

# Literacy Audit for Healthcare Settings



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This pack is influenced by a number of international sources including:

- » The Literacy Audit Kit (1996) – Literacy Alberta (formerly Alberta Association for Adult Literacy).
- » The Health Literacy Environment of Hospitals and Health Centers (2006) National Centre for the Study of Adult Learning and Literacy.
- » Health Literacy A Manual for Clinicians (2003) AMA Foundation.
- » Teaching Patients with Low Literacy Skills (1996) Doak, Doak and Root.
- » Helen Osborne’s invaluable website [www.healthliteracy.com](http://www.healthliteracy.com)

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# NALA's Health Literacy Policy

NALA seeks to make the Irish health service literacy friendly where both the skills of individuals and the literacy demands of the health service are analysed. It wants to see a health service where literacy is not a barrier to treatment. It will work to influence the health service in every context: promotion, protection, prevention, access to care and maintenance.

# Foreword

NALA seeks to make the Irish health service literacy friendly where both the skills of individuals and the literacy demands of the health service are analysed. It wants to see a health service where literacy is not a barrier to treatment. It will work to influence the health service in every context: promotion, protection, prevention, access to care and maintenance.

The National Adult Literacy Agency (NALA) with the Health Service Executive (HSE) have produced this Literacy Audit for Healthcare Settings resource to address the issue of accessible and literacy friendly healthcare settings. It is designed to help healthcare workers understand the literacy demands of their environment and offers guidance to make it more accessible. Informed by best practice in the area of health communication this practical resource can be used by anyone dealing with the public in any healthcare setting. The resource contains a Toolkit for literacy friendly communication in healthcare settings and an Audit tool to assess healthcare settings and identify areas for improvement.

The responsibility for making health activities less burdensome and services more accessible rests with those providing the services. Organisations have a responsibility to make their environment easy to access and navigate. While literacy skills are often viewed as the responsibility of the individual, it is important to examine the skills of health professionals as well. NALA works to place an emphasis for change on professionals and organisations to make their settings literacy friendly. NALA's Strategic Plan 2007-2010 aims to connect health literacy issues to ongoing efforts to improve the competence and standards of healthcare settings being driven by the Health Information Quality Authority (HIQA). This resource provides an opportunity for healthcare organisations to benchmark their communications standards against international best practice, and will support healthcare settings participating in national and international accreditation programmes.

As the body charged with managing the operation of unified health services the Health Service Executive (HSE) has a strong focus on promoting equity across the healthcare system, with a key guiding principle that all decisions should be measured against what will deliver best care for clients and the general population. Improving health literacy is critical to empowering people to increase control over their health, to seek out information, put it into practice and take responsibility for their well-being (ILC, 2006). The World Health Organisation (2008) has identified it as an important element of national and international strategies to reduce health inequity, and as such it is an important component of achieving the HSE vision for everybody to have *'easy access to high quality care and services that they have confidence in and staff are proud to provide'* (HSE 2007).

Addressing the issue of health literacy is not new to healthcare workers or the HSE as an organisation. Over the years healthcare workers involved in health promotion, education, communication and skills development initiatives have worked to build the health literacy capacity of individuals and communities. However, as health literacy challenges everybody, in varying circumstances and to varying degrees, healthcare workers need to reflect on our healthcare settings and practices as a whole and work to create environments that support universal access to services and promote equity. The Literacy Audit for Healthcare Settings developed in partnership between the HSE and the National Adult Literacy Agency (NALA) provides an excellent framework for healthcare workers to begin this process.



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# Section 1

## Toolkit for Literacy Friendly Healthcare Settings

## Rationale for addressing literacy issues in healthcare settings

The impetus for addressing literacy issues in healthcare settings is driven by evidence from the field of literacy studies in general and from specific healthcare policies and research.

This section of the resource outlines the rationale for addressing literacy issues within healthcare settings and provides guidance for healthcare workers when addressing specific communication issues such as:

- » writing health information for the general public,
- » using visuals in healthcare communication,
- » speaking with patients,
- » using numbers and mathematical formulae,
- » testing information materials,
- » writing for websites and information kiosks,
- » using signage to help navigation in healthcare settings.

## What is literacy?

When many people think of literacy they think of reading and writing skills. However, the work of NALA and the HSE is guided by a broad understanding and definition of adult literacy.

Literacy involves listening and speaking, reading, writing, numeracy and using everyday technology to communicate and handle information. It includes more than the technical skills of communication: it also has personal, social and economic dimensions. Literacy increases the opportunity for individuals to reflect on their situation and initiate change.

This definition acknowledges that the literacy demands of society are constantly changing. People are being asked to use more paperwork and embrace technology while checking in their luggage or using their bank. Evidence shows that healthcare systems in industrial nations are also getting more complex and therefore more demanding for patients (OECD, 2005).

## Literacy in Ireland

The first Irish literacy survey took place in 1995 with results published in 1997. It is called the International Adult Literacy Survey (IALS) and was sponsored by the Organisation for Economic Co-operation and Development (OECD). Taking place across a number of countries, it used everyday reading material such as a train timetable and a packet of Aspirin. It used a 5 Level scale with Level 3 considered the minimum level needed to actively participate in society.

## Irish results of International Adult Literacy Survey

Results showed that 25% of the Irish population, or at least 500,000 adults, scored at the lowest level, Level 1. This means that a large percentage of the population experience difficulty with everyday reading material. People at this level for example were not able to follow instructions on an everyday health medicine; a packet of Aspirin. People were asked to look at the directions on this label to find "the maximum number of days a person should take this medicine".

**Fig 1 Instructions on an everyday health medicine - Aspirin**

**ASPIRIN** 500

INDICATIONS: Headaches, muscle pains, rheumatic pains, toothaches, earaches.  
RELIEVES COMMON COLD SYMPTOMS.

DOSAGE: ORAL. 1 or 2 tablets every 6 hours, preferably accompanied by food, for not longer than 7 days. Store in a cool, dry place.

CAUTION: Do not use for gastritis or peptic ulcer. Do not use if taking anticoagulant drugs. Do not use for serious liver illness or bronchial asthma. If taken in large doses and for an extended period, may cause harm to kidneys. Before using this medication for chicken pox or influenza in children, consult with a doctor about Reyes Syndrome, a rare but serious illness. During lactation and pregnancy, consult with a doctor before using this product, especially in the last trimester of pregnancy. If symptoms persist, or in the case of an accidental overdose, consult a doctor. Keep out of reach of children.

INGREDIENTS: Each tablet contains 500mg acetylsalicylic acid.  
Excipient c.b.p 1 tablet.  
Reg. No. 88246  
Made in Ireland by XYZ LTD.

0 36000 29145 2

A total of 23% of Irish adults (24% male and 21% female) could not answer this correctly.



As can be seen in the Fig. 2 there were substantial differences between the various age groups, with a larger number of older people giving the wrong answer.

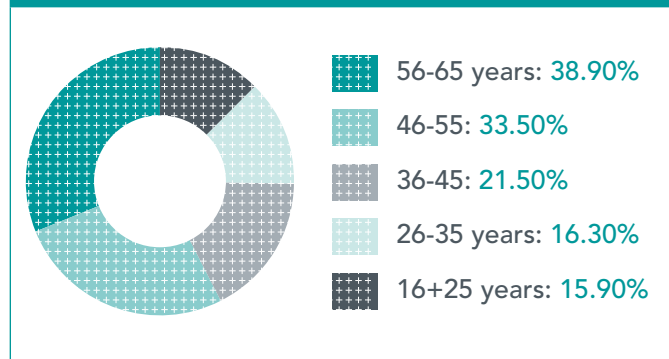
The IALS also showed that another 30% of Irish adults were at Level 2, meaning that they could only cope with simple everyday material. This means that 55% of Irish adults are experiencing difficulty understanding everyday material or would do in the future.

### Numeracy results

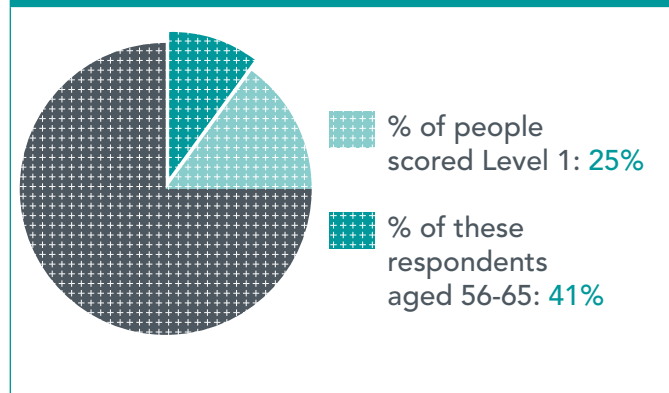
Risk, probability, likelihood and norm are difficult mathematical concepts and yet are commonly used in everyday communication, particularly in the healthcare context. Many of these concepts are abstract and so people can have problems picturing and understanding them.

Ireland did not score very well when answering the "quantitative literacy" (numeracy) questions in the IALS. In this area, people had to perform a variety of arithmetic operations ranging in complexity from simple calculations to harder tasks involving decimals, fractions, percentages, ratios and time. Again 25% of people scored Level 1, meaning that they could not answer correctly the simplest of numerical questions. Over 40% of these respondents were aged 56-65.

**Fig. 2 Percentage of Irish Respondents at Level 1 (Prose) by Age-group**



**Fig. 3 Quantitative literacy (numeracy)**





## Implications of these statistics

These statistics were a warning call to the Irish Government. The percentage of adults with the lowest level of literacy was higher in Ireland than anywhere else in Europe, with the exception of Poland. Results also showed that that 44% of people aged 55-65 scored at Level 1 compared to 17% of people 16-25. It is possible to conclude that older people are struggling to a greater extent with reading material in healthcare settings.

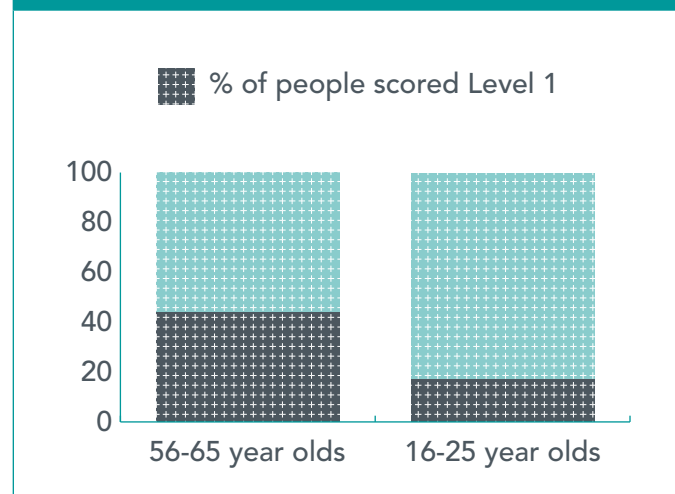
These results showed that investment in adult literacy was needed to make Ireland a competitive economy. In 2000 the first White Paper on Adult Education: "Learning for Life" cited adult literacy as "its top priority" particularly for those with the lowest literacy levels.

The survey results dispelled the idea that literacy is a problem for a small proportion of Irish people. Society is changing at a very rapid pace. This has implications for healthcare providers who need to consider and react to these figures so as to make their service more accessible. There is also the challenge of adapting practices to accommodate a large patient population.

## Adults attending Irish Adult Literacy Services

Currently 45,000 adults are attending literacy classes (Department of Education and Science, VEC Adult Literacy returns 2007, unpublished). The Department of Education and Science funds the bulk of the further education sector through the 33 Vocational Education Committees (VECs) throughout the country. Health topics are integrated into areas such as family literacy and communication classes.

Fig. 4 Age and Literacy



# What is health literacy?

Health literacy is a relatively new term. In early definitions it was narrowly conceived as the ability to read and comprehend written medical information and instructions. More recently an expanded understanding of the nature and context of health literacy has been offered by Kickbusch et al (2005) as: "the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the healthcare system, the market place and the political arena."

## Relationship between literacy and health literacy

Some practitioners argue that health literacy is literacy in a health context while others take the view that they are completely different concepts. Health and well-being touches all aspects of peoples lives, however, ill-health and the need to access healthcare services occur less frequently and often at times of significant stress. Therefore, the reality is probably somewhere in the middle. To quote Stableford and Mettger (2007, p73) "Health literacy challenges everyone, albeit in varying circumstances and to varying degrees."

## Definition of health literacy

For the purpose of this resource The USA Institute of Medicine (IOM) and the Department of Health and Human Services offers the most relevant definition in emphasising a dual responsibility for health literacy.

"Health literacy emerges when the expectations, preferences and skills of individuals seeking health information and services meet the expectations, preferences and skills of those providing information and services." (IOM, 2004)

This definition calls for a more balanced approach to analysing health literacy. It acknowledges that service providers contribute to the problem of health literacy and therefore have a part to play in making information and services more accessible.

## Factors involved in health literacy

In health messages, it is not only the medical or technical words that may cause trouble, but also the more common words when used in unfamiliar contexts. (Doak et al 1996).

Literacy is contextual: different situations will call on specific tasks. Finding out where to get information for example will call on different skills than understanding health promotion or health protection messages. Health literacy means understanding your

condition and knowing how to live with it day to day. Most people have some literacy and numeracy skills, but these can vary in different situations. Many people who deal effectively with other aspects of their lives can find health information difficult to obtain, understand or use.

Since 2001 NALA has developed initiatives to address health literacy issues. This work has been funded by the Health Promotion Strategy 2000-2005 (DOHC, p20) which acknowledged the impact of literacy:

“poor literacy skills ...limits access to health information and health services”.

### **Importance of unfamiliar settings**

People who do not experience literacy difficulties in other areas of life might easily run into trouble in healthcare settings because they are not used to the setting or indeed the vocabulary used. They can struggle to make sense of health-related materials with unfamiliar concepts. Emotions can also play a part. When people feel vulnerable and scared, their ability to understand information is inhibited. People sometimes have to make decisions in unfamiliar health settings. Studies indicate that the dialogue between patient and practitioner is often fast and patients have limited speaking turns (Roter 2000, Langewitz et al 2002).

### **Changing population**

In April 2006 a total of 420,000 non-Irish nationals were living in Ireland (CSO, 2008). While over a quarter come from the UK, three quarters come from countries where English is not the first language. While 54 % of all migrants in Ireland have a third level qualification, health materials can be particularly challenging for people not fluent in the English language. The 2008 National Intercultural Health Strategy recognises that a greater emphasis on visual and spoken messages will be required. It also advocates the provision of information in clear understandable language to facilitate access to health services for people from minority ethnic groups as well as those with low literacy skills. Appendix A contains current HSE best practice guidance for producing information for minority ethnic communities.

## Complexity of modern medicine

Medicine is more complex today. Drugs are more plentiful and powerful and chronic disease management calls for high level literacy skills. Kickbusch (2005) argues we are living in a “new health society”. Policy documents ask us to become informed patients but most of us lack access to the necessary information and do not have the necessary skills to make decisions on our health. Even health professionals are sometimes baffled by the many choices they have to make to obtain the treatment they need (CPHA, 2006).

The American Medical Association (2003) points to a well-known anecdote where a prominent obstetrician once reported that he was unable to fully understand the explanation he received from an orthopaedist about his upcoming orthopaedic surgery.

A lot is demanded of the general public in the modern health care environment. People are asked to:

- » engage in healthy behaviour,
- » know how the body “works”,
- » be able to name body parts and systems,
- » understand the causes of disease,
- » observe and describe symptoms,
- » fill out forms and questionnaires
- » understand and follow directions, and
- » use tools and monitoring devices.

## Hidden nature of literacy

Many adults with limited literacy skills try to hide this fact. There is also the complication that many people with weak literacy skills do not always realise their limitations. Surveys have shown that many adults underestimate their need for help. Many, even if aware of their weak skills, don't regard it as a problem. This indicates that people don't understand the importance of relaying and understanding information. Findings from US focus groups also found that many patients simply do not think that their physician would be interested in knowing about their literacy difficulties (Baker et al., 1996).



Adults with limited literacy skills often hide their weak skills and may:

- » appear passive or may act defensively,
- » pretend to have forgotten their glasses so as to avoid reading in public, and
- » pretend to have hurt their hand so as to avoid writing in public (NALA, 2002).

NALA's 2002 health literacy research found that healthcare workers who were interviewed were not aware of literacy being an issue in Ireland and were not aware of their local literacy provider.

## Link between literacy and health

A good deal of information is available internationally regarding literacy and health outcomes.

### **Adults with limited literacy skills are:**

- » less likely to engage in preventive programmes and actions,
- » less likely to know about their illness or their medicine,
- » less likely to have chronic disease under control,
- » more likely to be hospitalised, and
- » more likely to seek medical treatment later (Weiss 2005).

### **Cost of health literacy**

In addition to its impact on health status, low health literacy has economic implications at both an individual and societal level. In the United States it is estimated that low health literacy costs the economy in the range of \$106 to \$236 billion annually (NBER, 2007). In the European Union 700,000 deaths per year and 33 million cases of ill health are attributed to inequality-related health conditions, and it is estimated that this accounts for 20% of the total costs of health care and 15% of the total cost of social security benefits (Combat Poverty Agency, 2008). While the causes of health inequalities are complex, low health literacy levels are clearly a contributing factor. The exact cost of poor health literacy to the Irish exchequer is not known, however, it is reasonable to assume, based on European and US evidence, that the costs are significant.

## Irish research in health literacy

In 2007 the first national health literacy questionnaire was undertaken on behalf of Merck Sharp & Dohme Ireland (Human Health) Limited. Members of the general public were questioned about their interactions with medical practitioners and their understanding of medical terminology.

### Here are some of the key findings from the research.



One in five Irish people do not deem themselves to be fully confident when dealing with medical professionals.

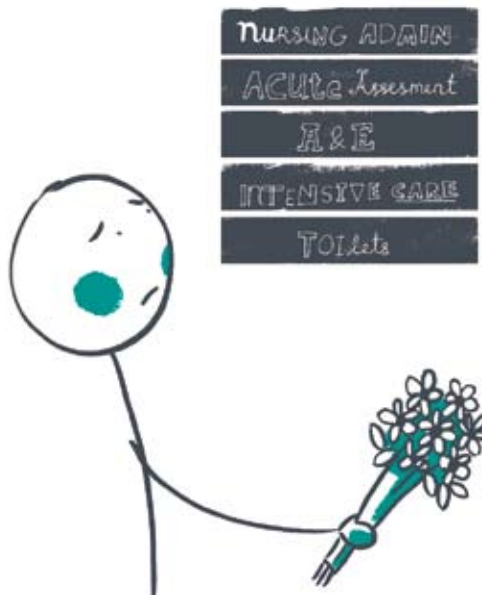
Nearly half of those surveyed stated that if they did not understand something a healthcare professional said to them they would **only sometimes** ask for clarification.

Approximately one in five people do not fully understand information and instructions that appear on medication packaging.

Nearly two thirds of those surveyed admitted to having difficulty understanding signs and directions in Irish hospitals at least some of the time, with one in five stating difficulty most of the time.

The word 'prognosis' caused the most confusion, with 60% of participants being unable to correctly define this word.

One in five participants were not able to correctly identify which part of the body the 'Cardiology Department' was for.





One in ten admitted to taking the wrong dose of medication on one occasion because they could not fully understand the directions.

One in six, the equivalent of half a million people, stated that they find filling in medical forms difficult to very difficult. This is particularly the case for those over 65 and from lower social economic groups.

### **Respondents were asked how health professionals could make things clearer.**

- » 33% wanted doctors to use English they could understand.
- » 20% wanted health information to be provided in plain English.
- » 14% wanted a printout of instructions in English they could understand.

## **Weak literacy skills amongst healthcare workers in NHS**

Health literacy is a hidden but prevalent problem amongst the general public, including individuals working in healthcare. In England, poor communication skills and difficulties with reading and writing are not uncommon among healthcare workers. The DfES Skills for Life Survey (2003) suggests that 14% of staff in the health and social care sectors have difficulty reading and just under 50% have problems with numeracy.

### **This survey points out that weak skills among healthcare employees could lead to:**

- » being more at risk of making mistakes,
- » being more resistant to change, and
- » having lower confidence and motivation.

As new services emerge staff need to be able to take on new tasks safely and competently. This report again shows that people need to upskill, particularly as workplaces change and call for higher skills. In 2006 a draft consultation report from the NHS Education for Scotland (NES, p5) noted an “ongoing concern about numerical competence among professional staff such as nurses, midwives and allied health professionals.” Among the recommendations put forward in the report is the development, with other professional bodies, of a numeracy assessment that healthcare students would sit before they could join their relevant register.

## Communication barriers in healthcare

### Reading level of health material

Hundred of studies in the USA focusing on the assessment of health materials indicate that the reading level of most health material exceeds the reading ability of the people for whom they were designed (Rudd et al., 2000). International research shows us that there is a mismatch between the literacy demands of reading materials in healthcare settings and the reading skills of the general public.

While NALA has yet to study the reading level of Irish healthcare settings and public health information, in 2002 it interviewed 78 adult literacy students in focus groups. This research examined how adults with weak literacy skills were experiencing difficulties with the health service. These adults expressed frustration at being given so much reading material with the presumption that they could understand it. They described reading materials as dense and hard to read due to the degree of technical medical language (NALA 2002).

### The design of healthcare material

Many critical health-related materials are written in what’s described as open entry format such as medical history forms or insurance forms. Materials on nutrition, or prescriptions are often not written in full sentences or the information appears in graphs and charts (CFAH, 2003). Health-related materials are also prepared in document format using bullet points rather than full sentences and paragraphs (NAAS, 1998). These reading formats are harder to read and take meaning from than prose.

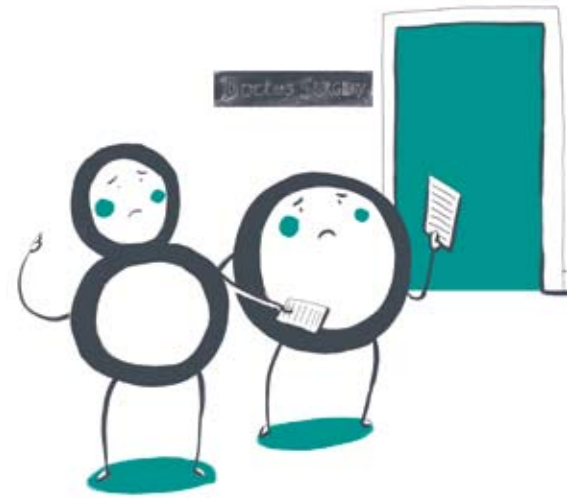
As Rudd (CFAH, 2003) explains:

“with prose if you don’t understand any one particular word, you might be able to figure out its meaning from context. Health materials are sometimes presented in ways that take away some of that context.”



## Role of oral skills

Organisations in general tend to concentrate on the written word while in healthcare one-to-one oral instruction is the most common communication medium. People are expected to be able to explain their symptoms, discuss options and interpret advice. All of these communication skills are called upon in what can be a stressful environment. Research tells us that 80% of all patients forget what doctors tell them as soon as they leave the office and nearly 50% of what they do remember is recalled inaccurately (Kessels, 2003). Joyce et al (1969) also found that patients forget most of what they have been told within minutes of leaving the clinic.



Research also shows that having limited expressive language may make low literacy patients less able to relay symptoms and medical history in a detailed and coherent way (Dexter et al., 1998). It is logical to assume that this has implications for diagnostic accuracy.

Roter (2005, p.92) explains:

"...it is the more descriptive and nuanced language skills that are necessary for communication in the impersonal world of bureaucracies and professional service."

## Interacting with patients

Health professionals often use scientific terms and jargon. Studies indicate that speech is often fast and that patients have limited speaking turns (Roter 1983).

Fearing lengthy appointments, most doctors allow patients to talk for an average of 22 seconds before taking the lead. Research shows however that if allowed to speak freely, the average patient would initially speak for less than two minutes (Langewitz et al., 2002). Weiss argues that encouraging more questions during the initial visit may require more time but should be seen as an investment (AMA, 2005). The long-term payoff may include more accurate compliance, fewer follow-up visits and shorter more focused interactions as the patient proceeds through their condition. Interestingly, Schillinger (2003) found that using interactive communication techniques with patients means that meetings took only an extra two minutes (20.3 min vs. 22.1).

## Best practice guidelines for literacy friendly healthcare settings

The following pages offer guidance for healthcare workers when addressing communication issues within their settings.

- » Writing health information for the general public
- » Using visuals in healthcare communication
- » Speaking with patients
- » Using numbers and mathematical formulae
- » Testing information materials
- » Writing for websites and information kiosks
- » Using signs to help navigation in healthcare settings

It is recommended that you review these guidelines before completing the audit. Examples of innovative good practice in Ireland are also provided.

## Writing health information for the general public

Plain English (PE) is a style of writing and design. It will help you clarify what you're trying to say and, as a result, help your reader get your message exactly as you intended. Presenting information in plain English includes using suitable words, adopting a direct style, avoiding unnecessary jargon and designing your written information to make it easier to follow. This is important for most readers but essential for those with literacy difficulties.

NALA offers a PE service to organisations and Government departments and the HSE has engaged in a PE training programme for health practitioners. Using PE in any public setting will greatly contribute to understanding and research has shown that all readers prefer easy-to-read material (NALA, 2005).

THE HSE Plain Language Style Guide (2008) contains information and guidelines on how to write and design health material for a wide range of audiences. HSE staff writing for the general public should refer to it. It is available to download at [www.hse.ie](http://www.hse.ie) – as part of the Communications Toolkit. This publication addresses issues such as language, punctuation, grammar and layout.

**However the following issues also need to be considered as they also make health publications easier to understand.**

- » Try to put the context of the leaflet first as we learn facts more quickly when the context is first explained to us. For example to find out what's wrong with you (context first) the doctor will take a sample of your blood.
- » State the purpose of the publication in the title or introduction or illustration.
- » Summary and review - People often miss the point when first reading material. Ideally retell the messages in different words and examples.
- » Use interactive features such as questions and answers in your material.
- » Avoid **concept** words. Concept words describe a general idea or an abstract reference and are often misunderstood. Examples include such terms as 'normal range'. Always follow with an example of what is considered normal.
- » Be mindful of **category** words such as poultry and red meat. If you must use these follow with an example.
- » Examine all **value judgement words** which are words that often describe amounts such as excessive, regularly or adequate. The meaning of these words can change depending on the context. Try to use specific words or explain what you mean by a value judgement word. Doak et al (1996) give the following example to explain 'adequate rest': For the next week you need adequate rest and that means at least 8 hours sleep each night and a 2 hour rest period lying down each afternoon.

# Using visuals in healthcare communications

## Using visuals

Visuals have been shown to be a great way to impart or emphasise health information. For poor readers, the significance of visuals is even greater. Doak et al (1996) argue this may be the only way that they can read and understand the health message. Visuals can be presented in a variety of ways including pictures, brochures, posters, graphs, testimonials or cartoons.

## How visuals make learning easier

Sometimes readers will be too intimidated by dense text. Images reduce the amount of text to be read.

Complex concepts can be understood more easily through visual presentations. Doak et al (1996) explain that they can show a step-by-step procedure and make an entire action sequence seem easier to learn than explanations by text.

Visuals make information vivid and real. Most poor readers rely on visuals and the spoken word. They try and get the sense of the instruction without having to struggle with text. Everyone understands and remembers better when they see the message. The brain is capable of remembering more pictorial images than words.

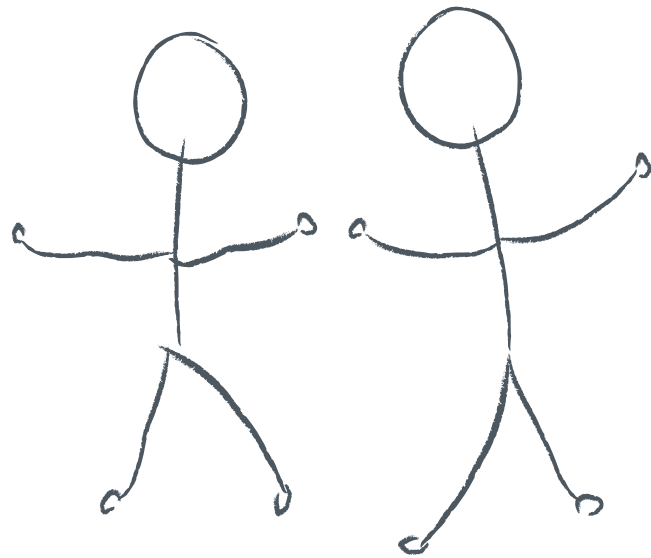
Osborne (2006) encourages people to create handouts for health professionals to draw on. However, not all health professionals have the time, interest, or talent to draw, and the information may be too complex to convey simply. Illustrators can help by creating handouts that health professionals can use. One example is the heart picture that a cardiologist used – the doctor only needed to colour in the problem areas and write simple text alongside it.

Doak et al (1996) warn that while visuals are important and vital for poor readers, not every kind of visual will be effective. Many patient education information resources use attractive yet irrelevant images, but to quote Houts (2007) "...little is gained other than possibly drawing attention to the document." He explains that poor readers are more likely to be confused by art that is unrelated to the information being used.



## Guidelines when using images

- » When using pictures make sure explanatory text is close by.
- » Be consistent and logical when placing visuals near text.
- » Avoid using photographs or any graphic with irrelevant background details, which can distract readers.
- » Aim to keep bullet lists short, no more than six to eight.
- » Some writers have found stick figures to be useful, as they are culturally neutral.



Typical stick figures

## Other issues to consider when using visuals

A lot of the stock images available from your local printer or designer are not suitable and can look very corporate. While there are free images on the internet, it takes time to source this material. Sometimes images from pharmaceutical literature or health charities can be very useful but time is needed to get permission. While organising images yourself can seem like a lot of work it may be the best solution. These images can be used repeatedly and can help address the need to include a diverse range of people. One option is to use local students from graphic arts colleges.

Here is a specification list for visuals developed by Doak et Doak (2007) to give structure to using visuals. It aims to help you think about what you want and direct the illustrator so that you get a suitable visual.

## Specification for Visuals

- » Date, document title, name of writer
- » Intended audience: genders, culture, knowledge of subject, age
- » Key purpose: to introduce topic, to explain a process, to persuade, to maintain action?

- » The key message the visual is to show: for example the key message might be how to give an insulin shot in the upper thigh
- » Caption: for example text will read Puff up skin; hold needle at a slant; give quick jab
- » Key text that relates to the visual
- » Approximate image size and media used
- » Schedule and cost
- » Comment lines with feedback from graphic designer/illustrator or photographer which might be relevant when revisiting image.

If you decide to use photographs and take them yourself consider the following:

- » You will need to get a signed photo release from your subjects.
- » Participants will want to have a sense of how long the publication will be made available.
- » It is important also not to re-use their image for any other publication.

## Speaking with the general public

One-to-one oral instruction is the most common form of communication in healthcare. Research shows however that patients forget most of what they have been told within minutes of leaving the clinic. There are guidelines regarding how to speak to people with literacy difficulties that apply to speaking to all clients. The following guidelines were produced by Barry Weiss in a manual for clinicians funded by the American Medical Foundation (2003).

### **Slow down**

Communication can be improved by speaking slowly and spending just a small amount of extra time with each patient.

### **Use plain, everyday language**

Explain things to a patient as you would explain them to a family member.

### **Show or draw pictures**

Images can improve the patient's recall of ideas.

### **Limit the amount of information provided and repeat it**

Information is best remembered when it is given in small pieces that are relevant to the tasks at hand. Repetition further enhances recall.

### **Use the teach-back**

Confirm that people understand by asking them to repeat back your instructions in their own words.

### **Create a shame-free environment**

Make people feel comfortable asking questions. Enlist the aid of patient's family or friend to promote understanding.

### **Encourage people to ask questions**

Use open questions such as "tell me how you have been feeling".

Open questions, by their very nature, allow more room for patient discretion in response than close ended questions (Roter 2005).

## **Using numbers and mathematical formulae**

NALA's numeracy strategy (2004) defines numeracy as a life skill that gives adults "the confidence to manage the mathematical demands of real-life situations".

Risk, probability, likelihood and norm are difficult mathematical concepts yet are commonly used in healthcare communication. Sometimes information is presented in a way that makes it more difficult to make careful health decisions. It is important then for staff working in healthcare settings to be able to assess how difficult any leaflet may be from a numeracy point of view. This is equally relevant for people writing information in-house. Osborne (2007) offers the following guidelines based on work undertaken by Elena Joram, Associate Professor at the University of North Iowa.

## **Assume people do not understand quantitative concepts.**

Many people are not comfortable understanding numbers. Joram recommends communicating more simply with everyone – you won't go wrong if you explain clearly.

## **Focus on just one idea at a time**

Joram's research found that many quantitative concepts can be included in one sentence. She refers to this as 'quantitative concept density'. These sentences such as the one below are almost guaranteed to cause confusion.

Example: "If your blood glucose is 70mg/dl or below, have 2 to 5 glucose tablets, ½ cup (4 ounces) of fruit juice, or ½ cup of a regular soft drink to raise your blood glucose."

She suggests focusing on one idea at a time instead and expressing it in simple sentences, like those below.

Example: "If your blood glucose is 70mg/dl or below, you will need to raise your glucose levels. To do this you could take 2 to 5 glucose tablets, or you could take a ½ cup of fruit juice instead."

## **Use analogies (comparisons) or reference points to explain quantity**

An example of this is when dieticians compare meat portions to a deck of cards or the size of a person's fist.

## **Do not use decimals**

Decimals are largely misunderstood. For example it is probably unhelpful to tell a patient that the likelihood of something is .3.

## **Reduce numerical calculations**

Writers presume that people can understand and calculate changes when presented with numerical calculations such as a bill. For example, telling people that their bill will increase by 2% assumes that they understand percentages and can relate that information to their yearly charge. But this may not be the case. To increase the likelihood of being understood, it is better to give actual figures, for example telling someone that their yearly charge will increase from €100 to €102.



### **Presenting small probabilities**

Small probabilities should not be presented as a chance out of a large number. Write 1 out of 50 instead of 20 out of 1,000.

### **Keep the denominator consistent**

Keep the denominator consistent when comparing probabilities so you should write 20 of 1,000 and 1 of 1,000 instead of 1 of 50 and 1 of 1,000.

### **Present risks in absolute instead of relative terms**

Presenting absolute risk (for example 3 out of 1,000 will have a stroke) is easier to understand than using relative risk, (for example 50% higher chance of stroke).

### **Find out what measurement system your patient uses.**

Find out which system your patient is most familiar with. For example you might need to talk about teaspoons instead of millilitres, or pounds and ounces rather than kilograms.

## **Testing materials produced in-house and provided by outside bodies**

Several software grammar checkers claim to measure the readability of writing under such names as the FOG (Frequency of Gobbledygook) Index and the Flesch Test. Most readability formulas tend to concentrate on the sentence and word length. A score is then compared to a reading age level.

NALA does not use or recommend readability techniques in its editing or practice for three reasons.

- » NALA pre-tests materials with users when developing learning materials.
- » Plain English analysis offers a very extensive measurement.
- » Readability formulas are limited tools that do not analyse the full picture. They do not, for example, consider the use of the active voice, scope of material, previous knowledge of information or the layout of text.

## Assessment tools devised by healthcare professionals

Healthcare workers may have to use materials designed by outside organisations and therefore need to be able to assess the suitability of materials. While testing with the intended audience is preferable, sometimes there is not enough time to do so and an evaluation needs to be made 'at your desk'.

A Suitability Assessment of Materials instrument (SAM)\* provides more meaningful results than other readability formulas and is very popular among healthworkers. A full description of the SAM and a scoring sheet is available in Doak et al Teaching Patients with Low Literacy Skills which can be downloaded for free at <http://www.hsph.harvard.edu/healthliteracy/doak.html> Appendix D gives a useful 17 item checklist which allows you to quickly assess the appropriateness of materials for patients.

## Asking people for their opinion

The most meaningful way to see if your message is understood by your intended reader is to ask for their opinion. Doak et al (1996) offer the following guidelines for successful testing and explain that you don't need to spend a lot of money or time when you test material.

# Guidelines for successful testing

## Use interviews rather than questionnaires

Questionnaires are not suitable for people with literacy needs and, according to Doak et al (1996) offer little validity. Weak readers tend to skip over items, and often have someone else fill out forms for them. Anecdotal evidence tells us that sometimes people will feel put on the spot when given a questionnaire and will answer 'no' to every question to avoid drawing attention to themselves.

\* SAM was developed in 1983 and is a useful tool that can be used with print materials, DVDs and audio-taped instructions.

### **Test early in the process**

Ask for feedback even on your earliest draft. While you are writing the material, it is fairly easy and inexpensive to fix any parts.

### **Ask 10 to 20 people**

A representative sample of 10 to 20 intended readers is usually enough.

### **Group interviews or one to one**

You can test written material by asking a group or individuals. Doak et al (1996) prefer speaking with people individually. They have found that many people, especially those with limited literacy skills are reluctant to speak in a group. Fear of speaking in public and lack of fluency were cited as reasons to explain this.

### **Always start with “Will you help me?”**

You need to make sure that they are testing your materials, not their reading or comprehension skills. Focus on how they are helping you.

### **Use open-ended questions**

Begin with open-ended questions about comprehension. Doak et al (1996) recommend questions such as: “Tell me in your own words, what is this all about ?” It’s important that the person is able to tell you the main theme or purpose of the instruction.

Identify what key pieces of information you want people to take from material in advance. You can compare this to what people are actually remembering.

## **Guidelines for writing for websites and information kiosks**

A number of Irish hospitals including the Mater and Temple Street Hospital now contain information kiosks for the general public. Most health organisations provide a website with relevant health information. Guidelines in this section relate to how information is written and how websites are designed to address usability issues. The US Department of Health and Human Services, in partnership with the US General Services Administration, developed research-based web design and usability guidelines. The guidelines are particularly relevant to the design of information-oriented sites. They were developed to assist those involved in the creation of

websites to base their decisions on the most current and best available evidence. The HSE recommends that those developing websites and kiosks read the full report available at [www.usability.gov/pdfs/guidelines.html](http://www.usability.gov/pdfs/guidelines.html)

## Website content

Refer to the HSE Plain English Style Guide when writing for websites and be aware of the following in particular.

- » When your website describes an action that has a sequence, for example filling in an application form, the content should be designed so that the sequence is obvious and consistent.
- » Avoid jargon. If jargon or technical words are used the site should use a 'pop-up' to help users know what the word or phrase means.
- » Do not use unfamiliar acronyms and abbreviations. Include a definition if you are using acronyms and abbreviations.
- » Sentences should not contain more than 20 words.
- » Paragraphs should not contain more than six sentences.
- » Sentences should be written in the active voice directed to "you".

## Website design guidelines

- » The homepage should be limited to one screenful of information.
- » The homepage should be clearly highlighted as a homepage and accessed from any page in the site. The site should have a link called 'Home' near the top of the page.
- » Where possible text should be used for links rather than graphics as text links are preferred by users and provide better information for them.
- » Important content should be accessed from more than one link, thus helping some users find what they need.
- » Images used should be relevant and add meaning to the text.
- » Websites should not have "rolling text" that goes by automatically.



- » Background images should be avoided, as they can make it difficult for people to read text.
- » The type size on pull downs should be the same size as the text content.
- » The default size text size should be 12 point and there should be obvious ways to increase text size.
- » Text should be in a sans serif font such as Arial or Helvetica.
- » Users should be able to print information and margin to margin printing should be possible.
- » Each section or main section should have a Frequently Asked Question ( FAQ) and answers.
- » The website should provide help to users with a special section for new users.
- » A text-only version should be provided as it will accommodate people who use screen readers that read text.
- » The website should be tested on a medium to low functioning machine.
- » The website should avoid horizontal scrolling and limit vertical scrolling.

## Using signs to help navigate healthcare settings

Feedback from Irish adult literacy students tells us that people often get confused or lost in healthcare settings. There is never an obvious logic to where clinics and facilities are located. The language of medicine is used in signs and people can feel intimidated. While there is little research in this area the following recommendations come from work conducted by a team in Harvard who studied the area of navigation in healthcare settings (Rudd, 2004).

### Guidelines

#### **Use common words whenever possible.**

Use 'cancer' instead of 'oncology' for example.

### **Use consistent words.**

Decide, for example, whether food is available in a 'café' or 'cafeteria'. Use the same words on the sign at the doorway as you do on your other literature.

### **Select colours that are meaningful.**

For many people colours are an effective tool to distinguish one space from another.

### **Place signs uniformly.**

Rudd says that people expect there to be some inherent logic in where signs are placed. Try to be consistent when hanging signs. People should not have to constantly shift their focus from walls to ceilings, floors, doorways, or windows.

### **Take a tour of your facility with a lay person.**

Let this person lead the way, showing you what it is like to be a newcomer. "The best way to learn about your facility is to have someone else show it to you."

### **Use a number of design elements.**

Mogerman suggests combining colours with images and possibly other design elements. People retain information best when it is communicated in multiple ways. She refers to car park signs that use colours, images and numbers as an example (cited in Osborne, 2007).

## **Good practice in Irish healthcare**

In 2008 the first Crystal Clear MSD Health Literacy Awards took place. These awards aimed to encourage healthcare professionals and organisations to consider how they communicate health matters to the public by acknowledging best practice in this area.

Here are two examples of projects that were based on good communication practice and deserved to be acknowledged. In the category **Innovation in a Hospital Setting**, St Mary's Hospital in Co Westmeath, Catering Project Manager Yvonne Dowler developed a multi-lingual pictorial menu. This project was a response to the significant number of patients that seemed to have difficulty understanding the menus and communicating to



catering staff what food they would prefer to eat. The “visual menu” includes images of the meals on offer and has been translated into Polish, French and Russian. The menus were designed to improve the nutritional care of patients by reducing the risk of patients consuming inappropriate foods.

### Monday Week 1



- Peas & Turnips
- GUISANTES & NABOS (S)
- Petits pois et navets (F)
- Toponiec i porzeczka (R)
- Groszek z rzepką (P)



- Creamed Potatoes
- Purée (F)
- Puré de patatas (S)
- A la crème (F)
- Итопе (R)

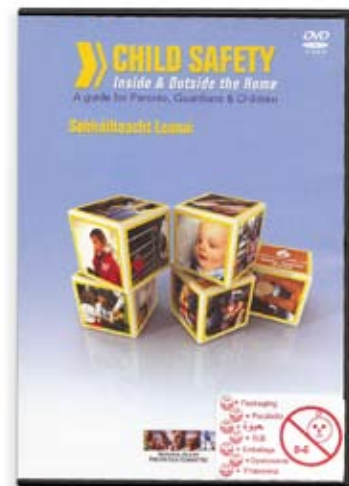


#### Borrador de Preguntas para el Menú Fotográfico

1	Hola
2	¿Qué nacionalidad tiene Vd.?
3	Me llamo .....
4	Trabajo en este Departamento de Catering
5	Le voy a servir el pedido de su comida para hoy
6	Mostramos a continuación las comidas a las horas siguientes: - El desayuno se sirve a las 8:00 h. - La comida se sirve a las 13:00 h. - La cena se sirve a las 17:00 h.
7	Tomamos una fotografía de cada plato para ayudarle a elegir
8	¿Sigue algún régimen especial? - Diabético - Celíaco - Vegetariano - Bajo en grasa - Bajo en Sal - Sin lacto
9	¿Es Vd. vegetariano?
10	Para la comida, puede elegir un plato principal, legumbre y una de las opciones de patatas a su elección?
11	¿Desea plato de carne Asado?
12	¿Desea plato de cordero Asado?
13	También puede elegir un postre
14	Puede elegir una ración pequeña o normal
15	Para la cena puede elegir un plato principal y un acompañamiento o un téndrich y un acompañamiento.
16	El personal de Catering le servirá las bebidas por durante la comida
17	El desayuno le será servido por un miembro del personal de catering en el horario de desayuno buffet
18	En esta cartilla le serviremos una selección de cereales, sopes, pan, jugos y bebidas.
19	¿Hay algo que desee de su comida

### Literacy innovation in health promotion

Child Safety Inside and Outside the Home is very appropriate as a literacy friendly resource. It is a free DVD that encourages parents and carers to make the necessary changes in their thinking and their home environment to promote child safety and eliminate risk factors associated with childhood injuries. It was produced by Brenda Shannon, HSE Projects Officer and National Injury Prevention Committee Convenor, Department of Public Health, Co Longford. The DVD includes subtitles in English, Irish, French, Polish, Arabic and Russian. Areas covered include: falls prevention, choking prevention and how to make an emergency call aimed at children.







# Section 2

## Health Literacy Audit



# Quality Statements

These three statements describe a literacy friendly healthcare setting and should be to the forefront when assessing your healthcare setting.

1. Staff and management are aware of the extent of literacy difficulties in Ireland and the concept of health literacy. They have an understanding of how literacy may impact on an individual's health and well being. They understand how it can be a powerful dynamic for the general public interacting with the health service.
2. Staff and management have access to training and supports to meet the information and communication needs of service users.
3. Healthcare information, signage and verbal communication use good practice guidelines in healthcare outlined in this toolkit and the HSE Plain Language Style Guide.

## Why use a health literacy audit?

A health literacy audit helps you get an understanding of how literacy friendly your health setting is. This audit will help to identify possible barriers for adults with literacy difficulties. Healthcare workers need a way to measure how literacy friendly their writing material, websites and general communication is to the public. The audit is designed to help you analyse and record how patients and service users might run into trouble accessing health services and understanding health and administrative messages and pinpoint areas that can be improved.

## How it is designed

The audit puts a structure on how you can analyse your healthcare environment with a checklist devised to assess the quality of communication. Used with the Toolkit for Literacy Settings (Section 1) it will allow a comparison with international standards of good practice that outline how you should communicate in such areas as print, verbal communications and the internet.

Creating a literacy friendly setting should be seen as a process rather than a goal to reach. A literacy audit should be perceived as a starting point to address long term and ongoing literacy issues. Healthcare settings are constantly changing - producing new material for the public and updating practices and procedures. Healthcare workers need to see literacy proofing as an integral part of their work when dealing with the public and something that is continually monitored.

## **International audits**

The USA and Canada have designed a number of literacy audits that have advanced our understanding of what constitutes good literacy communication practice. These audits assist in the USA healthcare accreditation process in the area of communication. The Joint Commission on Accreditation of Health Organisations in the USA requires that instructions be given at a level understandable to the patient. Requirements imposed by this Commission along with the National Committee for Quality Assurance regarding the nature and type of information used in patient education, have meant greater attention is being placed on patient education.

## **What staff should use a health literacy audit?**

This audit can be used by anyone working in the health sector dealing with the public, medical or ancillary staff. It is particularly relevant to people working in communication departments: individuals who write materials such as consent forms or information leaflets or individuals who write for and design health websites. However it is also relevant for people who liaise with the general public by telephone or in person.

Ideally senior management should take the lead in identifying the best people to:

1. complete an assessment in each area,
2. analyse the findings and write a report, and
3. implement new policies and procedures.

You might find it useful to photocopy Section 1 of this resource before you begin an audit so that people have background information.

## **How to use this health audit**

There are 57 questions in this audit. They cover:

- » literacy awareness,
- » signs and other devices for navigating premises,
- » print materials, including visuals, and
- » verbal communication.

While the questions are subjective, they will give you a sense of what you are doing well and areas that need attention. You might have to study your material as you fill in the audit.

Different parts of this audit will be more relevant to different areas. For example training departments might choose to focus on the literacy awareness section, as the findings might point to training needs such as awareness training. Communication departments might choose to focus on examining the printed material section, to assess how they can make changes. IT managers will study their website and have a way to assess kiosks.

### **Timing of changes**

After filling out your summary sheet and studying the results a literacy plan should be put in place. You may be in a position to make some changes straight away, for example start literacy awareness training days for some staff. However financial reasons may prevent you from changing other areas, such as signage. You should still record the need for such changes and decide when you will review the issue annually or monthly.

### **Patterns to look for in the audit results\***

- » Do many people feel that a particular thing is not being done?
- » Where do people feel a good job is being done?
- » Do many people feel that some of the questions are not relevant? Why don't these statements apply? Is it something you need to talk about?
- » Can you identify areas that your organisation could work on right away, for example short-term goals covering period from 6-12 months? What areas would need to be addressed over a longer period of time covering periods over 2-5 years?

\* (Taken from The Literacy Audit Kit , Alberta)



# Taking Action - Health Literacy Plans

Each organisation will devise its own specific literacy plan based on the results of the audit. The summary sheet should be helpful as a record of what work is needed. However you might find it useful to design your own reporting method. Studying the results of the audit will tell you what areas need most attention.

## Possible actions in a literacy plan

- » Invite your local VEC Adult Literacy Organiser to speak at a staff meeting.
- » Form a literacy committee that will meet regularly to discuss literacy issues in your organisation.
- » Make literacy awareness training part of training for new staff.
- » Organise a literacy awareness training programme for existing staff.
- » Consult with your local Adult Literacy Organiser when you develop new programmes for the public.
- » Put up literacy awareness posters supplied by NALA or design your own poster.
- » Set literacy standards for all future written or internet material.
- » Review all written materials and come up with suggestions and a plan for improving them for the next update.
- » Liaise with your printer so they are clear about design elements needed to make materials easier to read.
- » Introduce a plain English training programme for relevant staff.



# Literacy Audit for Healthcare settings



Read through each of the statements. There are a number of ways to answer each audit question.

**Yes**

**Needs some improvement**

**No**

**Not relevant**

**What the answers mean:**

- » A **yes** answer means that you are confident that work is or has been successful in this area.
- » A **needs some improvement** answer means that work has started, but there is an understanding that more needs to be done. Comments should be added in for guidance.
- » **No** means that no work is currently being done in this area. Again the comments section should be used to help the appropriate person responsible.
- » **Not relevant** relates to a range of situations. For example your organisation might not use information kiosks yet.



# Literacy Awareness

**Staff know how many people in Ireland have literacy difficulties and understand the definition of literacy used in Ireland.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**All staff dealing directly with the public are aware that certain behaviour may indicate that the person could have literacy issues.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Staff know about their local VEC adult literacy service. If asked they could tell a patient or fellow employee where to get help to improve literacy skills.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**All people are asked whether they need help filling out forms.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Staff are available to help people fill out forms.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**People are allowed and sometimes encouraged to bring family or a friend to a meeting with staff.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

## Results of Literacy Awareness audit

<b>Numbers:</b>	Yes:	Needs improvement:	No:	Not relevant:
<b>Comments:</b>				

## Navigation - Finding your way around

**The name of the building is clearly displayed on the outside.**

### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

**A map of the inside building is displayed in the hallway.**

### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

**In this map it is easy to identify where you are located.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**There is an information desk where people can go with queries.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

## Signs

**Words used to describe places are consistent. For example, 'toilet' is consistently referred to as toilet and not lavatory.**

**Comments:**

Yes

Needs some improvement

No

Not relevant



**Signs use a mixture of small and capital letters.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Signs are put at the same height on walls so that people are not looking up and down.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**The name of clinic is shown clearly and, when possible, everyday words are used along with images, for example heart for cardiac.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Colours used in signs are most visible, such as white, green and yellow.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

## Phones

**Using the automated phone system, people have the option to repeat items.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Using the automated phone system, people have the option of speaking with an operator.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

## Results of Navigation section

Numbers:	Yes:	Needs improvement:	No:	Not relevant:
<b>Comments:</b>				

## Print materials

### Staff are familiar with the HSE Plain Language Style Guide on [www.hse.ie](http://www.hse.ie)

#### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

### Staff have been trained to write and design material in plain English.

#### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

**Staff use an assessment method specifically designed for healthcare staff such as the Maine Checklist (see Appendix B) to evaluate reading material produced by outside bodies.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Written information avoids Latin abbreviations such as i.e. or e.g.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Capital letters are used only when needed grammatically.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant



**Text is left aligned to reduce unsightly gaps between words.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**At least 1.5 line spacing is used in publications.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**All material identifies the organisation or department that produced it, and includes date of publication.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Concept words such as 'normal range' are avoided.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**When category words are used, such as poultry or red meat, a relevant example is given.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**All value judgement words, such as excessive or regularly are followed with an example.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Colour is used sparingly and largely to help readers find their way around the document.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Interaction features such as Questions and Answers and True or False formats are used in publications to engage the reader and aid understanding.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**The purpose of the publication is stated in the introduction or in the illustration.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Text is emphasised using bold, but underlining is avoided.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

## Use of Visuals

**Staff understand how images can enhance material.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Images are used in all materials for the public.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant



**Graphics and illustrations are used to add meaning.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Images used in publications relate to the information presented and reinforce key messages.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**All images have a caption.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**There is consistency in the position of captions.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**When bullet lists are used they do not exceed six to eight.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**Photographs do not have a lot of distracting detail.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

## Results of print materials and use of visuals

<b>Numbers:</b>	Yes:	Needs improvement:	No:	Not relevant:
<b>Comments:</b>				

## Verbal communication

**Jargon specific to your health service has been identified and an easy way to explain these words has been circulated.**

### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

**Staff ask patients if they have any questions.**

### Comments:

- Yes
- Needs some improvement
- No
- Not relevant

**Staff working with clients continually check that they have understood the information they have been given.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Interpretative services are available or can be called in at short notice.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Results of Verbal Communication**

<b>Numbers:</b>	Yes:	Needs improvement:	No:	Not relevant:

**Comments:**



## Websites and Kiosks

**The default size text is 12pt and there is an obvious way to increase this size.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Sentences do not contain more than 20 words.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Paragraphs are no longer than six sentences.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**Sentences are written in the active voice.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**The homepage is clearly highlighted.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**The homepage is limited to one screen of information.**

**Comments:**

Yes

Needs some improvement

No

Not relevant

**There is a section for new users.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**A text-only version is provided.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

**The website is tested on a medium to low functioning machine.**

**Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

### **Users have the facility to print information.**

#### **Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

### **Margin to margin printing is possible.**

#### **Comments:**

- Yes
- Needs some improvement
- No
- Not relevant

### **Important content can be accessed from more than one link.**

#### **Comments:**

- Yes
- Needs some improvement
- No
- Not relevant



## Navigation is consistent on all pages.

### Comments:

Yes

Needs some improvement

No

Not relevant

### Results of Websites and Kiosks

Numbers:	Yes:	Needs improvement:	No:	Not relevant:

### Comments:

# Health Literacy Summary Sheet

Date:

What we are doing well

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Areas that need improvement

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Timeframe for each proposed action

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Responsible Department (s)

Designated person (s)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Budgetary considerations

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How will changes be evaluated

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# Appendices

# Appendix A

## HSE Best practice in producing information for minority ethnic groups and commissioning translation

### Accessible information

Information on health and health services is important to everyone. Therefore, it is essential that you ensure your information is accessible to all diverse groups. These include minority ethnic groups and people with disabilities.

### Producing information for minority ethnic groups

Information materials whether newly developed or translated from existing materials need to be produced in a manner that ensures that it is accessible to those from diverse national, ethnic and faith groups.

#### **Best practice in producing information for minority ethnic groups**

- » Work with a team that includes minority ethnic representation. The Diversity Group (or equivalent) in the service should be able to assist with this.
- » Identify the information needs of your audience and the specific language(s) / languages they read.
- » Adapt the content (tone, style, words and amount of information) for accessibility to the target audience.
- » Assess the literacy and Plain English level of your document.
- » Commission translation, if necessary.
- » Seek guidance to ensure that your information is culture proofed.



- » Test information with your audience, to make sure it is produced in and translated into plain language.
- » Make any necessary adjustments before the material is distributed among the target audience.

## Identifying information needs of minority ethnic groups

### Diversity Groups

Many healthcare settings have Diversity Groups (or similar) who oversee equality and diversity projects. These groups have members from a range of grades and disciplines within the HSE. These include Human Resources, Health Promotion, Social Inclusion, Traveller Health Units and staff from various cultures. You can find out about your local Diversity Group by contacting staff who work in any of the named disciplines. You should link with this group in producing and translating information.

Make sure you can answer all the questions in the *Think about your audience* section for each of the communities you decide to produce information for.

You will need to identify the range of minority ethnic communities, their information needs and the languages and formats required. For example you may need to consider the needs of refugees, people at asylum seeking stage, migrant workers, international students etc who may be living in the area.

# Culture proof your information

Practices and patterns vary across cultures, therefore, you cannot assume that other cultures and communities perceive or understand information messages in the same way as the main population of the country. Beliefs about illness, treatments and even the idea of 'health' can vary. You need to culture proof your information whether it is produced in English or another language. This applies to images as well as to written information.

Examples of potential areas of cultural misunderstanding

## Written information

Snacking is common among Irish children but is not usual in some African cultures for example. It may not be appropriate to promote 'healthy snacks for children' in information for your audience?

## Images

A UK Hospital Trust found that the attendance rates for women from cultures where modesty is more emphasised was low. To address this they found they needed to include images of loosely-clothed women standing in front of the equipment in their advertising campaign.

## How do I approach culture proofing and how do I organise it? <sup>1</sup>

Culture proofing needs to be built into the process of information production and translation. A group or individual with expertise in culture proofing will be able to help you. The culture proofing service:

- » Should scan the information and identify material that is likely to be a barrier or source of misunderstanding for the culture(s) of the target group(s).
- » Work with the staff team to enable them to adapt the material for the target audience, by including culturally appropriate images etc. This practice will build up culture proofing skills among the staff team over time.
- » Should assist you to pre-test the material with a focus group of the target

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1 Access Ireland contributed to this section drawing on a model of culture proofing that the organisation is developing in the health services.

audience to ensure it is accessible and culturally appropriate to them. Where material is translated this will take place after translation.

- » Enable you to make any adjustments necessary before the material is published.

There a number of organisations who can provide a culture proofing service. Some of these are listed below. Organisations working with minority ethnic communities in your local area may also provide this service.

<b>HSE Traveller Health Project Staff (for Traveller Health and Culture)</b>	
Counties: Carlow, Kilkenny, South Tipperary, Waterford and Wexford Contact: Liam Keane 'Phone: 056 7703401 Email: liam.keane@hse.ie	Counties: Galway, Mayo and Roscommon Contact: Mary Syron 'Phone: 094 9044234 Email: mary.syron@hse.ie
Counties: Cavan and Monaghan Contact: Enda Galligan (for name of local Traveller Health staff) 'Phone 047 30400 Email: enda.galligan@hse.ie	County: Laois, Longford. Offaly and Westmeath Contact: Fergal Fox 'Phone: 057 9357035 Email: fergal.fox@hse.ie
Counties: Clare, Limerick and North Tipperary Contact: Mary Kennedy 'Phone: 061 493916 Email: maryg.kennedy@hse.ie	County: Louth Contact: Denis Cahalane (for name of local Traveller Health staff) 'Phone: 0429394001 Email: denis.cahalane@hse.ie
Counties: Cork and Kerry Contact: Deirdre O' Reilly 'Phone: 022 31809 Email: deirdremary.oreilly@hse.ie	County: Meath Contact: Eileen Gilsenan 'Phone: 046 9071679 Email: eileen.gilsenan@hse.ie
Counties: Donegal Contact: Maire O' Leary 'Phone: 074 9123757, 087 2229510 Email: maireb.oleary@pavee.iol.ie	Counties: Sligo and Leitrim Contact: Catherine Devaney 'Phone: 071 9155175 Email: catherine.devaney@hse.ie

## Non Government Organisations (for various minority ethnic groups)

Access Ireland <i>Proofing:</i> Various communities including Roma <i>Contact:</i> Ann Moroney <i>'Phone:</i> 01 8780589 <i>Email:</i> amm@accessireland.ie	Pavee Point <i>Proofing:</i> Traveller Culture (Dublin, Kildare and Wicklow) and Roma Community <i>Contact:</i> Collette Murray <i>'Phone:</i> 01 8780255 <i>Email:</i> ecce@pavee.iol.ie
Cairde <i>Proofing:</i> Various communities <i>Contact:</i> Paddy Connolly <i>'Phone:</i> 01 855 2111 <i>Email:</i> ceo@cairde.ie	Spirasi <i>Proofing:</i> Various communities <i>Contact:</i> Sharon McGuigan <i>'Phone:</i> 01 8389664 <i>Email:</i> chipmanager@spirasi.ie

## Commissioning translation

- » Get approval and funding before commissioning the translation.
- » Use a translator or a translation company that recruits staff with a recognised qualification in translation.
- » Get a quote for translating the text and two proof reads.

The Irish Translators' and Interpreters' Association (ITIA) have a register of members, including companies that provide translation services. It can be downloaded from [www.translatorsassociation.ie](http://www.translatorsassociation.ie) or is available by contacting the ITIA at (01) 8721302. You will need to check if the individuals and companies listed in this resource have a recognised qualification in translation.

## Producing information for those with disabilities and other groups

Each group will have particular needs. You will need to consider whether to develop specific information in other formats for particular groups such as audio, video, online or Braille. For example being aware of the language and culture of deaf people will help you make information and services more accessible. Deaf people usually prefer to receive information by fax, email or mobile text message.

The Citizens Information Board document *Access to Information for All* gives guidance on producing information for a range of diverse groups, including people with disabilities. This document is available at <http://www.citizensinformationboard.ie/social/downloads/AccessToInformationForAll.pdf>



# Appendix B

## Checklist for print materials.

### Assessing Suitability of Materials

Title of material: \_\_\_\_\_

*Directions:* Place a check next to each item that meets the described attribute.

#### Organisation

- 1. The cover is attractive. It indicates the core content and intended audience
- 2. Desired behavior changes are stressed. "Need to know" information is stressed.
- 3. Not more than three or four main points are presented.
- 4. Headers and summaries are used to show organization and provide message repetition.
- 5. A summary that stresses what to do is included.

#### Writing Style

- 6. The writing is in conventional style, active voice.
- 7. There is little or no technical jargon.
- 8. Text is vivid and interesting. Tone is friendly.

#### Appearance

- 9. Pages or sections appear uncluttered. Ample white spaces.

- 10. Lowercase letters used (capitals used only where grammatically needed).
- 11. There is a high degree of contrast between the print and the paper.
- 12. Print size is at least 12 point, serif type, and no stylized letters.
- 13. Illustrations are simple – preferably line drawings.
- 14. Illustrations serve to amplify the text.

### **Appeal**

- 15. The material is culturally, gender, and age appropriate.
- 16. The material closely matches the logic, language, and experience of the intended audience.
- 17. Interaction is invited via questions, responses, suggested action, etc.

Checklist for print materials (Source: Area Health Education Center, Biddeford, Maine)

# Appendix C

## Health literacy resources

There are a number of websites with health literacy information and resources.

### Ireland

National Adult Literacy Agency  
**[www.nala.ie](http://www.nala.ie)**

Health Service Executive  
**[www.hse.ie](http://www.hse.ie)**

MSD Health Literacy website  
**[www.healthliteracy.ie](http://www.healthliteracy.ie)**

### USA

Health Literacy Consulting  
**[www.healthliteracy.com](http://www.healthliteracy.com)**

Health literacy studies - Harvard  
**[www.hsph.harvard.edu/healthliteracy/overview.html](http://www.hsph.harvard.edu/healthliteracy/overview.html)**

Institute of Healthcare Advances  
**[www.ih4health.org/index.cfm/MenultemID/181.htm](http://www.ih4health.org/index.cfm/MenultemID/181.htm)**

American College of Physicians  
**[www.foundation.acpoline.org](http://www.foundation.acpoline.org)**

Institute of Medicine  
**[www.iom.edu](http://www.iom.edu)**

Healthpartners  
**[www.healthpartners.com](http://www.healthpartners.com)**

Pfizer Clear Health Communication Initiative  
**[www.pfizerhealthliteracy.com](http://www.pfizerhealthliteracy.com)**

# Bibliography

AMA, 2005. *Understanding Health Literacy: Implications for Medicine and Public Health*. Washington: American Medical Association Press.

AMA Foundation, 2003. *Health Literacy: A Manual for Clinicians*. Chicago: American Medical Association Press.

Baker D.W., Parker R.M., Williams M.V., et al., 1996 The healthcare experience of patients with low literacy. *Archive of Family Medicine*, 5, 329-334.

Canadian Public Health Association, 2006. *Literacy, Health Literacy and Health: A Literature Review*. Unpublished report prepared for the Expert Panel on Health Literacy. Ottawa, ON: Statistics Canada.

Central Statistics Office, 2008. *Census 2006 Non Irish Nationals living in Ireland*. Cork: Central Statistics Office. [www.cso.ie](http://www.cso.ie)

Center for the Advancement of Health. 2003. Talking the Talk –Improving Patient-Provider Communication. *Facts of Life: Issue Briefings for Health Reporters*, 8, (3)

Combat Poverty Agency/Institute of Public Health in Ireland, 2008. *Tackling Health Inequalities – An All-Ireland Approach to Social Determinants*. Farrell C., McAvoy H., Wilde J., Dublin: Combat Poverty Agency.

Cutts, Martin., 2007. Writing by numbers: are readability formulas to clarity what karaoke is to song? *PLAIN conference: It's not what you write – it's what they understand!*, Amsterdam, Beurs van Berlage.

Department for Education and Skills, 2003. *Skills for Life Survey: A national needs and impact survey of literacy, numeracy and ICT skills*. London. Department for Education and Skills.

Department of Education and Science, 2007. VEC Adult Literacy Returns 2007 (unpublished).

Department of Health and Children, 2000. *National Health Promotion Strategy 2000- 2005*. Dublin: Stationery Office.



Dexter, E.R., LeVine S.E., Velasco P.M., 1998. Maternal schooling and health-related language and literacy skills in rural Mexico. *Comparative Educational Review*, 42,139–62.

Doak, C. Doak, L, Root, H., 1996. *Teaching Patients with Low Literacy Skills*, Philadelphia: JB Lippincott Company.

Doak, C. and Doak, L., 2007 Using Pictures in Health Education Jan 8-12 National Institute for Literacy online discussion [www.nifl.gov/lincs/discussions/healthliteracy/07HealthDiscussion1.html](http://www.nifl.gov/lincs/discussions/healthliteracy/07HealthDiscussion1.html) [Accessed Nov 2nd 2008]

Harvard School of Public Health, 2007. *The Health Literacy Environment of Hospitals and Health Centers*. NCSALL:Massachusetts.

Health Service Executive, 2007. *Transformation Programme 2007-2010*. Kildare: HSE.

Health Service Executive, 2008. *National Intercultural Health Strategy 2007-2012*. Kildare:HSE.

Houts, P., 2007. Using Pictures in Health Education Jan 8-12 National Institute for Literacy online discussion [www.nifl.gov/lincs/discussions/healthliteracy/07HealthDiscussion1.html](http://www.nifl.gov/lincs/discussions/healthliteracy/07HealthDiscussion1.html) [Accessed 22nd October 2008]

Institute of Medicine, 2004 *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies of Science.

International Longevity Centre, 2006. *Navigating Health: The role of health literacy Alliance for Health and the Future*. UK: ILC.

Joyce, C.R.B., Cable, G., Mason, M., et al 1969. Quantitative study of doctor-patient communication. *Quarterly Journal of Medicine*, 38, 183-194.

Kessels, R.P., 2003. Patients' memory for medical information. *Journal of the Royal Society of Medicine*, 96, 219-222.

Kickbusch, I 2005 Enabling healthy choices in modern health societies. Presentation given to the 8th European Health Forum Badgastein: 5-8 October 2005.

Langewitz, W., Benz, M., Keller, A., Kiss, A., Ruttimann, S., Wossmer, B., 2002 Spontaneous talking time at start of consultation in outpatient clinic: cohort study. *British Medical Journal* Vol. 325:682-683.

Learning and Teaching Support Network, 2001. *Competence in Practice-Based Calculation: Issues for Nursing Education*. London:LTSN.

Ley, P., Jain. V.K., Skilbeck, C.E., 1976: A method for decreasing patients' medication errors. *Psychological Medicine*, 6, 599-691.

National Academy on an Aging Society, 1998. *Understanding Health Literacy: New Estimates of the Costs of Inadequate Health Literacy*. Washington, DC.

National Adult Literacy Agency, 2005. *Financial Literacy: Improving choice, creating opportunity*. Dublin: NALA.

National Adult Literacy Agency, 2002. *Health Literacy Policy and Strategy Report*. Dublin: NALA.

National Bureau of Economic Research 2007 *Low Health Literacy: Implications for National Health Policy*. Massachusetts: NBER.

NES Numeracy Working Group 2006. *Identifying and supporting the numeracy needs of healthcare staff in Scotland ( Consultation)* Edinburgh:NHS Education for Scotland.

Nutbeam, D. 2000. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15 (3): 259-267.

OECD, 1997. *Literacy Skills for the Knowledge Society*. Paris:Statistics Canada: OECD Publishing.

OECD, 2005. *Learning a Living: First Results of the Adult Literacy and Life Skills Survey*. Paris:Statistics Canada: OECD Publishing.

Osborne, H., 2004. In other words...working with numbers. *Oncall* (online) Boston Globe Newspaper June 2004. <http://www.healthliteracy.com/article.asp?PageID=3745> [Accessed September 15th 2008]

Osborne, H., March 2006. Health Literacy: How Visuals Can Help Tell the Healthcare Story. *Journal of Visual Communication in Medicine*, Vol 29, No 1:28-32.

Osborne, H. 2007 Health Numeracy: How do patients handle the concept of quantity when it relates to their health ? *Oncall* (online) September 18, 2007. [http://www.boston.com/jobs/healthcare/oncall/articles/2007/09/19/health\\_numeracy/ww.orn](http://www.boston.com/jobs/healthcare/oncall/articles/2007/09/19/health_numeracy/ww.orn) [Accessed 24th of September 2008].

Osborne, H., 2007. In other words....What Healthcare Settings can Learn from Zoos about Signage. *Oncall* (online) Boston Globe Newspaper March 29th 2007. [www.healthliteracy.com/article.asp?PageID=5977](http://www.healthliteracy.com/article.asp?PageID=5977) <<http://www.healthliteracy.com/article.asp?PageID=5977>> [Accessed 25th September 2008]

Roter, D., 1983. Physician/patient communication: transmission of information and patient effects. *Maryland State Medical Journal*, Vol 32:250-71.

Roter, D., 2000. The enduring and evolving nature of the patient-physician relationship. *Patient Education Counselling*, 39, 5-15.

Roter, D., 2005. Health Literacy and the Patient-Provider Relationship. In: J. Schwartzberg, J. VanGeest. & C. Wang., eds. ,*Understanding Health Literacy*. USA:AMA Bookstore.

Rudd, R., E. Colton., T.C., and Schacht, R. 2000 An overview of medical and public health literature addressing literacy issues: An annotated bibliography. In *NCSALL Report*. Cambridge, MA: National Center for the Study of Adult Learning and Literacy, Harvard Graduate School of Education.

Rudd, R., 2004. Navigating Hospitals. *Literacy Harvest Fall*, Volume 11, No.1, 19 – 24.

Rudd, R. 2008 Navigating Complicated Health Systems. *NRDC 6th International Research Conference*, Nottingham, UK.

Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman A. "Closing the Loop: Physician Communication With Diabetic Patients Who Have Low Health Literacy." *Arch Intern Med*, Vol. 163, January 13, 2003: 83 – 90.

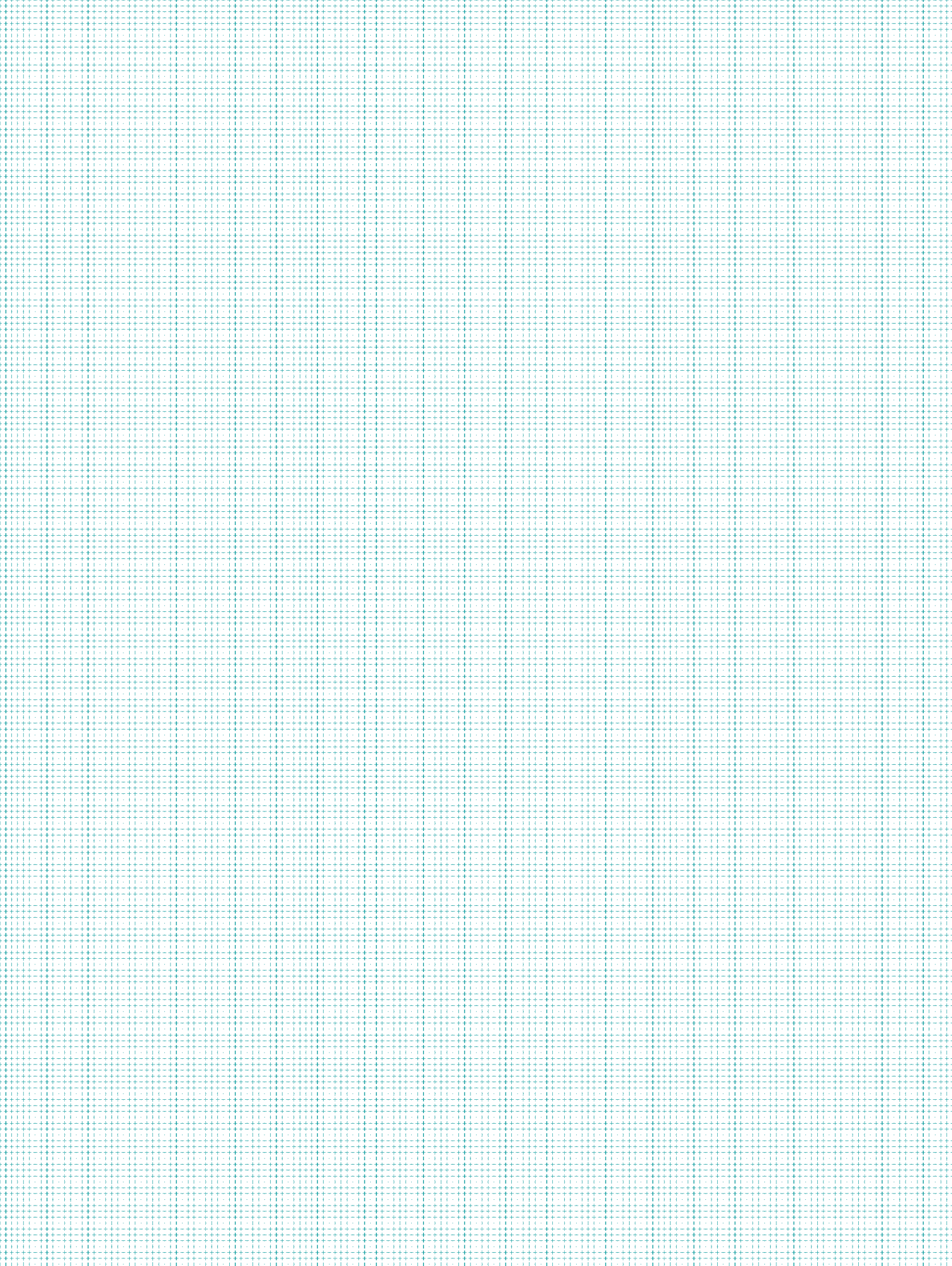
Stableford, S., and Mettger, W., 2007. Plain Language; A Strategic Response to the Health Literacy Challenge. *Journal of Public Health Policy*, 2007, 28, 71-93.

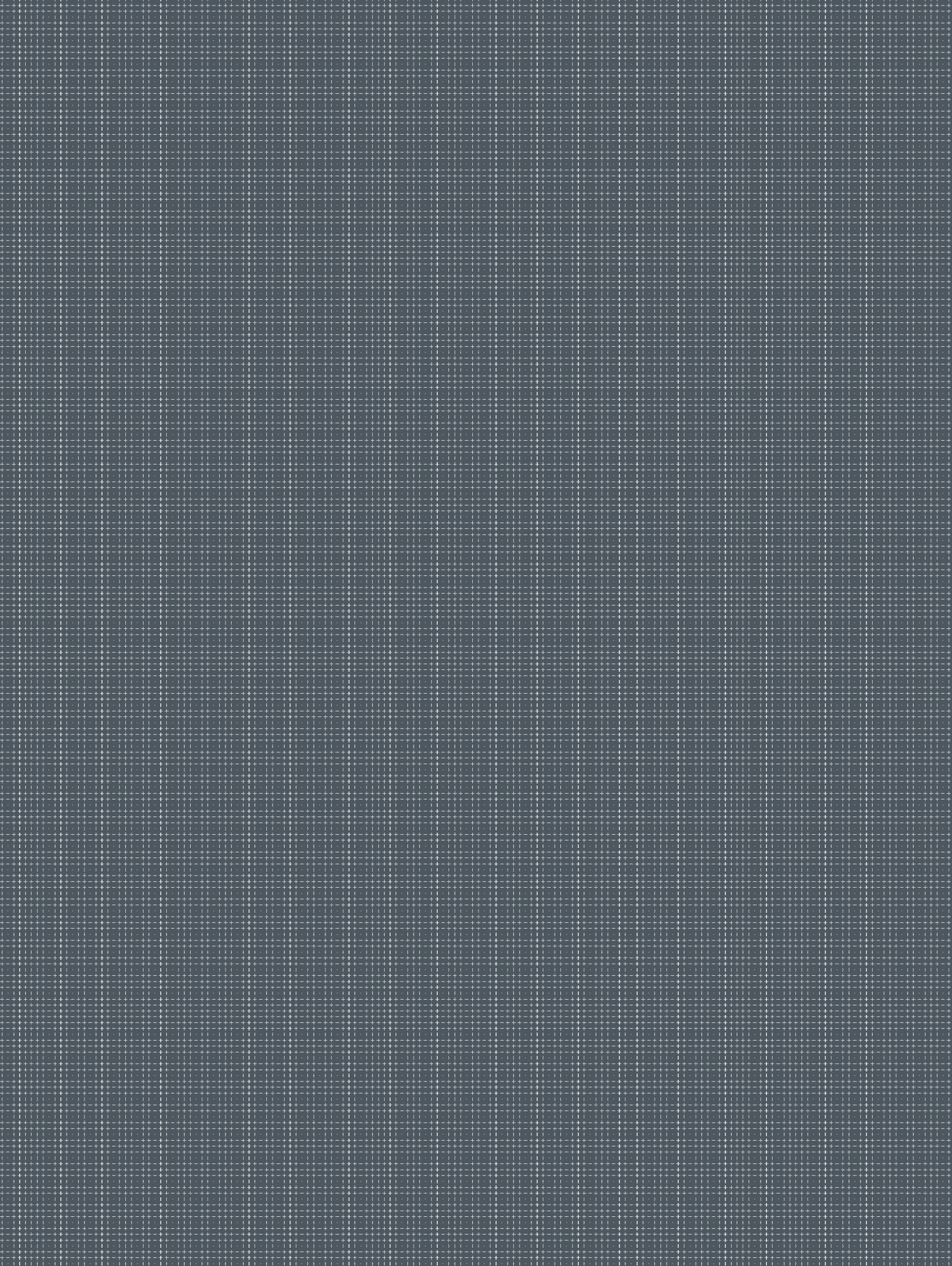
Weiss, B.D., 2005. Epidemiology of Low Health Literacy. In J.G. Schwartzberg,

J.B. VanGeest and C.C. Wang eds., *Understanding Health Literacy: Implications for Medicine and Public Health*. USA: American Medical Association.

World Health Organisation, 2008. *Closing the Gap in a Generation*. WHO Commission on Social Determinants of Health. Switzerland: WHO Press.









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