## MaineHealth |

# Everything I Need to Know (About Health Literacy) I Learned in Kindergarten

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## #HereToHelp



#### What do we do?

- Health literacy & plain language review of patient handouts
- Staff training about health literacy, plain language, teach-back, and SBAR
- Health & wellness coaching
- Provide reputable and up-to-date information about health conditions
- Offer a variety of healthy lifestyle classes
- Write healthy living blogs
- Facilitate advance care planning conversations













## Circle Time: Today's Goals



MaineHealth

## Story Time!





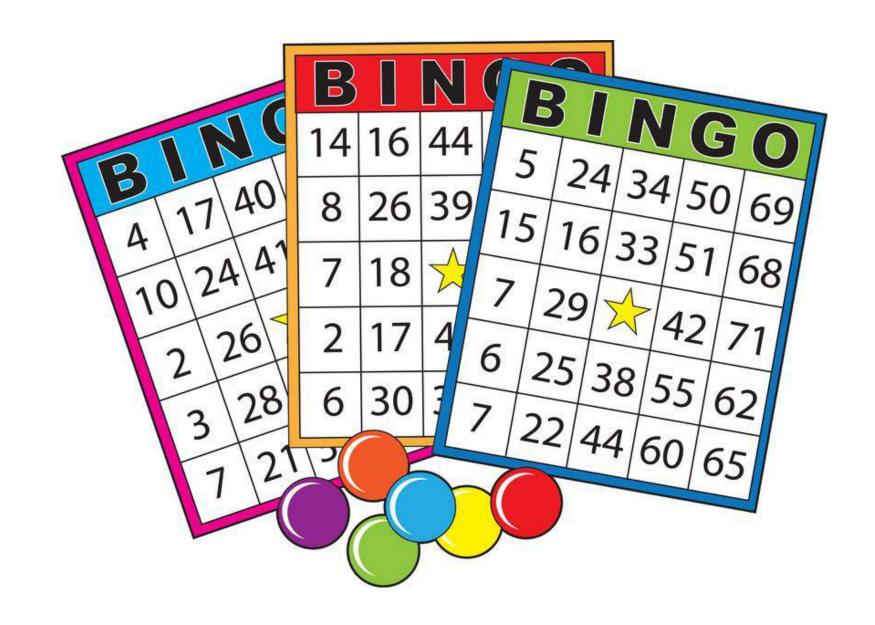












## Checklist for Health Literacy & Plain Language

### MaineHealth Education and Training



#### 1. Do I need to create new materials?

☐ Check for existing materials.

Contact the Education and Training Program at Educationtraining@MaineHealth.org or 866-609-5183 for help with finding patient materials that are easy to read.

#### 2. Do I know my audience?

☐ Consider your potential readers.

Who are your readers exactly? What are their beliefs and preferences? What challenges do they face? Remember, there is no "general public."

☐ Evaluate the needs of your readers.

What do they want to know? How much detail do they need? What is the right tone for these readers? What action do you want them to take?

☐ Engage your readers.

Use style, word choice, voice, organization and visuals to draw your readers into your message.

#### 3. Did I organize my document for my reader?

☐ Provide a clear take-away message.

Your document should have a clear, specific message, such as, "What to Do on the Day of Your Surgery."

☐ Put your main message first.

Readers appreciate documents that begin with the main point.

☐ Answer their questions.

Before writing your document, write down the questions your readers have about your topic. Make sure each section or paragraph of your document answers a reader's question.

#### 4. Have I used an easy-to-read style?

☐ Use a conversational tone when appropriate.

Using the pronouns, I, you and we, make your document more conversational and help your reader focus on your message.

☐ Use familiar, concrete, non-technical words.

Avoid medical jargon.

Consider whether each adjective and adverb adds meaning.
 Avoid padding your writing with words like very, really, actually or carefully

Use the active voice whenever possible.

The active voice makes it clear who or what (the subject) is doing the action (the verb). Passive sentences often do



Do I need to create new materials?



Do I know my audience?



Did I organize my document for my reader?



Have I used an easy-to-read style?

## Checklist for Health Literacy & Plain Language

#### 5. Have I written this as concisely as possible and kept the message?

Get to the point.

Put the most important information first.

□ Keep sentences and paragraphs short.

Write paragraphs with no more than 5 to 7 sentences of 10 to 20 words. Stick to 3 to 5 major points.

#### 6. Have I explained the numbers?

□ Explain any numbers you used.

Explain normal ranges. Do the math for the reader. Use whole numbers instead of percentages.

#### 7. Have I used the right visuals?

#### □ Use illustrations or visuals appropriately.

Visuals can help the reader understand your message. Images should support your message and help readers understand what they need to do. Do not use clipart.

#### Use typography and white space appropriately.

Fonts and other typographical elements should make your document more readable, not fancier. Having enough blank space in the margins and between sections also increases readability. Other typographical elements to consider are:

- Left justification
- . No more than 2 fonts. Check with your marketing staff on your organization's font preferences.
- . Use bold, not ALL CAPITALS. Use italics and underline sparingly.
- In general, font size for text should be 12-14 point and headings should be 16-18 point.
- · Dark fonts on a light background are easiest to read. Colored fonts should be limited to titles and headers.

#### 8. Did I make my document "skimmable"?

#### □ Use headings.

Headings enable your reader to skim your document. Write heading in the form of questions, statements or action phrases.

#### □ Use vertical lists with numbers or bullets.

Lists, which group similar items, are easy for readers to skim. Choose numbers when presenting a list with items in a specific sequence or rank order. Use bullets when the items listed are equivalent in importance.

#### 9. Have I gotten feedback?

#### Test for readability and user reactions.

The Community Education Program can tell you the average grade level needed to understand your document. There is no required grade level for patient materials at MaineHealth but using the concepts in this checklist will make your document easy to read. Ask a few potential readers for their feedback.

#### □ Get approvals.

Get necessary approvals from supervisors and other stakeholders. Connect with your marketing staff for design review.



Is it as concise as possible?



Have I explained the numbers?



Have I used the right visuals?



Did I make my document "skimmable"?



Have I gotten feedback?



Please help us create a quiet healing environment for our patients.

- Speak softly.
- Turn phones to silent.
- Patient Rest Time is 8 p.m. to 6 a.m.

#6: Explained the numbers

Rest is important to your health and healing. We want to partner with you to make sure all our patients get the rest they need during their stay.

#3: Clear takeaway and main message first

#4: An easy-toread style. Using pronouns and active voice Following are the items we can bring to your room to help you rest. Please let your nurse know.

- Earplugs.
- Headphones.
   (please use headphones after 8 p.m.)
- Extra pillows.

- Extra blankets.
- Fan.
- Sleep mask.

#8: Used bullet points to help make it skimmable

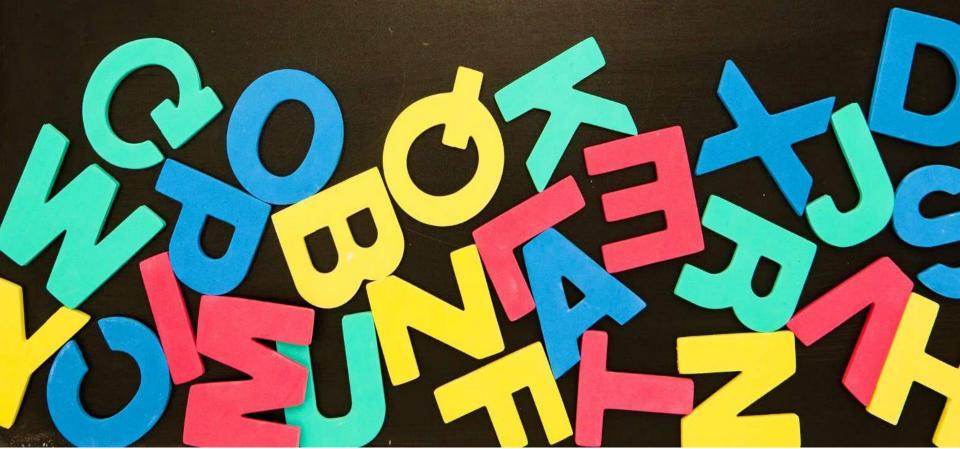
There are some conditions we can't avoid, like lab work or settling in a new patient. We'll do our best to keep these as quiet as possible.

Please keep celiphones on silent or vibrate.

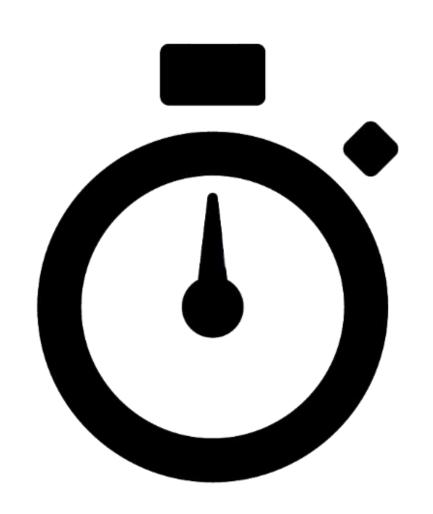




# Readability



## Mad Minute: Medical Jargon



## Mad Minute: Medical Jargon

Medical Jargon	Living Room Language
Abdomen	Stomach
Acute	Sudden, short-term, quick
Adverse event	Something bad happens, bad reaction
Ambulate	Walk, move around
Antibody	Your body's way to fight off infections
Antigen	Germ, bacteria
Arrhythmia	Irregular heartbeat, heart problem
Asymptomatic	Someone who is sick but has no symptoms
Ataxic	Not able to coordinate movement
Benign	Not harmful
Biopsy	Take a sample
Cardiologist	Heart doctor
Smoking cessation	Quit smoking
Chronic	Long-lasting, long-term
Congenital	Born with
Coronary thrombosis	Heart attack, blood clot in a blood vessel in the heart
Discontinue	Stop, stop taking
Dose	Amount
Exacerbate	Get worse
Febrile	Fever or feverish

Living Room Language
High blood pressure
Swelling
Cut, injury, wound, sore
On the tongue
Cancer
Medium, mild, controllable
Heart attack
Infection that you catch in the hospital
Block, barrier
Taken by mouth, medication you swallow
No side effects
Spread, grow, reproduce
Lung doctor
Kidney
Watch, keep an eye on
More likely, at risk
Reduce, slow, decrease, lower
Change the dose or level
On the skin
Chronic kidney disease



## Teach-Back In Action

### Chunk

Chunk into 2-3 main points for the first concept.

## Check

Ask the patient to explain back, using their own words.

Use non-shaming, open-ended questions.

## Re-teach

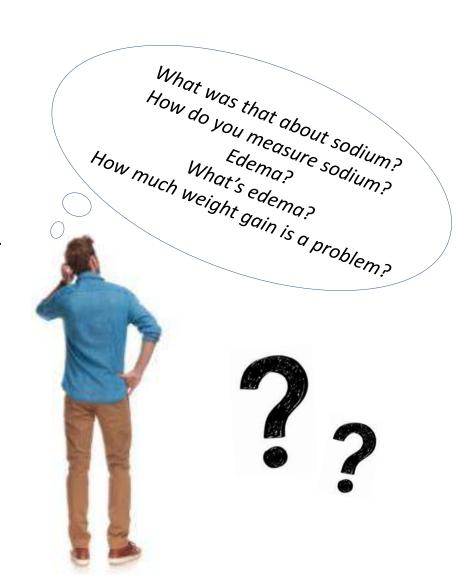
If the patient is not able to teach-back correctly, explain again (differently!)

## **Examples For Using Teach-Back**

- "I want to be sure I explained everything clearly.
   Can you please explain it back to me so I can be sure that I did?"
- "What will you tell your husband about the changes we made to your blood pressure medicines today?"
- "We've gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please review what we talked about. How will you make it work at home?"

## How Does Teach-Back Help?

- It's not easy to tell at first glance who may not read well.
- Patients don't often tell us if they don't understand because of fear or guilt.
- Spoken information is sometimes easier to understand.
- Patient understanding is confirmed when they explain it back to you.
- Teach-back allows staff to identify and adapt approaches on an individualbasis.



## Round 1

## **Provider**

- Take card
- Read script to patient

## **Patient**

- No notes or questions allowed!
- Try to visualize what is discussed



## Round 2

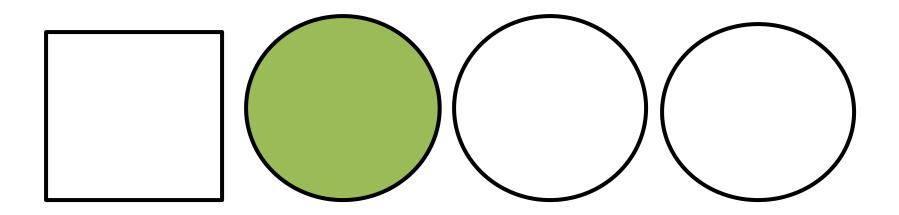
## **Provider**

- Read script to patient
- Use The Teach-Back Method "I want to make sure I've explained this well. Can you tell me how you would draw this pattern?"

## **Patient**

- Try to visualize what is discussed
- No notes, no questions; just participate in the teachback

Imagine 4 shapes in a row. You're going to imagine 3 circles and 1 square. The third figure from the right is shaded in. The figure to the left of the shaded figure is the square.



## Simon Says

## Discharge instructions after a heart attack:

The patient needs to do the following upon returning home:

## Activity:

- Rest for the first 4-6 weeks
- Avoid heavy lifting no more than a gallon of milk

## Diet and lifestyle

- No alcohol for at least 2 weeks
- Avoid or quit tobacco
- Avoid salty foods

#### Medicine

Take your medicines as prescribed, don't just stop taking your medicine

## Simon Says

## **Medication change:**

Start a patient on Coumadin – A blood thinner that you take to prevent blood clots.

## Key teaching points

- 1. You need to tell your other doctors that you take this, because you may need to stop taking it before certain procedures.
- 2. Take one tablet by mouth once a day
- 3. Avoid:
  - Vitamin K
  - Alcohol
- 4. When you should seek help:
  - Ongoing nausea, upset stomach
  - Blood in bowl movements
  - Dark red, or brown urine



## Matching Game

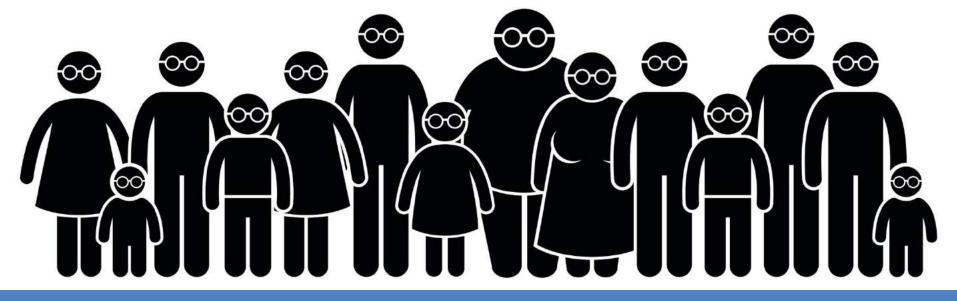
Drink a rehydration drink to replace fluids and minerals:

- Water
- Juice
- Sports drink

Drink 2 qt (2 L) of cool liquids over the next 2 to 4 hours. You should drink at least 10 glasses of liquid a day to replace lost fluids.

You can make an inexpensive rehydration drink at home. But do not give this homemade drink to children younger than 12. Mix 1 quart of water with ½ teaspoon table salt and 6 teaspoons sugar.

Measure all ingredients precisely. Small variations can make the drink less effective or even harmful.



# Health Literacy Universal Precautions













## Questions?













