


Better Examples of Patient Education Materials

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Disclosure


- The speaker, Dr. Lorraine Wallace, has nothing to disclose.



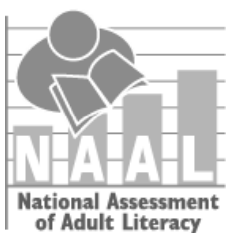
Learning Objectives

At the conclusion of the presentation, participants should be able to:


- Highlight results of the 2003 *National Assessment of Adult Literacy*.
- Describe the mismatch between reading demands of standard patient/health education materials and the actual literacy abilities of typical American adults.
- Describe the layout and formatting characteristics of well designed, low-literacy (plain language) patient education materials.






2003 National Assessment of Adult Literacy




- Nationally representative sample of American adults aged 16 and older (≈19 000).
- Provided first national assessment of health literacy.

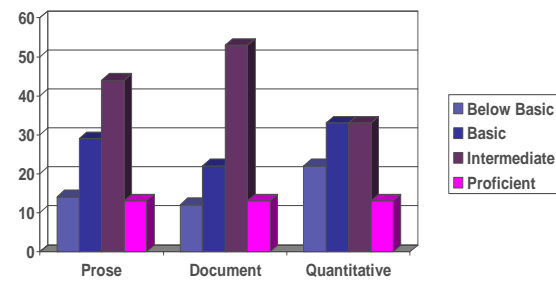


Three Types of Literacy


Prose	Document	Quantitative
		



Literacy Skills of US Adults




Category	Below Basic	Basic	Intermediate	Proficient
Prose	15	30	45	10
Document	12	25	55	8
Quantitative	22	35	35	7




Health Literacy

“Degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health.”



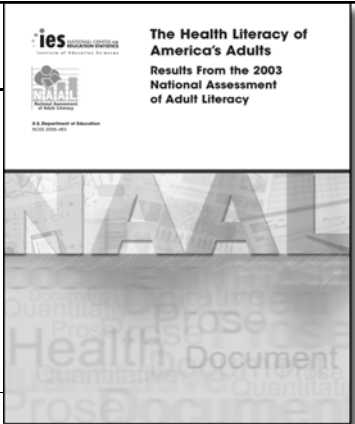

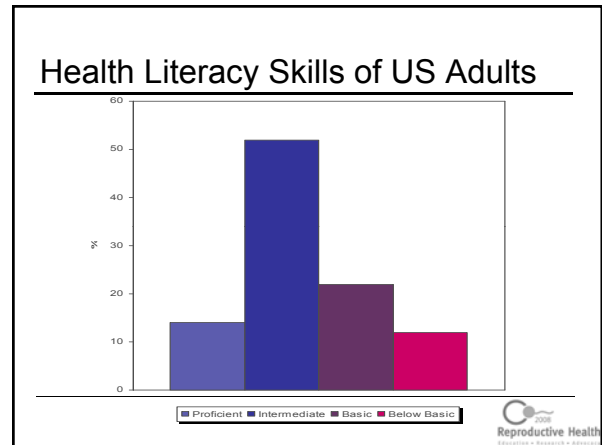


Institute of Medicine Definition




Why is Health Literacy Important?

- Most patient instructions are written.
- Verbal instructions:
 - Complex
 - Delivered rapidly
 - Easy to forget in a stressful situation
- Increasingly complex health system:
 - More medications, tests, and procedures
 - Greater self-care requirements

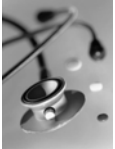

Issues to Consider.....

- Most patient/health education materials are developed by **HIGHLY** educated individuals.
- Patient understanding/comprehension of materials are **RARELY** assessed or considered.
- Most American adults have **NEVER** had a human anatomy/biology course (including those with a college degree).
- Most students take **ONE** health/wellness class during high school (usually taught by a teacher with a limited health background).



Typical Layout of Patient Education Materials

- Medical Model
 - Description of the problem/health condition
 - Statistics on incidence and prevalence (tables and figures)
 - Description of “risk factors”
 - Treatment forms and efficacy

Gap between Patients' Education and Literacy Skills

Average reading level of American adults is 6th-8th grade.



What is Readability?

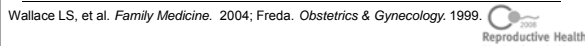
- Readability describes the ease to which a document can be read.
- Readability tests, which are mathematical formulas, were designed to assess the suitability of books for students at particular grade levels or ages.



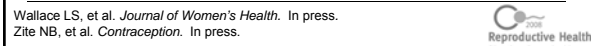
Readability of AAFP and ACOG Materials



Average reading level of patient materials is 9th grade.

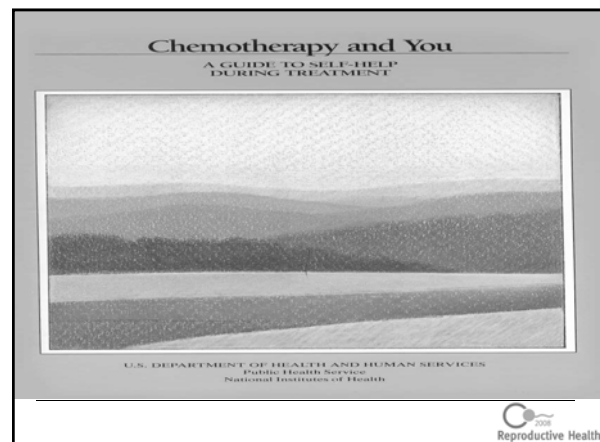
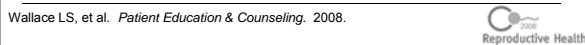


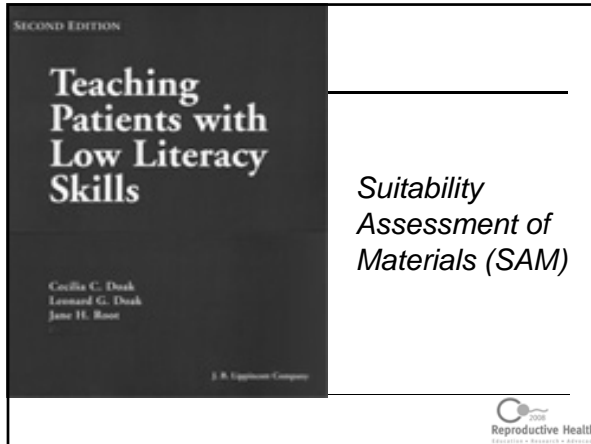
Instructions Accompanying OTC Products are Too Difficult



Do Drug Samples Jeopardize Patient Safety?



- Almost half of all sampled did not include ANY type of patient instructions.
- Average reading level was 10th grade.
- Poor formatting/layout features.







Patient-Friendly Materials

- Simple wording, short sentences
- 5th-6th grade
- Graphic based
- Focus only on *key points*
- Focus on “Need-to-Know” and “Need-to-Do”
- Minimize information about disease statistics, anatomy, and physiology
- Be sensitive about cultural differences

Low-Literacy Patient Education Materials


- Newspaper Model
 - Give MOST important information first
- Health Belief Model
 - You MAY be at risk
 - There IS something you can DO about it
 - You CAN overcome barriers
 - You will get personal benefits if you DO it

Developing Low-Literacy Patient Educational Materials

- Convene a working team and solicit stakeholder input early.
 - Health care providers
 - Patients
 - Families
 - Caregivers
- Identify key concepts to be communicated.
 - Conduct focus groups to identify the most pertinent content to include.


Seligman HK, et al. *American Journal of Health Behavior*. 2007.



Developing Low-Literacy Patient Educational Materials

- Map concepts to a behavioral theory AND design a brief intervention to support the use of written materials.
- Carefully design materials using low-literacy principles.
- Refine patient education materials using input from the “target” population.
- Assess success of efforts in target audience and learn from failures.


Seligman HK, et al. *American Journal of Health Behavior*. 2007.



Comparing effectiveness of contraceptive methods

	Average users <small>Includes users who sometimes forget or make mistakes and users who always use the method correctly and consistently. Most people can expect this level of effectiveness.</small>	Correct & consistent users <small>Includes users who always use the method correctly and consistently. Only people who use the method in this way can expect this level of effectiveness.</small>
More effective 2 or fewer pregnancies per 100 women in one year	Implants, Vasectomy, Sterilization for women, IUD	Implants, Sterilization for women, Vasectomy, IUD, LAM, Injections, Pils, Male condoms
Effective 3 to 9 pregnancies per 100 women in one year	Injections, LAM, Pils	Female condoms, Diaphragm, Family Awareness-Based Methods (selected)
Less Effective 10 to 30 pregnancies per 100 women in one year	Male condoms, Female condoms, Family Awareness-Based Methods (selected), Diaphragm, Spermicides	Spermicides

Steiner MJ, et al. *American Journal of Obstetrics & Gynecology*. 2006.



Comparing Typical Effectiveness of Contraceptive Methods

Effectiveness	Method	Instructions
Most effective Generally 1 or fewer pregnancies per 100 women in one year	Implants	One-time procedure; nothing to do or remember
	Female Sterilization	One-time procedure; nothing to do or remember
	Vasectomy	One-time procedure; nothing to do or remember
	IUD	One-time procedure; nothing to do or remember
	Injectables	Need repeat injections every 1, 2 or 3 months
	Pills	Must take a pill or wear a patch or ring every day
	Patch	Must take a pill or wear a patch or ring every day
	Vaginal Ring	Must take a pill or wear a patch or ring every day
	Lactational Amenorrhea Method (LAM)	Must follow LAM instructions
	Male Condoms	Must use every time you have sex; requires partner's cooperation
	Diaphragm	Must use every time you have sex
	Cervical Cap	Must use every time you have sex
	Sponge	Must use every time you have sex
	Female Condoms	Must use every time you have sex
Least effective About 30 pregnancies per 100 women in one year	Withdrawal	Require partner's cooperation; for FABs must abstain or use condoms on fertile days
	Fertility Awareness-Based Methods (selected)	Require partner's cooperation; for FABs must abstain or use condoms on fertile days
	Spermicides	Must use every time you have sex

Steiner MJ, et al. *American Journal of Obstetrics & Gynecology*. 2006.

TOO MUCH RIGHT SIZE TOO MUCH RIGHT SIZE

Seligman HK, et al. *American Journal of Health Behavior*. 2007.

MEDICAID-TITLE XIX
STERILIZATION CONSENT FORM

STATE OF TEXAS

SECTION I: PURPOSE OF THIS FORM

The purpose of this form is to show that I have decided not to have (any more) children. In order not to have children, I will have a surgery called sterilization, which is an operation to make it impossible to have children. When I sign this form, I will be sure that this operation is what I want for myself and/or my family.

SECTION III: TIMING

I understand that I have 30 days (around one month) after I sign this consent form before I have the sterilization operation. During this time I can change my mind and decide not to become sterile. If I decide not to become sterile, I will not lose any help, medical care or benefits from programs that get Federal funds, such as Medicaid.

Modified Consent to Title XIX-SCF Form

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Low-Literacy Pain Medicine Contract

PART 2 THINGS I AGREE TO DO

I will

- only get my pain medicine from Dr. _____'s office.
- take my pain medicine as listed in Part 1.
- tell my other doctor(s) that I am taking pain medicine.
- tell Dr. _____ about ALL of the medicines (over-the-counter, herbs, vitamins, those ordered by other doctors) I am taking.
- tell Dr. _____ about all of my health problems.
- allow Dr. _____ to talk with other doctors about my health problems.
- only ask for refills during an office visit (Monday to Friday from 8:00 am to 5:00 pm).

Go to the next page

What is the Flesch Reading Index?

W ffff rrrr bbbbbb sss v mmmmm zzz pppp aaa ddd
tt ggggggg.



Pay Attention to Writing Style

- Passive Voice
- Conversational Voice



Translation into Plain Language

- Analgesic
- Contraception
- Infertility
- Lipids
- Menopause
- Menses
- Oral
- Osteoporosis
- Toxic



Questions

