Design Easy-to-Read Material

Overview

A patient is often asked to read something in their doctor’s office. They may be asked to fill out a form or may be given written material on how to manage their disease. A patient’s reading abilities are often below the readability of this material. In addition, patients who are ill can sometimes find it hard to answer complex questions accurately. Practices that are conscientious about developing and using written materials that are easier to read may increase the chance that patients will use it correctly, thereby saving staff time and improving patient outcomes.

Purpose

To provide strategies for developing well-written patient material, including forms and education materials.

Action

- **Train one person on how to evaluate and create written material.**
  Have one person take responsibility for learning how to design simple, easy-to-read written materials for your practice that will be appropriate for everyone, including people who have limited health literacy.

- **Tools that will help:** The following Internet sites are useful resources for anyone wanting to evaluate or create well-written material.
  - **Formatting:** The following sites offer good advice on formatting.
    - Clear Doc Index by the Literacy partners of Manitoba.
    - Clear and to the Point: Guidelines for Using Plain Language at NIH from the Harvard School of Public Health.
  - **Assessing reading level:** Readability formulas assess text for complexity, grade level, and multi-syllable words. You can assess any text by cutting and pasting it into these programs. These formulas can be helpful but should not be your only evaluation tool because reading level is only one aspect of readability, and readability formulas are not always accurate with forms that have short sentences or phrases.
    - [Readability Formulas.com](http://www.readabilityformulas.com) has three different readability calculators.
◊ **Common Words.**
  ♦ **Listen:** To get a common word explanation of something, try explaining it verbally to a lower literate patient and having them explain it back, taking note of what words were used.
  ♦ **Reference list:** The Plain Language Thesaurus for Health Communications is available from the Centers for Disease Control and Prevention.

### Tips ★

**Words Patients May Not Understand**

- hypertension
- benign
- oral
- enlarge
- lateral
- referral
- terminal
- monitor

- When explaining things like test results, be cautious about using words such as “negative” and “positive.” These words have general connotations that are sometimes different than the medical jargon. For example, a negative test result is often good for the patient but may be perceived as a bad outcome.

◊ **Patient feedback.**
  Ask a variety of patients to evaluate your forms or other written materials (also evaluate material that you did not develop). Consider asking the following questions:
  ♦ Is the information clear and easy to understand?
  ♦ Is it confusing in any way?
  ♦ Are any parts/words hard to read or understand?
  ♦ Is there anything offensive?
  ♦ What is helpful and what isn’t?
  ♦ **In Other Words... Can They Understand? Testing Patient Education Materials With Intended Readers** has some great tips on using patients to test material.

◊ **Health education material.**
  ♦ **Content:** Clearly state how to prevent or manage disease **without a lot of extra information.** This element seems to be the most challenging, as most material is written by educators who feel
compelled to explain more than the patient needs to know to manage their disease. When evaluating material ask “Is this information something the patient needs to know or do to stay healthy?”

◊ **Chunk the information.** Include clearly defined headings and divisions between sections of information allowing for a lot of white space on the page.

◊ **Sentence structure.**
  ♦ Use short, simple sentences.
  ♦ Write at a reading level of 6th grade or below.

◊ **Word choice.**
  ♦ Limit the use of medical jargon, and define any terms you use.
  ♦ Limit the use of multi-syllable words.

◊ **Graphics.** Visuals and graphics can help relay a message and enhance the understanding of your message.

- **Patient forms.**
  ◊ **Format considerations.**
    ♦ **Check boxes:** Low literate patients often avoid writing answers because of poor spelling, so offering check boxes of common answers is helpful.
    ♦ **“Don't know” options:** Give patients the option of checking a “don't know” box so they don't feel compelled to check inaccurate information.
    ♦ **Bold key words:** This helps draw attention to the main point of the questions.
    ♦ **Use common medical words** such as “mammogram” and “allergic reaction” first in the questions with a common word definition in parentheses after it (see example forms).

◊ **Example Forms:** The example forms listed below are written with the above guidelines in mind and were tested using cognitive interviews with patients with low literacy skills. There are a wide range of questions from asking about a person’s reading skills to asking about cultural beliefs. The longest form does not take more than 30 minutes for a lower literate patient to fill out. They are constructed in Microsoft ® Word format to allow practices to edit and use the parts they feel would be useful to their own specific needs. *NOTE: Any practice that chooses to use a form for any legally binding purpose should confer with their attorney for legal advice.*
Help patients fill out forms.

Keep in mind that some patients will need help reading, understanding, and completing the material they are given. A practice needs to have a system in place to offer ALL patients help with forms. Here are some friendly, non-stigmatizing ways to let patients know that help is available.

- “I am going to give these forms to you right now. You can choose to fill them out now or you can wait until you get to the room and the nurse will be happy to go over them with you.”
- “Sometimes items in these forms are not clear. We are happy to go over them with you, or you can fill them out on your own.”
- “Thank you for filling out the form. Can we go over it to make sure we got everything? Some items are not always clear, and we want to make sure we have all the information correct.”

Track Your Progress

- Every 4 months do a tally of what written material has been reviewed and revised using the plain language guidelines. See if the percentage goes up over time.
- Every 4 months tally how many forms or other material have been reviewed by a patient or patients for readability.
- Are forms more complete when they reach the chart? Before implementation take one week and tally the percentage of questions that were not answered on forms that were filled out by patients. In 2 months, do it again and see if the percentage of unanswered questions has gone down.