PARTNERS FOR ACTION"**

DATE:

TIME:

PLACE: *ABC Health Department (Directions attached). Light refreshments will be served.*

Clear communication between public health practitioners and members of the communities they serve is critical to improving public health. Public health providers can collaborate with adult educators and librarians to understand barriers to communication and to identify strategies for improving access to information. This "hands on" forum will provide you with new understanding, knowledge about the impact of the problem, and skills, resources, and partnerships for improving health literacy in your community. We hope you can join us!

To register, please return the enclosed card. For more information, call _____. Please bring a business card with you to the forum. We will be creating a list of participants for a follow-up mailing.

Sincerely,

Susie Smith   Clarissa Thompson
Program Coordinator   Adult Basic Education Director
ABC Department of Public Health   XYZ Learning Center

APPENDIX G:

Sample Registration Postcard

"HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION"

«Insert Place, Date, and Time»

Please complete the following information to register for the forum, "Health Literacy: Partners for Action."

Name: _____

Organization: _____

Department: _____

Address: _____

_____

Telephone: _____

Email: _____

We look forward to meeting you at the forum. Please remember to bring extra business cards with you!

APPENDIX H:
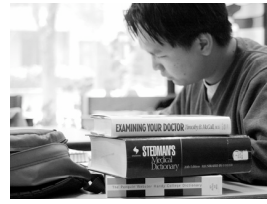
Sample Evaluation Forms for the Health Literacy Forum

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On-Site Evaluation Form

◆

Follow-up Evaluation Form

"HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION"

On-Site Evaluation Form

NAME: _____

OCCUPATION: _____

ORGANIZATION: _____

- What was the most important new thing you learned?

- What information or skills presented at the forum, if any, will you incorporate into your work tomorrow?

"HEALTH LITERACY PUBLIC HEALTH FORUMS: PARTNERS FOR ACTION"

Follow-up Evaluation Form

NAME: _____

OCCUPATION: _____

ORGANIZATION: _____

FORUM ATTENDED: _____

- What information or skills presented at the forum, if any, have you been able to incorporate into your work and how?

- What partnerships did you forge, if any?

- Can you give us a brief progress report on how your partnership-building effort has gone over the past couple of months?

- What are some barriers you have faced, if any, in implementing change?

- What were some of your strategies in overcoming these barriers?

APPENDIX I:
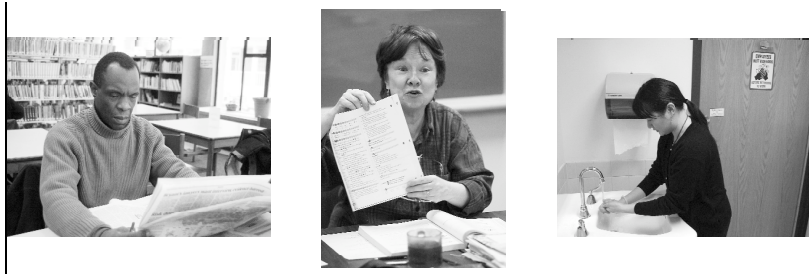
Powerpoint Slides/Overheads

"On the National Agenda: Health and Literacy"

and Handout

On the National Agenda: Health and Literacy

Presented by:

XXXX

Based on a Slide Overview by:
Dr. Rima Rudd
Harvard School of Public Health

Education and Health

All health surveys collect information on how many years of schooling people have.

We have strong evidence that education and health are linked.

2

Education and Health

People with less schooling are more likely to die of a chronic disease, a communicable disease, or an injury than are people with more schooling. Pamuk et al., Health United States, 1998: Socioeconomic Status and Health Chartbook.

Literacy skills are at the foundation of education.

3

What is the Role of Literacy in Public Health?

Literacy Skills -- such as reading, writing, numeracy, oral presentation, oral comprehension -- are essential for health action.

Public Health researchers rely on surveys and Public Health practitioners rely on messages and written materials.

4

What Happens when Literacy Skills are Limited?

When Words Get in the Way... Adults May

- Get lost
- Miss out on needed information
- Remain unaware of options or opportunities
- Retreat into silence

- Assume a passive role
- Miss out on needed services
- Endanger health
- Lose entitlements
- Lose rights

5

How is Functional Literacy Defined?

The ability to read, write, speak, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential. National Literacy Act 1991

This definition was accepted by over 20 industrialized nations. Consequently, adult literacy skills can be compared across nations.

6

What does Functional Literacy Involve?

- Functional Literacy emphasizes <u>the use</u> of materials to accomplish tasks
- Components of Functional Literacy
  - Reading [prose and documents]
  - Writing [includes filling out forms]
  - Oral presentation / oral comprehension
  - Basic mathematics

7

What are the Literacy Skills of US Adults?

- National Adult Literacy Survey [NALS]
- Measures
  - <u>Prose Literacy</u>: the written word in sentence and paragraph format
  - <u>Document Literacy</u>: the written word in forms, lists, charts, graphs
  - <u>Quantitative Literacy</u>: basic math functions

8

Literacy Skills of US Adults:
National Survey Findings

- The vast majority of US adults read.

- US adults with an average score have difficulty finding and integrating [e.g. compare and contrast] two pieces of information in a news story. They would also have difficulties using charts or labels such as that found on an over the counter medicine package to figure out the correct dosage.

9

Literacy Skills of US Adults

The Average Score [Score Range 0-500]
- Mean Prose Score: 273
- Mean Document Score: 267
- Mean Quantitative Score: 274

Educators and economists agree that NALS Level 3 skills [scores above 275] are needed for full participation in the current economy.

10

Literacy Skills of US Adults NALS Profile

47% - 51% of U.S. Adults have
Level 1 or Level 2 skill proficiency
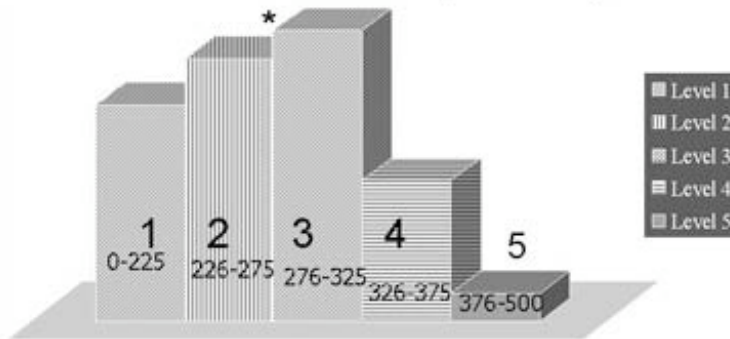
% of Adults with very limited Literacy in Our State

- XX % of the Adult Population in XX State Score in NALS Level 1 Counties with over 20% Adults at Level 1

- Counties with 20% or more adults scoring in NALS Level 1:

Based on data from:
The State of Literacy in America: Estimates at the Local, State, and National Levels, National Institute for Literacy, 1998. www.nifl.gov

What is Health Literacy?

Healthy People 2010 and the *Institute of Medicine Committee on Health Literacy* used the following definition of Health Literacy:

> The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Both agree that Health Literacy is the interaction between people's skills and health system demands.

13

Health Activities and Literacy – some examples

Health Activity	Focus	Examples of Materials	Literacy Tasks
Health Promotion	Enhance & maintain health	Articles in newspapers and magazines, booklets, brochures, charts, graphs, food and product labels, recipes	Use food labels Use calendar to plan exercise
Health Protection	Safeguard health of individuals & community	Articles in newspapers and magazines, postings for health and safety warnings, air and water quality reports, product labels, referendums	Compare product labels Vote on an environmental issue

14

Health Activities and Literacy – some examples

Health Activity	Focus	Examples of Materials	Literacy Tasks
Disease Prevention	Preventive action & screening	Postings for inoculations & screening, charts Letters re: test results Articles in newspapers and magazines	Use a chart to determine risk Read screening letter for follow-up
Health Care & Disease Management	Partner with health providers	Health history forms, medicine labels, discharge instructions, education booklets & brochures,	Describe symptoms Time medicine

15

Health Activities and Literacy – some examples

Health Activity	Focus	Examples of Materials	Literacy Tasks
Systems Navigation	Access needed services Understand rights	Maps, application forms, statements of rights and responsibilities, informed consent forms, benefit packages	Read signs and maps Apply for benefits Offer informed consent

16

What do Health Literacy Studies Tell Us?

There is a mismatch between the reading level of health materials and average reading skills among adults. Most adults cannot use these materials:

- Informed consent
- Patient package inserts
- Patient education materials

People with limited reading skills:

- Are less likely to use screening and prevention services Use of services
- Have less knowledge of their illness and their medicine
- Are less likely to keep their chronic disease in check [diabetes].
- Are more likely to be hospitalized

17

What Can We Do?

- Correct faulty assumptions about functional literacy in the US
- Make materials easier to use
- Improve health communication
- Advocate for changes in regulatory language
- Improve professional training
- Work in partnerships

18

Adult Education

Jon Crispin, photographer

19

Benefits of Partnering with Adult Education Professionals

Public Health and Adult Education sectors reach out to similar population groups:
- Those with less than high school/GED education
- Those who are poor
- Immigrants

- Adult educators are experts in educational techniques
- Adult education programs are in every state
- Adult education programs focus on building skills

20

Public Libraries

Jon Crispin, photographer

21

Benefits of Partnering with Library Professionals

Public Health and Library Services reach out to all.

- Librarians are experts in how information is organized, how searches can be designed, and where information is stored.
- Libraries are found in all communities.
- Resource librarians focus on helping people access information.

22

Healthy People 2010

- Objective 11.2 of HP 2010:
  to improve the health literacy of persons with inadequate or marginal literacy skills.
- What actions can we take together?

23

HANDOUT

TABLE 1: HEALTH ACTIVITIES ACROSS MULTIPLE CONTEXTS
Promotion – Protection – Disease Prevention – Health Care - Navigation

Health Activities	Focus	Examples of Materials	Examples of Tasks
Health Promotion	Enhance & maintain health	Label on a can of food or recipes Articles in newspapers and magazines Charts and graphs such as the Body Mass Index Health education booklets (such as well baby care)	Purchase food Prepare a dish from a recipe Plan exercise Maintain healthy habits (re: nutrition, sleep, exercise) Take care of everyday health – self and family members
Health Protection	Safeguard health of individuals & communities	A newspaper chart about air quality A water report in the mail A health and safety posting at work A label on a cleaning product	Decide among product options Use products safely Vote on community issues Avoid harmful exposures
Disease Prevention	Take preventive measures and engage in early detection	Postings for inoculations & screening Letters re: test results Articles in newspapers and magazines Graphs, charts	Take preventive action Determine risk Engage in screening or diagnostic tests Follow-up

Health Activities	Focus	Examples of Materials	Examples of Tasks
Health Care & Maintenance	Seek care and form a partnership with a doctor or dentist or nurse	Health education Health history forms Labels on medicine Develop plan for taking medicine as described Health education booklets Directions for using a tool such as a peak flow meter Schedule and keep appointment	Seek professional care when needed Describe symptoms Follow directions Measure symptoms Maintain health with chronic disease (follow regimen, monitor symptoms, adjust regimen as needed, seek care as appropriate)
System Navigation	Access needed services, Get coverage and benefits	Maps, application forms, statements of rights and responsibilities, informed consent forms, benefit packages	Locate facilities, apply for benefits, offer informed consent

TABLE 2: HEALTH ACTIVITIES AND NEEDED SKILLS
Promotion – Protection – Disease Prevention – Health Care – Navigation

Health Activities	Examples of Skills (the full range is *not* represented here)
Health Promotion	Read and interpret charts and graphs Compare and contrast Use mathematics to solve problems and for tasks such as: measuring, calculating, estimating Use measuring tools
Health Protection	Read and interpret charts and graphs Analyze date and apply understanding of statistics and probability Compare and contrast Read and understand directions Locate and match information Write and express concerns
Disease Prevention	Understand concepts such as risk, normal, abnormal, positive findings Read and understand directions Read and interpret charts and graphs Analyze date and apply understanding of statistics and probability
Health Care & Maintenance	Understand concepts (such as illness, disease, symptoms, chronicity) Evaluate and present ideas and information Engage in problem-solving processes Schedule and journal Use descriptive language (e.g., describe symptoms) Monitor (e.g., symptoms) Use mathematics to solve problems and for tasks such as: measure, calculate amounts, estimate
System Navigation	Understand concepts (such as rights, responsibilities, informed consent) Identify and use critical thinking and problem-solving skills Formulate and express judgments Fill out forms Use mathematics to solve problems and for tasks such as: measure, calculate amounts, estimate

APPENDIX J:

Tools for Skills Development

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(plain•word)™

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SMOG: A readability assessment tool

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SAM: A suitability of materials assessment tool

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PMOSE/IKIRSCH: A document literacy assessment tool

(plain•word)™

Medium(s):   Available by:

- Web site: http://www.nald.ca/nlhp/pw.htm
- Print
- CD-Rom

Intended Audience: If communication is an important part of your profession or business, (plain•word)™ can teach you the principles of plain language that help you get your message across the first time.

Background: (plain•word)™ was developed by the Canadian Public Health Association's (CPHA) National Literacy and Health Program (http://www.nlhp.cpha.ca/). The National Literacy and Health Program (NLHP) promotes awareness among health professionals of the links between literacy and health. The NLHP provides resources to help health professionals serve clients with low literacy skills more effectively. The program focuses on health information in plain language and clear verbal communication between health professionals and the clients they serve. CPHA is committed to maintaining and improving personal and community health according to the public health principles of prevention, promotion, protection, and effective public policy. The National Literacy and Health Program has been in existence for ten years, and works with twenty-seven national health association partners to raise awareness about literacy and health.

Description: (plain•word)™ is easy to play. All you have to do is guess a (plain•word)™ for each Hard Word on a Word Card.

For example: If the Hard Word is manufacture, the (plain•word)™ is make. If the Hard Word is utilize, the (plain•word)™ is use.

Sometimes the (plain•word)™ may be more than one word.

For example: If the Hard Word is banned, the (plain•word)™ is not allowed.

If you guess an incorrect (plain•word)™ you must choose an Editor's Note Card. These cards teach principles of plain language and are designed to give or take away points in the actual game.

SMOG:

A READABILITY ASSESSMENT TOOL

Pros:

- The SMOG is an efficient readability assessment tool if you want to do a quick assessment of materials and do not want to rely on charts or graphs. It is great for doing "field work" assessments.

- Predicts 100% comprehension.

Cons:

- The SMOG does not discriminate well at levels of literacy at the sixth grade and below.

Materials:

- Two different color markers, highlighters, or pens

How to:

(If your document has 30 sentences or more.)

1. Highlight or circle the period (or other punctuation) at the end of 10 consecutive sentences that are at the beginning of your document. Do the same for another group of 10 consecutive sentences that are in the middle of your document and similarly for another group of 10 consecutive sentences towards the end of your document. In total you should now have 3 groups of 10 sentences each marked in your document. If your document just has 30 sentences, in total, then you can count this one grouping of 30 consecutive sentences.

   Tip:

   - A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).

   Tip:

   - Since difficulty may differ by content area, you may choose to select 3 groups of 10 sentences that cover different content topics.

2. Words with three or more syllables are called polysyllabic words. In your sample of 30 sentences, identify which words are polysyllabic. Highlight or circle these polysyllabic words using a color marker different from the one you chose for your punctuation (this makes it easier for you to track your work in case you need to go back and review what you have done).

Tip:

■   Hyphenated words are considered as one word.

Tip:

■   Numbers which are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine if they are polysyllabic.

Tip:

■   Proper nouns, if polysyllabic, should be counted, too.

Tip:

■   Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

3.   Count each of the words that you highlighted (this is your total number of polysyllabic words for your 30 sentences).

4.   Next, estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root. For example, if your total number of polysyllabic words is 38 the nearest perfect square is 36. The square root of 36 is 6 (36=6).

5.   Finally, you add 3 to the square root. So, in the previous example you would add 3 to 6 and get 9 (3+6=9). This number gives the SMOG grade, or the reading grade level assigned to text. In our example the SMOG Reading Grade Level for the text would be 9. This number helps you understand the "demand" of the text.

How to:

(If your document has less than 30 sentences.)

1.   Highlight or circle the periods (or other punctuation) at the end of each sentence.

Tip:

■   A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).

Tip:

■   Since difficulty may differ by content area, you may choose to select 3 groups of 10 sentences that cover different content topics.

2. Count the number of the sentences in your document.

3. Words with three or more syllables are called polysyllabic words. In your sample of 30 sentences, identify which words are polysyllabic. Highlight or circle these polysyllabic words using a color marker different from the one you chose for your punctuation (this makes it easier for you to track your work in case you need to go back and review what you have done).

Tip:

■ Hyphenated words are considered as one word.

Tip:

■ Numbers which are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine if they are polysyllabic.

Tip:

■ Proper nouns, if polysyllabic, should be counted, too.

Tip:

■ Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

4. Count each of the words that you highlighted (this is your total number of polysyllabic words for your document).

5. Find the average number of polysyllabic words per sentence by dividing the total number of polysyllabic words by the total number of sentences in your document.

Example:

Total number of polysyllabic words in your text	= 67.0
Total number of sentences in your text	= 25.0
Average number of polysyllabic words per sentence	= 2.68

6. Determine how many sentences short of 30 you have.

Example:

Total number of sentences in your text	= 25
Number of sentences short of 30 (30-25)	= 5
Multiplication	= 13.4

7. Multiply the average number of polysyllabic words per sentence from Step 5 by the number of sentences short of 30 from Step 6.

8. Add your figure from Step 7 on to your total number of polysyllabic words.

Example:

Step 7 figure	= 13.4
Total number of polysyllabic words in your text	= 67.0
Addition	= *80.4*

9. Next, estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root.

Example:

Total number of polysyllabic words from Step 8	= 80.4
The nearest perfect square	= 81.0
The square root of 81 (81)	= *9*

10. Finally, you add 3 to the square root.

Example:

The square root from Step 9	= 9
Add 3	= 3
Addition	= *12*

This number gives the SMOG grade, or the reading grade level assigned to text.
In our example the **SMOG Reading Grade Level for the text would be 12.**
This number helps you understand the "demand" of the text.

REFERENCES

- McLaughlin, G.H. (1969). SMOG grading: A new readability formula. *Journal of Reading, 12*, 639-646.

- Rudd, R.E. Assessing materials. Harvard School of Public Health: Health Literacy Web site. 2002. Available at: http://www.hsph.harvard.edu/healthliteracy/how_to/assess_mat.html

- U.S. Department of Health and Human Services. (1999) *Writing and designing print materials for beneficiaries: A guide for state Medicaid agencies* (HCFA Publication No. 10145). Baltimore, MD: Author.

SAM:

A SUITABILITY OF MATERIALS ASSESSMENT TOOL

Pros:

■ Assesses many important aspects of materials such as organization, layout, and design as well as readability.

■ Although the SAM was developed for use with print materials, it has also been used to assess video- and audio-taped instructions to patients.

Cons:

■ The SAM is a subjective instrument and it is difficult to achieve a consistent score among reviewers.

■ You need to have the SAM score sheet as well as the SAM instrument guide with you when you are assessing your materials; therefore, it is not ideal for field work.

Caveats:

■ The SAM gives you a good idea of the important components of any text.

■ A readability score is not enough to determine the appropriateness of the materials. You need to consider many other variables such as font, white space, and organization.

■ You may choose to create your own assessment checklist using some of the key components that are listed in the SAM. We have created a checklist that we use. It is presented below:

— Is the font size larger than 12 points?   Yes   No

— Are the margins at least 1 inch on all sides?   Yes   No

— Is the text justified?   Yes   No

NOTE:
By creating a list that has yes/no answers some of the subjectivity is eliminated and the checklist can be used by many reviewers.

Materials:

■ Doak, Doak, & Root's *Teaching Patients with Low Literacy Skills*, Second Edition.

■ Pen

How to:

1. Read through the SAM factor list and the evaluation criteria.

2. Read the material (or view the video) you wish to evaluate and write a brief statements as to its purpose(s) and key points.

3. For short instructions, evaluate the entire piece. For long instructions, select samples to evaluate.

4. Evaluate and score each of the 22 SAM factors.

   ORGANIZATION:

   a. The cover is attractive. It indicates the core content and intended audience.

   b. Desired behavior changes are stressed. "Need to know" information is stressed.

   c. Not more than three or four main points are presented.

   d. Headers and summaries are used to show organization and provide message repetition.

   e. A summary that stresses what to do is included.

   WRITING STYLE:

   f. The writing is in conversational style, active voice.

   g. There is little or no technical jargon.

   h. Text is vivid and interesting. Tone is friendly.

   APPEARANCE:

   i. Pages or sections appear uncluttered. Ample white spaces.

   j. Lowercase letters used.

   k. There is a high degree of contrast between the print and the paper.

   l. Print size is at least 12-point, serif type, and no stylized letters.

   m. Illustrations are simple — preferably line drawings.

   n. Illustrations serve to amplify text.

APPEAL:

o.   The material is culturally, gender, and age appropriate.

p.   The material closely matches the logic, language, and experience of the intended audience.

q.   Interaction is invited via questions, responses, suggested action, etc.

5.   Calculate total suitability score.

6.   Decide on the impact of the deficiencies and what action to take.

REFERENCES

■   Doak, L., Doak, C., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). Philadelphia, PA: J.B. Lippincott Company.

■   Rudd, R.E. Assessing materials. Harvard School of Public Health: Health Literacy Website. 2002. Available at: http://www.hsph.harvard.edu/healthliteracy/how_to/assess_mat.html

PMOSE/IKIRSCH:
A DOCUMENT LITERACY ASSESSMENT TOOL

Pros:

- The PMOSE/IKIRSCH is the first and only tool to assess the difficulty of documents.

Cons:

- The PMOSE/IKIRSCH does not take into consideration the readability level of the prose that is contained within a particular document.

- The tool can be somewhat cumbersome to implement.

About:

Grade-level readability is one of many factors that contribute to the overall readability of materials. Even materials written on a low grade level may be difficult to comprehend if proper attention is not also paid to organization, layout, and design. Readability tools such as the SMOG are used for prose information presented through sentences organized in paragraphs. However, adults encounter documents on a more regular basis. Documents include forms, tables, graphs, charts, and lists. Until recently, we did not have a tool to measure the readability of information organized in rows and columns.

Researchers Mosenthal and Kirsch developed a measure for assessing document complexity, called the PMOSE/ IKIRSCH document readability formula (*Journal of Adolescent & Adult Literacy, 41*(8), 1998). The formula uses the number of rows and columns, the structure, and the number of labels and items to assess the chart or table. Scores range from Level 1 to Level 5 *Proficiency.* The *Proficiency Level* can be translated into a grade-level equivalent:

- Level 1 Proficiency: range including Grade 4; equivalent to >8 years of schooling
- Level 2 Proficiency: range including Grade 8; equivalent to high school degree
- Level 3 Proficiency: range including Grade 12; equivalent to some education after high school
- Level 4 Proficiency: range including 15 years of schooling to college degree equivalent
- Level 5 Proficiency: range including 16 years of schooling to more advanced post college degree

What makes some documents "easier" than others is based upon how complex the organization of information is. Mosenthal and Kirsch demonstrate that the information embedded within a document can be understood in the context of simple lists (as shown below). Depending on how these simple lists are arranged, the document can be either easy or hard to decode. Some of the more complicated list structures are called *combined*, *intersected*, and *nested*.

HOW-TO EXAMPLES:

Example 1: NALS Table 1.4

AVERAGE YEARS OF SCHOOLING, BY AGE

Age	Average Years of Schooling*
16-18 years**	**10.8**
19-24 years**	**12.5**
25-39 years	**12.9**
40-54 years	**13.1**
55-64 years	**11.8**
65 years and older	**10.7**

*in this country.

**Many adults in these age groups are still in school.

Source: U.S. Department of Education, National Center for Education Statistics, National Adult Literacy Survey, 1992.

APPLYING THE PMOSE/IKIRSCH DOCUMENT READABILITY FORMULA:

1. This Table is a **Combined List**, so it receives a score of **2**.

2. There are 2 labels, which corresponds to a score of **1**.

3. There are 12 items, plus 2 items (footnotes), for a total of **14 items** and a score of **1**.

4. The table contains **footnotes**, so the dependency score is **1**.

5. **If we add the previous scores, the total document complexity level for this Table is 5, or Level 1 Proficiency.**

Example 2: NALS Table 2.1

AMONG ADULTS WHO READ THE NEWSPAPER AT LEAST ONCE A WEEK, AVERAGE LITERACY PROFICIENCIES, BY NEWSPAPER READING PRACTICES

	Average Prose Proficiency		Average Document Proficiency		Average Quantitative Proficiency	
	Yes	No	Yes	No	Yes	No
News, editorials, financial	282	248	276	248	281	250
Home, fashion, reviews	284	267	277	264	282	271
Classified ads, listings	280	282	274	274	280	282
Comics, advice, horoscope	282	277	276	271	280	279
Sports	282	280	276	273	284	276

Source: U.S. Department of Education, National Center for Education Statistics, National Adult Literacy Survey, 1992.

APPLYING THE PMOSE/IKIRSCH DOCUMENT READABILITY FORMULA:

1. This Table has a **Nested List Structure**, so it receives a score of **4**.

2. There are **9 labels**, which corresponds to a score of **1**.

3. There are **35 items**, which corresponds to a score of **1**.

4. The table **does not** contain footnotes, so the dependency score is **0**.

5. **If we add the previous scores, the total document complexity level for this Table is 6, or Level 2 Proficiency.**

REFERENCES

■ Mosenthal, P. B., & Kirsch, I.S. (1998). A new measure for assessing document complexity: The PMOSE/IKIRSCH document readability formula. *Journal of Adolescent and Adult Literacy, 41,* 638-657.

APPENDIX K:

Sample Evaluation Forms
for the Assessing Materials Workshop

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On-Site Evaluation Form

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Follow-up Evaluation Form

ASSESSING MATERIALS WORKSHOP

On-Site **Evaluation Form**

NAME: _____

OCCUPATION: _____

ORGANIZATION: _____

• What information was presented at the workshop that was new to you?

• What about the workshop did you value?

• What, if anything, should be modified or eliminated? How should it be modified?

• What information or skills presented at the workshop, if any, will you incorporate into your work?

ASSESSING MATERIALS WORKSHOP

Follow-up **Evaluation Form**

NAME: _____

OCCUPATION: _____

ORGANIZATION: _____

WORKSHOP YOU ATTENDED: _____

•   What information or skills presented at the workshop, if any, have you been able to incorporate into your work?

•   What action steps, if any, have you been able to take towards developing and implementing plain language policy into your workplace?

•   What are some barriers you have faced, if any, in implementing change?

•   What were some of your strategies in overcoming these barriers?