

Delivering Health Literate Care: A quick reference guide



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The Health Care Improvement Foundation.



WHAT IS HEALTH LITERACY?

Health literacy is the capacity to obtain, process, and understand basic health information and services and to make appropriate health care decisions or act on health information. It is the ability to access or navigate the health care system.

Approaching care with the understanding that everyone may have limited health literacy is the first step to addressing health literacy. You can't tell someone's health literacy level by just looking at them. Someone who normally manages health information well may have increased difficulty under certain circumstances. It is always best to use simple, clear language to avoid the chance of misunderstanding.



AHRQ: Health Literacy Tool Kit

How to use QR codes on reverse side ►

WHAT IS HEALTH LITERACY?

INSTRUCTIONS FOR HOW TO USE QR CODES

WHAT IS A QR (QUICK RESPONSE) CODE?

A QR code is a barcode that can be read by smartphones. The QR codes in this guide will open to websites with resources relevant to the topic on the page.

HOW DO QR CODES WORK?

Scanning a QR code with your device will open a website in a browser window. You may be able to scan the code by opening your phone's camera, or you may need to install an application. QR code readers/scanners can be downloaded for free.

HOW TO ADDRESS HEALTH LITERACY

1. **Communicate Clearly**

The most important piece of the communication puzzle is keeping language simple and concise. Using plain language means communicating your message to your audience in a way that they can understand the first time they read it or hear it. Make sure to focus on the “need to know” information when communicating.

2. **Confirm Understanding**

After clearly communicating information, the next step is conformation of knowledge. Confirmation methods, such as teach-back and show-me, place the responsibility to communicate clearly on providers and ensure that information is confirmed following any key points.



Steps to Address Health Literacy

Continued on reverse side ►

HOW TO ADDRESS HEALTH LITERACY

3. **Be Creative**

Pictures, drawings and other illustrations are excellent ways to help clarify complicated health issues. Visuals and models can aid in patient understanding of surgical procedures, medication management, and other common health scenarios. Electronic devices can also lend some creativity to the learning process and could allow video demonstrations. You can use metaphors, analogies, music, and stories as communication methods to help patients understand and relate to health issues.

4. **Clarify and Question**

Clarifying and questioning patients can help verify that complete understanding is achieved. Using open-ended questions and encouraging question-asking will stimulate dialogue and help to personalize the information. Having the patient reiterate the information told to them will help identify any gaps in the knowledge continuum.

RED FLAGS FOR LOW LITERACY

THE FOLLOWING SIGNS MAY MEAN THAT A PATIENT IS STRUGGLING WITH LOW HEALTH LITERACY.

- ✓ Frequently missed appointments.
- ✓ Incomplete registration forms.
- ✓ Non-compliance with medication.
- ✓ Unable to name medications, explain purpose or dosing.
- ✓ Identifies pills by looking at them, not reading the label.
- ✓ Unable to give coherent, sequential history.
- ✓ Asks fewer questions.
- ✓ Lack of follow-through on tests or referrals.

You cannot tell by looking whether a patient has low health literacy. Patients may not show any signs that they are struggling.



AHRQ Health Literacy Toolkit

Continued on reverse side ►

THESE MAY BE SOME WARNING SIGNS THAT PATIENTS MAY HAVE LOW HEALTH LITERACY

- Frequently missing appointments could mean that the patient:
 - is unable to read the appointment slip.
 - does not have an organizational system to keep track of appointments.
- Incomplete registration forms may be a result of the forms being overly complicated for the individual patient.
- Medication non-compliance may be due to the patient:
 - not having a clear understanding of the medication's importance and purpose.
 - not understanding how to get medications refilled.
 - being unable to name medications.
 - not knowing the correct dosage of the medication.
- A lot of people identify pills by looking at them and not by reading the label, even when they can read well.
- Being unable to give coherent, sequential history may be a more specific sign that the patient has had trouble with organizing thoughts.
- If the patient asks few questions, they may be trying to hide that they do not understand the information presented to them.
- If the patient has lack of follow-through on tests or referrals, they may not understand how to go about following up with these.

Always keep in mind that you cannot tell someone has low health literacy by looking at them.

PLAIN LANGUAGE

Plain language is communication that your audience can understand the first time they read or hear it. Plain language is not unprofessional writing or a method of “dumbing down” or “talking down” to the reader.

Writing that is clear and to the point helps improve communication and takes less time to read and understand. Clear writing tells the reader exactly what the reader needs to know without using unnecessary words or expressions. It also improves reader response to messages. Using plain language avoids creating barriers that set us apart from the people with whom we are communicating.



US Government Plain Language Website

Continued on reverse side ►

PLAIN LANGUAGE ESSENTIALS

USE THE ACTIVE VOICE

- ✓ Active example: "Use your inhaler."
- ✗ Passive example: "Once an inhaler is used..."

USE SECOND PERSON PRONOUN

- ✓ Take this pill when you feel pain.
- ✗ Patients should take this pill when they feel pain.

LIMIT JARGON, DEFINE NEW WORDS

- Avoid medical jargon (e.g. cardiovascular) and use plain language (e.g. heart).
- ✓ To improve heart health...
- ✓ To improve cardiovascular or heart health...
- ✗ To improve cardiovascular health...

SPEAK IN SHORT SENTENCES (15 WORDS OR LESS)

- Limit the amount of information you provide at any one time to what the patient needs and wants to know.
- Also, limit the information shared to three or five main points.



NIH Plain Language

TRYING THE TEACH-BACK METHOD

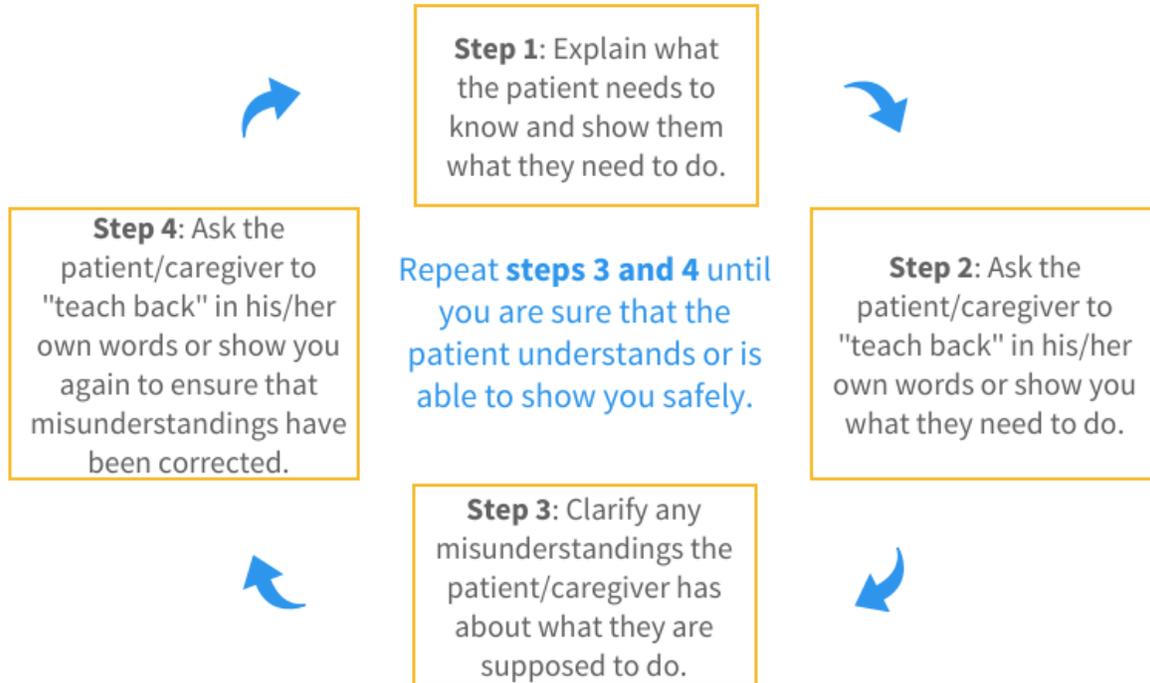
- **Keep in mind this is not a test of the patient's knowledge.** It is a test of how well you explained the concept.
- **Plan your approach.** Think about how you will ask your patients to teach-back the information.
- **“Chunk and Check.”** Don't wait until the end of the visit to initiate teach-back. Chunk out information into small segments and have your patient teach it back. Repeat several times during a visit.
- **Clarify and check again.** If teach-back uncovers a misunderstanding, explain things again using a different approach. Ask patients to teach-back again until they are able to correctly describe the information in their own words. If they imitate your words back to you, they may not have understood.
- **Start slowly and use consistently.** At first, you may want to try teach-back with the last patient of the day. Once you are comfortable with the technique, use teach-back with everyone, every time!
- **Practice.** It will take a little time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
- **Use the show-me method.** When prescribing new medicines or changing a dose, ask the patient to show you how much of each medicine to take and when they should take it.
- **Use handouts along with teach-back.** Write down key information to help patients remember instructions at home. Point out important information by reviewing written materials to reinforce your patients' understanding. You can allow patients to refer to handouts when using teach-back, but make sure they use their own words and are not reading the material back verbatim.



AHRQ Health Literacy Toolkit

Continued on reverse side ►

Teach-back Process



TEACH-BACK QUICK GUIDE

Teach-back is a way of confirming that a patient understands the information they are receiving. It is a test of the provider's communication skills; not a test of the patient!

- Use teach-back for ALL patients.
- Start with most important message.
- Limit to 2-4 key points.
- Use plain language.
- Rephrase message until patient demonstrates clear understanding.



Always Use Teach-Back Toolkit

EXAMPLES OF TEACH-BACK STARTERS

- “Just to be safe, I want to make sure we are on the same page. Can you tell me...”
- “I want to make sure that I explained things clearly. Can you explain to me...”
- “Can you show me how you would use your inhaler at home?”

See word substitution on reverse side ►

WORD SUBSTITUTIONS

Avoid these words	Use these words
anti-inflammatory	reduces swelling
anticoagulant	blood thinner
take on an empty stomach	take before meals
take on a full stomach	take after meals
hyper(hypo-)glycemic	high (low) blood sugar
hyper(hypo-)tension	high (low) blood pressure
lipids	fats
obese	overweight
osteoporosis	weak bone disease
benign	not cancer

Avoid these words	Use these words
cardiologist	heart doctor
dermatologist	skin doctor
endocrinologist	doctor who treats diabetes
gastroenterologist	stomach doctor; doctor for digestion problems
gynecologist	doctor for women
neurologist	doctor for the brain, spine, and nervous system
oncologist	cancer doctor
ophthalmologist	eye doctor
pulmonologist	lung doctor
rheumatologist	joint, bone, and immune system doctor



LANGUAGE ACCESS

WHY IS IT IMPORTANT TO USE PROFESSIONAL INTERPRETERS?

- Ensures communication through a trained bilingual person who is guided by a code of ethics.
- They will respect privacy, be impartial, be accountable and strive for accuracy.
- Not using a trained interpreter can lead to consequences that range from minor miscommunications to life-or-death mistakes.

WHO CANNOT BE AN INTERPRETER?

- Family members
- Children under the age of 18
- Other patients or visitors
- Untrained staff

USE ACCEPTABLE LANGUAGE ASSISTANCE SERVICES.

- Staff who are trained as interpreters.
- Trained medical interpreters.
- Telephone or video medical interpreter services.



Global Wordsmiths Presentation

Continued on reverse side ►

LANGUAGE ACCESS

ASSESS LANGUAGE PREFERENCES AND LANGUAGE ASSISTANCE NEEDS.

- Ask all new patients what language they prefer to speak and read, and if they would like an interpreter. Record patients' language assistance needs in their medical record.

IDENTIFYING WHEN AN INTERPRETER IS NEEDED

- The patient states that they speak little or no English.
- The patient requests an interpreter.
- The patient nods or answers "yes" to all questions.
- The patient is unable to summarize or explain key information.

PLAN FOR INTERPRETER SERVICES IN ADVANCE

- For areas with small populations of non-English speaking patients, consider scheduling appointments and having call-in hours on specific days or times when appropriate interpreter services are available.

PROVIDE WRITTEN MATERIALS IN PATIENTS' PREFERRED LANGUAGES

- Do not assume that non-English speakers, including speakers of American Sign Language, will understand notes or other materials written in English.
- Obtain multilingual health education materials.

STEPS TO DEVELOPING AN ORGANIZATION PLAN

Identify Advocates

- Advocates will be essential to the development, implementation, and promotion of the plan. These people should include:
 - Leaders and/or decision makers in the organization who have the influence needed to approve or put the plan into action.
 - Allies who can support both the plan and the vision for health literacy in the organization.
 - Individuals with diverse perspectives from across the organization to serve as core workgroup members.

Get Buy-In

- Everyone may not have the same understanding of the importance of health literacy. Some suggestions to get buy-in include:
 - Provide resources (e.g. videos) that demonstrate the importance of health literacy, the impact of limited health literacy, and the complexity of the healthcare system.
 - Provide literacy data (e.g., NAAL, PIAAC) for the state or county in which your organization is located.
 - Show, using real examples, how small actions addressing health literacy have already been a benefit to your organization.

Commit

- Dedicate time to the planning process. Develop a timeline and identify necessary resources to help staff and workgroup members understand what type of commitment is involved.

Assess

- An honest assessment is necessary to identify opportunities and barriers to improving health literacy in your organization.
 - Engage multiple stakeholders in the assessment and evaluation process.

Create Plan

- Developing a realistic, thoughtful, and strategic plan for action is the first step to making health literacy real in your organization. Basic elements of the plan could include:
 - **Issue Overview:** Describe the issue and explain why it is worthwhile for your organization to pursue.
 - **Vision and Commitment:** The plan should include a vision statement of the ultimate goals of the health literacy efforts. A statement of commitment or a request for a commitment is critical to move the plan into action.

Continued on reverse side ►

STEPS TO DEVELOPING AN ORGANIZATION PLAN

- **Existing Policies:** Include existing policies and ways to strengthen them.
- **Overarching Goals:** Formulate goals by identifying what success will look like in 1, 3, and 5 years. Ensure the goals that are developed will help achieve that success.
- **Objectives:** Develop “SMART” (specific, measurable, attainable, realistic, and time-bound) objectives to help assess how and if the goals are reached.
- **Actions:** Identify and clarify detailed action steps, indicating who will do what and by when. Take into account the resources and partners necessary to implement the actions and successfully achieve the objectives.

Vet Plan

- Share the plan with relevant stakeholders, champions, and senior leaders and refine the plan based on discussion and feedback.

Build Awareness

- Once the plan has been vetted and accepted by key stakeholders, share the plan with staff and advocates highlighting aspects of the plan that will benefit them directly.

Monitor Progress

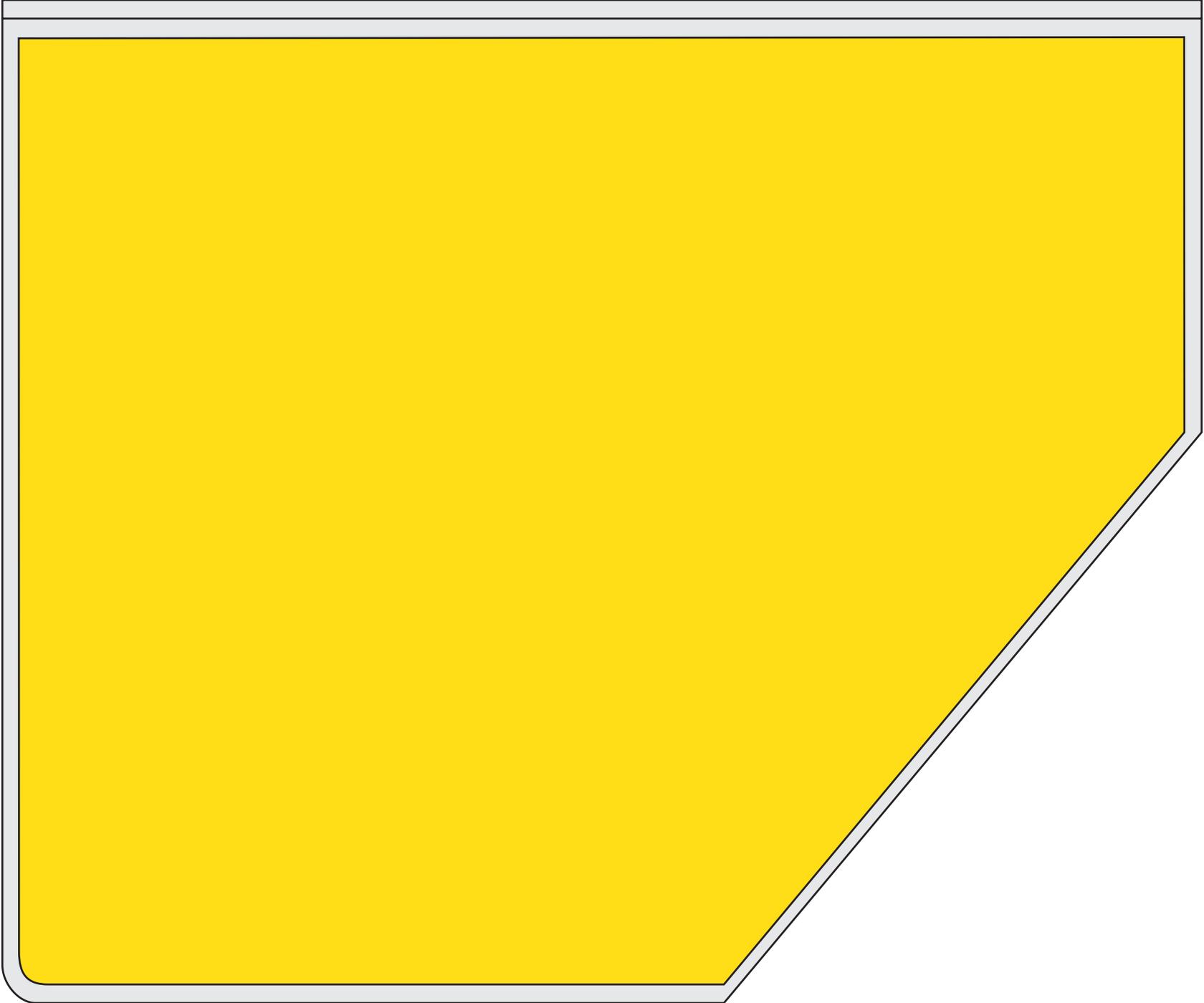
- Evaluate the plan to monitor progress. Identifying who is accountable for evaluation and how it will be assessed. Monitoring will help refine what success will look like over time.

Institutionalize Plan

- Once the plan has been developed, stakeholders are on board, and awareness has increased, hold a formal launch and implementation to integrate the plan into organization practices and policies.



CDC easy to use workbook:
Organizations plan for action



HOW TO EXPLAIN MEDICATIONS CORRECTLY

A patient starting a new medication, changing a current medication, or even refilling an existing prescription needs to know how to take their medication correctly. The questions below can serve as a guide for talking about medications. Providing the answers—even if the patient doesn't ask these exact questions—will help patients understand their medications:

- What is the medication called? Does the medication have more than one name (for example, generic and brand name)?
- How do I take the medication?
 - How much do I take?
 - When and how often do I take it?
- If there are other directions for taking my medication (for example, take it on an empty stomach), what do they mean? How will this medication help me?
- What side effects could I experience?
- When should I call my doctor?
- What else do I need to know about this medication?

Use plain language and simple words (no medical jargon!) so the patient can understand. Use the “show me” method to confirm that the patient knows how to take their medication. See reverse side for more information on the “show me” method.

Continued on reverse side ►

EXPLAINING MEDICATIONS

Using teach-back to confirm understanding is helpful, but even patients that are able to correctly explain how to take their medication can make mistakes. In addition to teach-back, use the “show me” method to confirm that the patient knows how to take their medication. Ask the patient to demonstrate exactly how they will take the medication when they get home, including the amount that they will take and the time(s) they plan to take it. Using handouts, such as medication schedules or calendars, can also help patients understand their medications.



AHRQ Health Literacy Tool Kit

ASK ME 3[®]

Ask Me 3[®] is an educational program developed by the National Patient Safety Foundation (NPSF) that encourages patients and families to ask three specific questions to better understand their health conditions and what they need to do to stay healthy.

**Why is it
important for
me to do this?**

**What do I need
to do?**

**What is my
main problem?**

**Ask
Me3[®]**

Ask Me 3 is a registered trademark licensed to the
National Patient Safety Foundation[®]

Continued on reverse side ►

ASK ME 3[®]

MORE TIPS FOR CLEAR HEALTH COMMUNICATION FROM NPSF:

- ✓ Ask the three questions.
- ✓ Bring a friend or family member to help at your visit.
- ✓ Make a list of health concerns to tell your provider.
- ✓ Bring a list of all your medicines with me to your visit. If you don't have a list, bring your medicines.
- ✓ Ask your pharmacist for help when you have questions about medicines.



NPSF Ask Me 3

UNIVERSAL PRECAUTIONS AND ASSESSING HEALTH LITERACY

In general, the Agency for Healthcare Research and Quality (AHRQ) does NOT recommend routinely screening patients for health literacy. Screening may cause patients harm by creating feelings of guilt or shame. Instead, take the universal precautions approach and create a shame free, blame free environment where the health literacy needs of all patients are met. Health literacy universal precautions are aimed at:

- Simplifying communication with and confirming comprehension for all patients, so that the risk of miscommunication is minimized.
- Making the office environment and health care system easier to navigate.
- Supporting patients' efforts to improve their health.

AHRQ's Health Literacy Universal Precautions Toolkit is a resource that provides evidence-based guidance to adult and pediatric practices to ensure that systems are in place to promote better understanding by all patients, not just those you think need extra assistance.



AHRQ Health Literacy Toolkit

See reverse for more information on assessing health literacy ►

UNIVERSAL PRECAUTIONS AND ASSESSING HEALTH LITERACY

Assessing health literacy may be appropriate in a research or program planning context. Reliable tools used to assess health literacy include the Short Assessment of Health Literacy–Spanish and English (SAHL-S&E), Short Assessment of Health Literacy for Spanish Adults (SAHLSA-50), and Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF). Both the SAHL-S&E and SAHLSA-50 can be administered to Spanish-speaking populations.

For more information about health literacy measurement tools, see the Health Literacy Tool Shed.



Boston University Health Literacy Tool Shed

HEALTH LITERATE WRITTEN MATERIALS

Health literate education materials are written and designed to be easy to understand. **Readability** describes how easily people can read and understand printed text. It is impacted by factors like word choice, organization of content, and design. Well-designed written materials can increase interest in the message, demonstrate credibility, and make the content easier to read and understand.

Develop a basic plan or process for developing easy-to-understand materials. Your plan should include the steps below:

- **Define the audience.** Identify the health issue and then assess who is most affected and at greatest risk. Narrow the focus from there by assessing the attitudes, demographics, geography, and behaviors of that group.
- **Select specific educational objectives.** Think about what your audience needs to know and wants to know. Identify the most important 3-5 pieces of information that you want the audience to remember. If you're not sure what your audience needs and wants to know, ask them! Use that feedback to determine key messages for the piece.
- **Create the material.** Make it easy to read. Use plain language and limit content to the most relevant information.
- **Test the material.** Ask the target audience to review the material to ensure clarity and understanding. Be open to feedback on the message, ease of reading, design, and overall feel of the document. Be able and willing to make changes.

Remember, your material is easy-to-understand only once your target audience says it is!

Continued on reverse side ►

HEALTH LITERATE WRITTEN MATERIALS

Designing written materials involves selecting the **layout**, **formatting**, and **visuals** that enhance the written content. Layout refers to the arrangement of elements on the page. Formatting is the physical appearance and style of material. Visuals are pictures and other illustrative elements.

BEST PRACTICES FOR DESIGNING EASY-TO-UNDERSTAND MATERIALS

LAYOUT	FORMATTING	VISUALS
<ul style="list-style-type: none"> Align text along the left edge with a ragged right edge. This is familiar formatting that increases readability. Maintain 1-inch margins. Avoid dense text or visuals by using white space to separate out elements. Use the grid layout to measure out white-space to avoid clutter. 	<ul style="list-style-type: none"> Choose a Sans-Serif font because they are cleaner and easier to read. Font size should be approximately 12-14 point for body text, unless the targeted audience has visual challenges. Headers should have a larger font size. Length of a line of text should be between 40 and 50 characters long. Bold words or short phrases for emphasis, but use sparingly. Text font color should contrast well with the background. Select two or three compatible colors that complement the document's purpose and any must-use elements, like logos. 	<ul style="list-style-type: none"> Use icons that help with navigation and organization. Use pictures that help communicate a message, especially with hard-to-read text. Use images that promote familiarity or bring the text to life (for example, pictures of people who belong in the target audience). Use motivational visuals that spread positivity. Consider your target audience in finding appropriate visuals.

ASSESSING WRITTEN MATERIALS

Use comprehensive assessment tools to evaluate existing materials and develop new resources.

THE PATIENT EDUCATION MATERIALS ASSESSMENT TOOL (PEMAT)

The Patient Education Materials Assessment Tool (PEMAT), developed by experts in health literacy, content creation, patient education and communication for the Agency for Healthcare Research and Quality (AHRQ), evaluates the understandability and actionability of existing printed or audiovisual patient education materials.

THE CLEAR COMMUNICATION INDEX (CCI)

The Clear Communication Index (Index) provides a set of research-based criteria to develop and assess public communication products. The Index supports the efforts of the Centers for Disease Control and Prevention (CDC) to comply with the Plain Writing Act of 2010 and achieve goals set forth in the National Action Plan to Improve Health Literacy and the CDC Action Plan to Improve Health Literacy.

See reverse for a comparison of the PEMAT and CCI.

OTHER TIPS FOR MATERIALS ASSESSMENT

- Using a combination of assessments is the best way to evaluate the health literacy of materials.
- Readability formulas calculate the approximate reading level of written documents.
- Subject matter expert review ensures that materials present accurate information.
- No matter what assessments you use, the best way to ensure that your materials are easy to understand is to test them with your audience.
- Some organizations develop their own comprehensive assessment tools for evaluating patient education materials and incorporate elements from other tools.

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ASSESSING WRITTEN MATERIALS

	Patient Education Materials Assessment Tool (PEMAT)	Clear Communication Index (CCI)
Developer	Agency for Healthcare Research and Quality	Centers for Disease Control and Prevention
Last Updated	August 2014	July 2014
Best For	Reviewing existing written (PEMAT-P) or audiovisual materials (PEMAT-A/V)	Designing and developing new written materials; reviewing existing written materials
Scoring	<ul style="list-style-type: none"> Two separate scores, one for understandability (assesses content, word choice, style, numbers, organization, layout, design, and visuals) and one for actionability. Each score has a maximum of 100 points; the higher the score, the greater the understandability and/or actionability. Auto-scoring form available in Excel. 	<ul style="list-style-type: none"> Single score calculated based on ratings of main message, call to action, language, behavioral recommendations, numbers, and risk in written materials. Maximum score of 100. Score greater than 90 means material is easy-to-understand. Auto-scoring form available in PDF.
Other Recommendations For Use	<ul style="list-style-type: none"> Supplement with additional assessments to ensure accuracy of information. Conduct readability assessment for print materials in conjunction with using the PEMAT. Test materials with audience to confirm understandability. 	<ul style="list-style-type: none"> Material should be reviewed by at least two people independently. Material developers should not review and score their own materials. Test materials with audience to confirm understandability.
User's Guide [QR Codes]	 PEMAT User's Guide	 CCI User's Guide

READABILITY FORMULAS

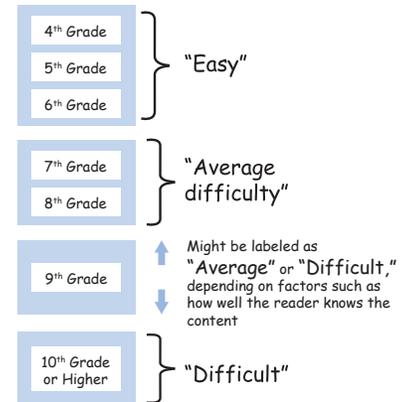
Reading level is one piece of the overall readability of a document. Assessing the reading level of written materials can give you a general sense of how hard it is to understand.

Readability formulas are one way to assess approximate reading level. These formulas are easy-to-use tools whose scores are based on the number of multi-syllabic words and sentence length. Some formulas will report the grade level of the material. The lower the grade level, the easier it is to understand the material.

TIPS FOR USING READABILITY FORMULAS:

- Use them as “quick screen” tools or a “first step,” instead of a way to measure overall suitability of documents.
- Pick your readability formula/method carefully. Each formula has different strengths. To compare the target materials and other features of some common readability formulas, see the reverse side.
- When using these formulas, assessing readability by hand is recommended.
- Interpret a readability score as a range of how difficult a document may be to read, rather than a specific grade level. Refer to the graphic to the right for an example of the ranges.

Readability Score:



Continued on reverse side ►

READABILITY FORMULAS

The list below includes some of the more commonly used readability formulas. Keep in mind that readability formulas assess just one piece of how patients view and understand written material.

Readability Formula	Target Materials	Notes
Flesch-Kincaid	Narrative; school text written in English	Flesch Reading Ease and Flesch-Kincaid Grade Level can be calculated using MS Word's Spelling and Grammar function.
SMOG	Narrative	Calculates reading level using number of sentences and number of multi-syllable words per 100-word sample of text.
Fry	Narrative, regulatory review and public health	Calculates reading level using number of multi-syllable words per 30 sentence sample of text.
FORCAST	Multiple choice questions, applications, forms	Only test not designed for running narrative; not recommended for assessing primary age reading materials
PMOSE/ IKIRSCH	Documents, tables, lists	Calculates readability by assessing structure, density, and dependency; ideal for assessing lists and tables.



Online Readability Calculator

ENVIRONMENTAL ASSESSMENT

Health literacy is impacted by individual traits and environmental or systemic factors. To successfully navigate the health care system, patients are expected to locate places, follow signs, understand oral directions and instructions, fill out written forms, and complete other complex tasks. The goal of an environmental assessment is to capture the impressions and experiences of clients, patients, and their families as they navigate.

A complete environmental assessment is a multi-stage process, but taking any of the steps below can help you view your organization from the patient's perspective. Do these activities with a colleague, so you can share your observations with one another.

- **Telephone:** Find and call the main telephone number of your healthcare facility. Attempt to get directions from a residential starting point, like a neighborhood where you know patients live. Request directions via public transit, car, or both.
- **Website:** Visit the facility website and attempt to find information about a specific condition or specialty. Note how many clicks it takes to find the resources you need.
- **Physical Space:** Do a walking interview exercise. This exercise is a structured way to assess health literacy and patients' experiences as they navigate the system. A walking interview involves making observations as you first enter the building, attempting to seek directions and help, navigating to a specific location, and evaluating the environment at the final destination. The QR code below links to a detailed guide for performing a walking interview exercise.



ENVIRONMENTAL ASSESSMENT

Once you've conducted an environmental assessment, take time to reflect on your observations. If possible, discuss your experience with a colleague. Consider the following:

- **Overall use of the written word:** Who are the signs and postings written for? How does the facility use technology, such as TV screens, computer stations, and informational kiosks?
- **Navigation aides:** Were maps or directions available? How easy or difficult were they to use? Were staff people available to help you find your way? How helpful were they?
- **Signs:** Were certain signs or postings easier to use than others? What made them more helpful? Did the signs use every day words, or complicated medical terms?
- **Language:** How easy was it to find information about translation and interpretation services? Comment on the use of acronyms and/or medical words.
- **Overall ease:** What factors helped navigation? What factors hindered navigation?
- **Other observations:** What other difficulties did you encounter? Where did you use your own knowledge of the system to help you? Where might a friend or family member become confused, frustrated, or lost?

These activities might offer insight into needed changes. Changes will require identifying key resources and developing a process to determine priorities for actions steps. Consider next steps and how to share your observations and insights with others at your organization.

PROJECT BACKGROUND

Funding was made possible for the Ten Attributes of a Health Literate Health Care Organization project by the Highmark Foundation® and The Health Care Improvement Foundation.

Healthcare Council of Western Pennsylvania worked with six organizations to develop this guide and the other tools included in the project. The organizations who participated in the project and developed this guide are:

- Adagio Health
- Excela Health
- The Primary Health Network
- ACMH Hospital
- AHN Jefferson Hospital
- UPMC Cole

For more information about the Ten Attributes project, reach out to Hillary Holes, Community Coordinator for Strategy and Outreach at the Healthcare Council of Western Pennsylvania, at Hillary.Holes@hcwp.org.

Information about this project and other health literacy efforts can be found on The Health Care Improvement Foundation's website. The QR code is listed below.



The Health Care Improvement Foundation's
health literacy efforts

