Better Examples of Patient Education Materials

Lorraine S. Wallace, PhD
University of TN Graduate School of Medicine-Knoxville
lwallace@mc.utmck.edu

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
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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

Health Literacy Skills of US Adults

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.

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.
Modified Consent to Title XIX-SCF Form

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.


Modified Consent to Title XIX-SCF Form

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.


Low-Literacy Pain Medicine Contract

PART 2 THINGS I AGREE TO DO

I will:

1. Get my pain medicine from Dr. ______’s office.
2. Have my pain medicine as listed in Part 1.
3. Tell my other doctor(s) that I am taking pain medicine.
4. Ask Dr. ______ about all of my health problems.
5. Ask Dr. ______ about my pain medicine.
6. Ask Dr. ______ about what other doctors have told me about my health problems.
7. Use the form below during an office visit Monday to Friday from 10 a.m. to 3:30 p.m.

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Low-Literacy Pain Medicine Contract


An Illustrated Medication Schedule


Measuring Health Literacy

- Rapid Estimate of Adult Literacy in Medicine (REALM)
- Newest Vital Sign (NVS)
- Test of Functional Health Literacy in Adults (TOFHLA)

Low-Literacy Prostate Cancer Screening Interventions


Computerized Assessment of Readability

- R
- Readability software programs under estimate reading grade level of documents.
What is the Flesch Reading Index?

W ffff rrr bbbbb sss v mmmmm zzz pppp aaaa 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