EFFECTIVE COMMUNICATION TOOLKIT

Accreditation and Population Health Equity
Enterprise Quality & Performance Improvement (QPI)

mhs

Contents

Introduction

To successfully manage their health, people must be able "to obtain, process, and understand basic health information and services needed to make appropriate health decisions."[1] Known as health literacy, this ability involves using reading, writing, verbal, and numerical skills in the context of health.[1] Being health literate, however, also depends on the complexity of the health information given to members and the tasks they are asked to perform. A national survey showed that 88% of U.S. adults do not have the health literacy skills needed to manage all the demands of the current health care system and 36% have limited health literacy.[2]

Research shows that it is hard to identify members with limited health literacy.[3-6] Although some groups have higher rates of health literacy limitations, such as some racial/ethnic minority and older populations, limited health literacy is seen in all sociodemographic groups.[2] Moreover, managing one's health can be more challenging in times of stress. When members or caregivers are anxious or overwhelmed with too much information, their ability to absorb, recall, and use health information can decline,[7] compromising their ability to manage their health.

What Are Health Literacy Precautions?

Because limited health literacy is common and is hard to recognize, experts recommend using health literacy universal precautions. Practices should assume that all members and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand. Health literacy universal precautions are aimed at the following:

- Simplifying communication with and confirming comprehension for all members, so that the risk of miscommunication is minimized[8]
- Making the health care system easier to navigate
- Supporting members' efforts to improve their health

Everyone gains from health literacy universal precautions. Research shows that interventions designed for people with limited health literacy also benefit those with stronger health literacy skills.[9,10]

Communicating clearly helps people feel more involved in their health care and increases the chances of following through on their treatment plans.[9] Everyone appreciates receiving information that is clear and easy to act on.

Why an Effective Communication Toolkit?

The purpose of this Toolkit is to provide evidence-based guidance to support Centene in addressing health literacy. The Toolkit can reduce the complexity of health care, increase member understanding of health information, and enhance support for members of all literacy levels.

The Toolkit comprises 10 tools addressing 4 Chapters with 11 Sections that are important for promoting health literacy in your practice:

1. ***Path to Quality Improvement***
2. ***Improve Spoken Communication***
3. ***Improve Written Communication***
4. ***Improve Self-Management and Empowerment***

Within each Chapter (above) you will find associated Chapters with corresponding Tools.

This toolkit contains 10 Tools, such as sample forms, checklists, and worksheets that may be used or revise to suit as needed. For a complete list of Chapters, Sections, and Tools, go to the Table of Contents.

What is the Evidence for a Focus on Health Literacy?

Individuals with limited health literacy experience a variety of negative outcomes. They have more restricted knowledge of their health problems, make more errors taking medicine, use more inpatient and emergency department care, receive fewer preventive services, and have worse health status and higher health care costs.[11-14]

Addressing health literacy is associated with improved health outcomes.[15] Below are a few illustrative research studies showing how good health literacy practices can improve specific health behaviors and outcomes for members.

Colon Cancer Screening: This study shows how teaching clinicians to communicate more effectively can increase participation in colon cancer screening.[16]

Depression Management: This study shows that, when low-literate members with depression were referred to literacy programs, their symptoms significantly improved compared to control participants, who just received depression treatment.[17]

Diabetes and Heart Failure Management: These studies show that, when members receive self-management education using effective communication techniques, diabetes and heart failure control are improved.[9,18-20]

How Can Addressing Health Literacy Support Your Goals?

Addressing health literacy can serve both member needs and your teams' goals.

Who Should Use this Toolkit?

The Toolkit can help staff with little or no experience addressing health literacy as well as those that are already engaged in health literacy-related quality improvement work.

Can You Improve Health Literacy?

Yes! This Toolkit has been designed for our needs and our audience's needs. We can all make changes to improve the way we communicate with and support our members.

Getting Started

To get started, we recommend that you begin by implementing sections 1.1 through 1.3. These sections will help you establish the foundation you need to successfully implement health literacy-related efforts:

Section 1.1

Form a Team provides guidance on developing a team to lead your health literacy efforts

Section 1.2

Create a Health Literacy Improvement Plan will guide you in assessing and identifying areas to target in your improvement efforts

Section 1.3

Raise Awareness provides guidance on resources for educating your staff about health literacy

Chapter 1: Path To Quality Improvement

SECTION 1.1: FORM A TEAM

Overview

Implementing and sustaining health literacy universal precautions in requires strong, effective leadership. You will need a dedicated team to plan and implement health literacy-related changes. This team should be led by staff who have the ability to coordinate the team's efforts and implement changes. Staff should also have access to members and caregivers through mechanisms such as community advisory committees. Members and caregiver can add critical insight to understanding and developing health literacy strategy.

Actions

Identify Team Members

Choose an energized and empowered Team Leader.

The Team Leader must have both enthusiasm for health literacy and the ability to lead change. If the Health Literacy Team Leader is not part of the senior leadership, senior leadership must make it clear that the Team Leader has the authority to act.

Include one motivated and respected representative from each functional area of your organization or team.

It is important to include at least one representative from each area functional area of your health plan. Team members may include:

- Quality Improvement team member
- Marketing/Communications representative
- Quality Improvement leader
- Utilization Manager Representative
- Call Center representative
- Provider Relations representative
- Care Management representative
- Community Relations representative
- Medical Director

Keep the size of your committee manageable.

A team with more than 8 members can make it hard to get things done.

Incorporate members and/or caregivers into the team.

Having a member and/or caregiver on the team can be extremely eye opening. These team members can provide invaluable first-hand insight on what members experience and how systems and communication can be improved. We encourage you to develop deliberate and continuous ways to solicit member and community feedback.

- Examples include leveraging community and member advisory committees in meaningful ways to provide feedback on member materials, programs and experiences with understanding health information at provider offices and in health plan interactions.
- Implement mechanisms to bring this feedback consistently back to health plan leadership and staff and use the feedback to improve how we communicate.

Bring team members together.

- Have an initial meeting.
- Introduce health literacy by showing the American College of Physician's health literacy 6 minute video [See Tool 2].

See Section 1.3: Raise Awareness for additional methods of educating your team (and staff) about health literacy.

- Introduce the Toolkit and its key components.
- Review the goals of implementing the Toolkit.
- Ask at least one or two team members to review the full Toolkit carefully to become familiar with its contents.

Have subsequent meetings and established routine reporting.

- Schedule regular team meetings. Frequent meetings may be needed at the outset (e.g., monthly). Meetings can take place less frequently once your implementation activities are underway.
- Early on and throughout the process, it is important to clarify each team member's role and responsibilities.
- Develop mechanisms such as newsletters and white papers for educating senior leadership maintain accountability and team engagement.

Use Section 1.2: Create a Health Literacy Improvement Plan, to help you develop and implement your Health Literacy Improvement Plan. Ensure that your work plan is tied back into other department work plans and goals.

SECTION 1.2: CREATE A HEALTH LITERACY IMPROVEMENT PLAN

Overview

Your Health Literacy Team will need to decide which health literacy-related improvements to work on first. You should start by examining key areas that influence member understanding, navigation, and self-management. After identifying aspects of your work that are priorities for improvement, you can create a Health Literacy Improvement Plan to implement the tools that will help you improve.

Actions

Develop a Health Literacy Improvement Plan

Set your health literacy improvement goals.

The choice may be based on the results of your assessment, on specific priority you have established, on improvement efforts already underway, or a desire for an "easy win" to jump-start this quality improvement process.

Decide how you will implement the tools you have chosen.

Check that the changes you plan to make can reasonably be expected to achieve your goals.

Develop a clear and written action plan that will ensure the Health Literacy Team remains on the same page throughout implementation.

Use [Tool 1: Plan-Do-Study-Act (PDSA) method] to help you create your action plan. In this Toolkit's appendix is an explanation and directions for this type of change model along with a PDSA worksheet that can help you plan your changes?

Define who will be responsible for implementing changes.

Set time-specific, achievable objectives.

Establish measures to assess whether your objectives are being met.

Specify when and how you will collect data for these measures, remembering that you may want to collect information before and after you begin tool implementation. Note that each tool in this Toolkit provides suggestions for establishing these important measures.

Prepare for Implementation

- Before beginning your implementation efforts, educate your staff about health literacy and the changes you are planning. **Use resources provided in Section 1.3:** Raise Awareness to provide staff with basic health literacy instruction.
- Present the results of the practice assessment and Health Literacy Improvement Plan to This is an opportunity to get additional input and buy-in from others and to provide initial education on health literacy.
- Work out the kinks on a small scale before implementing changes practice-wide. Using PDSA cycles [Tool 1] can help you in this process.
- Have a plan for spreading successful changes. Improvements will not be adopted without a concerted effort to get everyone on board.

Sustain Your Efforts

- Share the results of your progress assessments with staff to maintain awareness of health literacy-related issues and build continuing enthusiasm for your quality improvement efforts. Strategies such as health literacy newsletters can be used for this.
- Establish a routine schedule for updating leadership on activities and accomplishments.

Track Your Progress

- After implementing one or more tools for 3-6 months, examine processes to see if they are now a regular part of health plan activities. Implement process improvement activities to continue to improve efforts.

SECTION 1.3: RAISE AWARENESS

Overview

Health literacy affects a patient's ability to access health care services, understand health-related information, and make health care decisions. Implementing health literacy universal precautions requires that all staff—know how health literacy affects your members and consistently work to make health care clearer and easier.

Action

Educate All Staff

Show a video [See Tool 2: Experiences with Health Literacy: Video + Moderator's Guide]:

- These videos include interviews in which members talk candidly about their experience in the health care system and their understanding of health-related information.
  - American College of Physician's Health Literacy Video (6 minutes)

When Planning Your Education Session, Allow Time for Group Discussion

Some ideas on how to lead the session include:

- Refer to [Tool 2: Experiences with Health Literacy: Video + Moderator's Guide], which can be used in conjunction with health literacy videos.
- Ask attendees to provide examples of health literacy barriers they have encountered in working with members. Discussion of such experiences can both raise awareness and engage your staff.
- Play a plain language game [use Tool 10: Plain Language 101] as a reference. Ask teams of staff members to come up with plain language names and descriptions for common medical terms.
- Have staff and clinicians role play good and bad health literacy practices.

See Section 2.1: *Communicate Clearly for tips on communicating effectively.*

- Consider using the Health Literacy Brief Assessment Quiz [Tool 3] to gauge the knowledge of your staff. Ask staff to complete the quiz before and after your staff training. Feel free to add items that capture the key points you plan to cover.

Use other tools in this Toolkit, like Section 2.2: *Use the Teach-Back Method to show how you can apply health literacy best practices.*

> ***Practice Experiences***
>
> ***"We had a lunch & learn to discuss health literacy and introduce this topic to the staff... I showed the 6-minute health literacy video, and as soon as it ended, I was amazed at the reaction. The staff started talking about similar experiences they have had with our members... This video created such momentum. It was very easy to get the staff to work on these tools after watching it."***
>
> ***— Local Health Plan Team***

Maintain Health Literacy Awareness

- Make sure to have a plan for revisiting the topic of health literacy periodically and training new staff. Be sure to include health literacy expectations during new hire orientation
- Use existing opportunities (e.g., staff meetings, huddles, or "Lunch & Learns") to provide training.
- Follow up your initial training with sessions covering key recommendations for improving communication provided in other sections (e.g., Section 2.1: Communicate Clearly; Section 2.2: Use the Teach-Back Method).
- Consider sending out "Health Literacy Monthly Reminders" with communication tips and plain language reminders to maintain interest in health literacy.
- Develop Ask Me 3 kits for providers and encourage providers to post in their office.[24] This will encourage members and
- Post Ask Me 3 posters staff to ask questions **(see Section 4.1: Encourage Questions).**
  - Post the Key Communications Strategies (Section 2.1: Communicate Clearly) posters to help staff remember the key tips for communicating effectively with members.
- Use glossaries and thesauruses such as the Plain Language 101 [Tool 10] and Plain Language Thesaurus [Supplemental Material] to help staff avoid medical jargon when talking to members.

Track Your Progress

- Document the proportion of staff completing health literacy training
- Calculate the percent of new hires that get health literacy training in their first month
- Confirm that health literacy education is offered to staff on an ongoing basis, including regular updates as well as training for new employees
- Compare Health Literacy Brief Assessment Quiz [Tool 3] answers before and after staff training to assess understanding

Chapter 2: Improve Spoken Communication

SECTION 2.1: COMMUNICATE CLEARLY

Overview

Using clear oral communication strategies can help members to better understand health information. Communicating clearly also helps members to feel more involved in their health care and increases their likelihood of closing care gaps and improving their health outcomes.

Actions

Use Strategies for Communicating Clearly

Greet members warmly

Receive everyone with a welcoming demeanor, and maintain a friendly attitude throughout the interaction.

Make eye contact (when applicable)

Make appropriate eye contact throughout the interaction.

Refer to Section 2.4: *Consider Culture, Customs and Beliefs for further guidance on eye contact and culture.*

Listen carefully

Try not to interrupt members when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.

Use plain, non-medical language

Don't use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen. Use Plain Language 101 [Tool 10] when writing or communicating with members. The more you practice, the easier it will become.

Use the member's words

Take note of what words the member uses to describe their needs or questions and use them in your conversation.

Slow down

Speak clearly and at a moderate pace.

Limit and repeat content

Prioritize what needs to be discussed, and limit information to 3-5 key points and repeat them.

Be specific and concrete

Don't use vague and subjective terms that can be interpreted in different ways.

Show graphics

Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy. This includes implementing the use of infographics in place of narrative text and written materials where communicating this can be more effective. [See Tool 4 for Infographic Tips].

Demonstrate how it's done.

Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation. Use media, such as an online tutorial, where appropriate.

Invite member participation

Encourage members to ask questions and be involved in the conversation during visits and to be proactive in their health care.

Encourage questions

Refer to Section 4.1: *Encourage Questions for guidance on how to encourage members to ask questions.*

Apply teach-back

Confirm members understand what they need to know and do by asking them to teach back important information, such as directions.

Refer to Section 2.2: *Use the Teach-Back Method for more guidance on how to use the teach-back method.*

Leadership modeling

Infuse effective oral communication into how your department operates. Develop a program of incentives and modeling to support a plain language culture. Post graphics and reminders in common workspaces about teach back and using plain language. Incorporate plain language metrics into member encounter auditing. Develop staff goals for plain language and have continuous training and feedback during team and individual staff meetings.

SECTION 2.2: USE THE TEACH-BACK METHOD

Overview

Regardless of a member's health literacy level, it is important that staff ensure that members understand the information they have been given. The teach-back method is a way of checking understanding by asking members to state in their own words what they need to know or do about their health.23 It is a way to confirm that you have explained things in a manner your members understand. The related show-me method allows staff to confirm that members are able to follow specific instructions (e.g., how to use an inhaler).

The teach-back and show-me methods are valuable tools for everyone to use with each patient. These methods can help you:

- Improve member understanding and adherence.
- Decrease call backs and canceled appointments.
- Improve member satisfaction and outcomes.

> ⟩ *Fact*
>
> ***Studies have shown that 40-80% of the medical information members are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.***

Action

Try the Teach-Back Method

Keep in mind this is not a test of the member's knowledge.

It is a test of how well you explained the concept.

Plan your approach.

Think about how you will ask your members to teach back the information. For example: "We covered a lot today and I want to make sure that I explained things clearly. So let's review what we discussed. Can you please describe the 3 things you agreed to do to help you control your diabetes?"

"Chunk and Check."

Don't wait until the end of the interaction to initiate teach-back. Chunk out information into small segments and have members 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 members to teach-back again until they are able to correctly describe the information in their own words. If they parrot 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 interaction 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 encounters with members.

Use the show-me method.

When prescribing new medicines or changing a dose, research shows that even when members correctly say when and how much medicine they'll take, many will make mistakes when asked to demonstrate the dose. You could say, for example: "I've noticed that many people have trouble remembering how to take their blood thinner. Can you show/tell me how you are going to take it?"

Use handouts along with teach-back.

Write down key information to help members remember instructions at home or have them write it down while you explain it. Point out important information by reviewing written materials to reinforce your members' understanding. You can allow members to refer to handouts when using teach-back, but make sure they use their own words and are not reading the material back verbatim.

Refer to Section 3.2: *Use Health Education Material Effectively for more information*.

SECTION 2.3: ADDRESS LANGUAGE DIFFERENCES

Overview

Language differences make it hard to get the health information that our members need. Language barriers happen with our members who have limited English proficiency and with our members who use non-verbal forms of communication such as sign language. Addressing language and sensory differences is an important part of addressing health literacy and is required by law. Medicare and/or Medicaid requires the provision of language assistance for members who do not speak or understand English well. Failing to use acceptable forms of language assistance can expose Centene to liability.

Actions

Assess language preferences and language assistance needs

- Ask all members what language they prefer to speak and read, and if they would like an interpreter. Record members' language assistance needs in member record.
- Match members with a requested interpreter for members who do not speak English very well or who appear to have difficulty understanding English.
- If a member does speak any English and you cannot confirm the language they need support with, connect the member with our language service vendor and they will use their expertise to identify the language support our member needs.

Use acceptable language assistance services

- Acceptable language assistance services include the following:
  - Certified bilingual clinicians or staff members whose proficiency has been confirmed can communicate directly with members in their preferred language
  - On-site trained medical interpreters
  - Telephone or video medical interpreter services

> ***All staff should understand the importance of using plain language. See [Tool 10: Plain Language 101] and Section 2.1: Communicate Clearly for guidance on communicating clearly.***

Do NOT use an unacceptable language assistance services

- Individuals who are not trained to be an interpreter make more clinically significant mistakes. Unacceptable language assistance services include the following:
  - Clinicians or staff who are not certified as bilingual staff certified.
  - The patient's family and friends. Using family or friends poses a problem with patient privacy. In addition, family or friends may provide you with their own views of what members say or feel about their health problems. If a patient insists that a family member serve as interpreter, you should respect that request, but a qualified interpreter should also be present to assure that information is accurately relayed.
- Minor children should never be used as interpreters.
  - It is against the law
  - It creates ethical and quality concerns

Plan for interpreter services in advance

- Use data about members' language preferences to determine how to best meet their language assistance needs.
- Centene has resources and processes for supporting members with language services. Follow your processes to coordinate these services. If you need support in understanding how to coordinate language services, reach out to your call center leadership or contact the Accreditation and Population Health Equity team.
- Centene language services include:
  - Telephone interpreters
  - In-person interpreters
  - Written translations

Provide written materials in members' preferred languages and formats

- Do not assume that non-English speakers, including speakers of American Sign Language, will understand notes or other materials written in English.
- Ensure that you are meeting all state and federal requirements for translation of materials
- Always offer an oral reading of the material in the members preferred language. Do this even when coordinating a written translation. An oral reading using a Centene vendor will provide immediate support to the member while waiting for the written translation to be mailed to the member.
- Only use Centene written translation vendors. Health plan staff should never write materials or content in non-English languages.
- Ensure that members are receiving materials in their preferred alternate format. For Medicare and MMP members, ensure that these materials are sent to members at first touch based on member alternate format preferences.

Learn From Other Sources

The Guide to Providing Effective Communication and Language Assistance Services from the U.S. Department of Health and Human Services provides comprehensive guidance on addressing language assistance services in health care settings.

Review the Centene policy CC.QI.CLAS.29 and ensure that processes are in place to implement the policy.

The Office Guide to Communicating with Limited English Proficient Members is a booklet by the American Medical Association that offers practical advice for addressing communication barriers in health care settings.

Hablamos Juntos has a number of resources for language services, including a toolkit on improving the quality of health care translation.

LEP.gov provides federal guidance in providing language access.

Sources of multilingual easy-to-read materials:

- MedlinePlus by the National Institutes of Health.
- Healthy Roads Media provides materials in handout form, audio, and video in several languages.

SECTION 2.4: CONSIDER CULTURE, CUSTOMS & BELIEFS

Overview

Religion, culture, beliefs, and ethnic customs can influence how members understand health concepts, how they take care of their health, and how they make decisions related to their health. Without proper training, we may deliver medical advice without understanding how health beliefs and cultural practices influence the way that advice is received. Asking about members' religions, cultures, and ethnic customs can helps us engage members so that, together, we can provider services that are consistent with our members' values.

Learn From Members

Respectfully ask members about their health beliefs and customs, and note their responses. Address members' cultural values specifically in the context of their health care. For example:

- "Do you have any dietary restrictions that we should consider as we develop a food plan to help you lose weight?"
- "Your condition is very serious. Some people like to know everything that is going on with their illness, whereas others may want to know what is most important but not necessarily all the details. How much do you want to know? Is there anyone else you would like me to talk to about your condition?"
- "What do you call your illness and what do you think caused it?"
- Some information that could be helpful might require you to be additionally considerate in how you obtain it. Here are a couple examples and ways to reframe the question:

  Question: "Do any traditional healers advise you about your health?"

  Reframe: "Do you have any additional supports that advise you about your health, someone local in the community or a source of information that helps guide you?"

  Question: "Is there anything I should know about your culture, beliefs, or religious practices that would help me take better care of you?"

  Reframe: "Is there anything you can tell me about how you manage your health that would help me take better care of you? Are there any practices or customs that you can think of?"

Avoid stereotyping based on religious or cultural background. Understand that each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking members about their beliefs and way of life is the best way to be sure you know how their values may impact their care.

⟩ Tips

Here are some examples of how religion, culture, and ethnic customs can influence how your members interact with you.

***Health Beliefs:** In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur*

***Health Custom:** In some cultures, family members play a large role in health care decision making*

***Ethnic Customs:** Differing roles of women and men in society may determine who makes decisions about accepting and following through with medical treatments*

***Religious Beliefs:** Religious faith and spiritual beliefs may affect health care-seeking behavior and people's willingness to accept specific treatments or behavior changes*

***Dietary Customs:** Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the patient*

***Interpersonal Customs:** Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others.*

Learn From Other Sources

High-quality education resources provide education about cultural sensitivity, both as a general topic and as related to specific groups. Centene University Trainings:

- Cultural Sensitivity 101
- Communicating with Empathy
- Communication Across Cultures
- Communicating About Culturally Sensitive Issues

Websites

- EthnoMed is a Web site containing information about cultural beliefs, medical issues, and other related issues pertinent to the health care of recent immigrants.
- Culture Clues are one-page tip sheets that offer insight into the health care preferences and perceptions of members from 10 different cultures and special needs groups (including the deaf and hard-of-hearing). The Web site also covers end-of-life issues.
- The Culture, Language, and Health Literacy Web site provides an exhaustive list of resources regarding cultural competence issues for specific ethnicities, religions, and special populations.

Community organizations such as religious institutions and cultural organizations can often provide information and support to help make your practice more "culture-friendly."

- Invite a member of a relevant cultural group to attend a staff meeting and share observations about how cultural beliefs may impact health care.
- Invite an expert to conduct an in-service training to educate staff about cultural competence.
- Ensure that the correct community organizations are represented on your community advisory committees and develop methods to fully engage them in discussions and recommendations for services.

Integrate cultural competence into orientation and other trainings. Take advantage of opportunities to integrate cultural competence into all of your training activities. For example, assign all staff Cultural Sensitivity 101 training from Centene University annually and upon hire.

Use interpreters as cultural brokers. Interpreters can eliminate language barriers as well as help you and your members avoid misunderstandings due to cultural differences. See Section 2.3: Address Language Differences for more information about interpreters. Consider designing a cultural broker pilot at your health plan.

Help Learn from Each Other

To raise awareness about cultural competence among your staff, you could:

- Hire staff that reflects the demographics of your patient population. These staff members can help contribute to a comfortable environment for members and can share insights with other staff regarding the customs of their religious or ethnic groups.
- Require staff to complete Centene University cultural competence trainings and share what they learned with each other during a staff meeting.
- Encourage staff to learn about other cultures and present recommendations during staff meetings.
- Use learning to develop priorities for your CLAS (Culturally and Linguistically Appropriate Services) work plan.

Chapter 3: Improve Written Communication

SECTION 3.1: ASSESS, SELECT & CREATE EASY-TO-UNDERSTAND MATERIALS

Overview

We often ask members to fill out forms or provide them with written materials to read. With 36% of the U.S. adult population having limited health literacy skills, it is likely that many of your members don't understand all of the written materials they receive. Assessing, selecting, and creating easy-to-understand forms and educational materials can help you improve patient comprehension.

Actions

Train a staff member to evaluate the quality of materials you give to members

- Have at least one person in your team learn to assess the materials you distribute. Focus first on important and frequently used materials, such as your lab results letter, after-visit-summary, appointment reminder, or fact sheets about managing chronic conditions. Be sure to review materials developed by your health plan well as materials obtained from outside sources.

> ***Use [Tool 9: Checklists] and [Tool 10: Plain Language 101] to ensure that the material you are writing or reviewing is using plain language principles.***

Assess whether member materials are easy to read and understand

- There are numerous methods for assessing patient materials. Some approaches focus on how readable materials are. Others examine a broad array of features that can make materials easy to understand. You should use both types of methods in assessing your materials.

Readability Formulas:

- Readability formulas focus on the length of the words and sentences in a document and provide an estimate of how difficult text is to read. Several Web sites are available for conducting readability assessments using commonly used formulas, including the Fry formula, SMOG, and Flesch Reading Ease. Search the Internet for "readability formulas" to find free online resources.
- Microsoft word has Flesch Reading Ease and Flesch Kincaid scores available through the review tab. To access the scores, you may need to change your preferences under file; options; proofing; show readability statistics.
- In most cases, these sites indicate the grade level at which a member would have to read to understand the material. Make sure you are following your state requirements for the reading level of the material. To ensure universal precautions are met, all material should be written at a 6th grade reading level or below.

Understandability Assessments:

- Several methods are available to examine features of patient materials, other than readability, that affect understanding (e.g., word choice, organization of information, formatting.
  - AHRQ's Patient Education Materials Assessment Tool (PEMAT) can help you assess written and audiovisual patient education materials. It provides separate measures of how easy materials are to understand and to act on.
  - CDC's Clear Communication Index assesses the clarity and ease of use of written materials, particularly those with behavioral recommendations or those that communicate information about risk.

- The Suitability Assessment of Materials (SAM) assesses the suitability of health information materials, including how well materials stimulate learning and how culturally appropriate they are.

Ask members to evaluate your forms and other written materials that you hand out or are available on the member portal or health plan website. Include both materials that you developed and those you obtained from external sources.

See Section 4.2: Get Member Feedback for suggestions.

Watch out for numbers. Ensure that your materials follow recommendations for improving communication of health-related numbers:

- Provide only the information members must have to make informed decisions
- Provide members with numbers, not just verbal descriptors (e.g., "low risk")
- Use simple graphics to express numbers
- Provide absolute risk (e.g., a decrease from 4% to 2%) rather than relative risk (e.g. a reduction of 50%), especially when risk reductions are small
- Express risk/benefit in whole numbers, not fractions, decimals or percentages (e.g., "1 in 10,000" rather than ".01 %")
- Provide both the positive and the negative (e.g., "5 in 100 people are expected to get the outcome, meaning that 95 out of 100 will not get the outcome.")
- Use consistent denominators to facilitate comparisons and prevent confusion (e.g., 1 in 1,000 versus 30 in 1,000)
- Present risk in terms of a time span that is meaningful for members, such as a 10-year period rather than lifetime

Choose or make materials that are easy to understand

Identify poor-quality materials

- Identify materials that performed poorly on your assessment. Working with your Cultural & Linguistics team or Quality Improvement Team, consider whether these materials can be modified or whether they will need to be replaced. Review all types of health care communication in your assessment, including determination notices.

Select better materials

- When you identify deficient materials that cannot be revised, search for new ones.

Consider alternatives to written materials

- As one-fifth of adults read below the 5th grade level, it is best not to rely too heavily on the written word. Audio and video resources as well as talking in plain language may be better for many members. Videos are particularly useful for demonstrating self-care activities such as injecting insulin, using an inhaler, or exercising. Make sure that members have the equipment, bandwidth, and know-how needed to view audiovisual materials before distributing them.

Provide materials in languages your members speak

- Making easy-to-understand materials available to your non-English speaking members can be helpful. Keep in mind that some members with limited English proficiency may also have limited literacy in their native language; make sure you consider alternatives to written materials. See Section 2.3: Address Language Differences.

Create new materials to fill gaps, and revise homegrown materials that need improvement

- Sometimes you just can't find easy-to-understand instructions or information you want to share with your members. Or you realize that the materials your office has created are not as easy to understand as you'd like.

  Use guides. The Department of Health and Human Service's health literacy site has a number of guides to help you design or revise materials and Web sites so they are easy to understand. The Harvard School of Public Health also has a set of short Guidelines for Creating, Assessing, and Rewriting Materials.

  Streamline forms. Make sure forms ask only for information that you absolutely have to have, and ask for it only once. This helps with health literacy and also ensures we are compliant with minimum necessary standards for HIPPA.

  Create templates such as denial notice templates that bullet out information and use headings and other clear communication techniques.

  Involve members. Invite members to contribute to the development of new materials. They're the experts on what information is important to them and what makes sense.

SECTION 3.2: USE HEALTH EDUCATION MATERIALS EFFECTIVELY

Overview

Health materials are effective only when used as part of an overall education strategy. Simply handing members a pamphlet or referring them to a Web site is not enough to promote understanding or behavior change.

Action

Don't assume your members read the materials you give them or direct them to

- If the information is critical, make sure you or someone in your office reviews the information with your member and/or the member's caregiver.

When reviewing a handout:

Circle or highlight the most important points as you talk about them

Personalize the material by adding the patient's name, medicines, and/or specific care instructions

Use teach-back to confirm understanding. **See Section 2.2:** Use the Teach-Back Method.23

Emphasize the importance of the material by referring to it during follow up phone calls, emails, and future visits. You may need to give the material to the patient more than once.

Ensure members know how to use audio visual materials or access to the Internet

- If you refer members to Web sites, make sure that they have the appropriate video equipment, Internet access, and the know-how to view or access these materials. Like written materials, you can't assume that your members will view audiovisual materials or visit Web sites you recommend. If the content is critical, be sure it gets communicated directly.
- Always have a conversation with members after they view audiovisual materials. Decision aids and tutorials can save time but are a supplement to, not a substitute for, a discussion and checking understanding.

Train members to use the member portal and to be discerning consumers of Internet content

- Even members with excellent health literacy skills may have limited computer skills. To ensure members that members are able to access your member portal, arrange training sessions to show members how to get online and retrieve information from the portal.
- If members are surfing the Internet for medical information on their own, you may want to educate them on how to find accurate health information. You can refer them to this interactive tutorial from the National Library of Medicine.

Obtain feedback on materials

- When following up with members, ask whether they found the materials helpful. This can allow you to emphasize the importance of the materials, review any questions members may have, and obtain input from the patient about the materials provided. **See Section 4.2:** Get Member Feedback for more information about obtaining member input.

Manage educational materials

Monitor and organize any materials you distribute regularly to ensure you know the type and amount of materials you have, can easily locate them, and know when you need to update or re-stock them.

Chapter 4: Improve Self-Management Empowerment

SECTION 4.1: ENCOURAGE QUESTIONS

Overview

Members are sometimes embarrassed to ask questions and, in some cultures, deference to authority stifles questions. Creating a shame-free environment that encourages members to ask questions is an important way to engage members as active partners in their health care and is crucial in promoting good health outcomes. It also can increase member satisfaction.

Actions

> *Teams have found the following guidance useful, especially when used in conjunction with Section 2.2: Use the Teach-Back Method*

Invite questions

- Encouraging members to ask questions can be as simple as saying, "What questions do you have?" This specific wording creates the expectation that they should ask questions.
- Do not ask members, "Do you have any questions?" because most members will respond to this wording by saying "no," even if they do have questions.
- Ask members what questions they have several times during an office visit.

Use body language to invite questions

Sit, don't stand: Sit at the same level as your member.

Look and listen: Look at members when talking and listening, as opposed to looking at the chart or computer.

Show that you have the time: Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.

Help members prioritize questions

- If members have a long list of questions, help them decide which ones are most important to address at this visit. Have them schedule another visit to address the rest of their questions.

Remind members to bring questions with them

Appointment reminders can suggest members bring a written list of questions with them.

Encourage members to ask questions in other health settings.

- For example, when discussing a new prescription, you might say "Be sure to ask the pharmacist if you think of any additional questions about your medicine.

SECTION 4.2: GET MEMBER FEEDBACK

Overview

Frequently, we are unaware of the level of difficulty members encounter in reading or completing forms, understanding health information, and navigating the health care system. Members are in the best position to judge if our materials and communication poses health literacy challenges. Getting member feedback can highlight features that may cause difficulty for members and help you identify areas for improvement.

Action

Choose from among the following ways to get member feedback. Using multiple methods of gathering feedback will improve the caliber of the information you receive.

Observe members using the member portal

- Ask several members if you may observe while they use the portal. Try to include members who are not very experienced using computers.
- After you let them explore the portal, ask them to complete a specific task (e.g., find information on a particular topic) and ask them to describe what they are doing. Observing how members use the portal will help you know where changes in appearance, wording, organization, or navigation of the portal may be needed.

Ask members for feedback on forms or other materials

- Use community/member advisory committees or focus groups to obtain feedback on how understandable your written materials are. Remember to evaluate materials you did not develop as well as materials you created.

See Section 3.1: Assess, Select, and Create Easy-to-Understand Materials for more information on selecting and developing materials that will be easy for members to read and understand and **use Section 2.3:** Address Language Differences for information about materials in multiple languages.

Act on your results

Bring aggregated results back to the Health Literacy Team when you have finished obtaining member feedback.

- Be sure that the data do not identify specific members and their responses.
- Identify areas for improvement.

Use Section 1.2: Create a Health Literacy Improvement Plan to identify tools that can address targeted areas for improvement. Plan, implement, and test changes to see if they addressed the concerns identified.

⟩ Tips: Getting feedback on materials

You can ask members questions such as:

"Are any parts clear and easy to understand? Which?"

"What parts or words are hard to understand?"

"Is there anything offensive?"

You can also get member feedback using other methods, such as asking them to "think aloud" while reading or watching the material.

Collect member feedback as a routine part of your quality improvement activities. Obtaining member feedback is not a one-time activity. It should be done on a routine basis. Consider obtaining feedback from a sample of members every quarter.

Track Your Progress

The Health Literacy Team should examine efforts to obtain patient feedback. Ask yourselves:

- Have you carried out plans to obtain member feedback?
- Have you used multiple methods to obtain member feedback?
- Have you obtained feedback from a sample of members who are of varying ages, racial/ethnic/ language groups, health conditions, and both genders?
- Have you identified improvement goals based on feedback? '
- Have you implemented improvement plans?
- Have you obtained additional member feedback to assess whether you have achieved your improvement goals and identified new improvement areas?

Learn From Other Sources

- "Can They Understand? Testing Patient Education Materials With Intended Readers."
- Part 6: Feedback Sessions of the Toolkit for Making Written Material Clear and Effective.

Appendix

TOOL 1: PLAN-DO-STUDY-ACT (PDSA)

Directions & Examples

The Plan-Do-Study-Act (PDSA) method is a way to test a change that is implemented. Going through the prescribed four steps guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don't even think about it. Having them written down often helps people focus and learn more.

For more information on the PDSA, go to the IHI (Institute for Healthcare Improvement) Web site.

Keep the following in mind when using the PDSA cycles to implement the health literacy tools:

Single Step - Each PDSA often contains only a segment or single step of the entire tool implementation.

Short Duration - Each PDSA cycle should be as brief as possible for you to gain knowledge that it is working or not (some can be as short as 1 hour).

Small Sample Size - A PDSA will likely involve only a portion of the team (maybe 1 or 2 staff members). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

> ***What are we trying to accomplish?***
>
> ***How will we know that a change is an improvement?***
>
> ***What changes can we make that will result in improvement?***

Filling out the worksheet

Tool: Fill in the tool name you are implementing.

Step: Fill in the smaller step within that tool you are trying to implement.

Cycle: Fill in the cycle number of this PDSA. As you work though a strategy for implementation, you will often go back and adjust something and want to test whether the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

PLAN

I plan to: Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a small portion of the implementation of the tool.

I hope this produces: Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of staff that performed teach-back, or qualitative data such as observing staff using the show-me method with members.

Steps to execute: Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

- The population you are working with – are you going to study the doctors' behavior or the members' or the nurses'?
- The time limit that you are going to do this study – remember, it does not have to be long, just long enough to get your results. And, you may set a time limit of 1 week but find out after 4 hours that it doesn't work. You can terminate the cycle at that point because you got your results.

DO

After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

What did you observe? Here you will write down observations you have during your implementation. This may include how the members or staff reacted, you will ask, "Did everything go as planned?" "Did I have to modify the plan?"

STUDY

After implementation you will study the results.

What did you learn? Did you meet your measurement goal? Here you will record how well it worked, if you meet your goal.

ACT

What did you conclude from this cycle? Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?

Example

On the next page is an example of how to fill out the PDSA worksheet which contains one of the PDSA cycles. This example is one part of the short cycle and works through a different option on how to perform Teach-Back

[See Section 2.2 for the Teach-Back Method].

PSDA Worksheet

Tool: Teach-back

Step: Staff initially performing Teach-back

Cycle: 1st try

PLAN

I plan to: ask staff who interact with members to perform teach-back with the last member they interact with on Wednesday afternoon.

I hope this produces: staff performing teach-back and that they find that it was useful, did not take that much more time, and they will continue the practice.

Steps to execute:

1. We will ask the 5 staff who interact with members on Wednesday PM to perform teach-back with their last member encounter of the day.

2. We will show these staff the teach-back video.

3. After their member encounter, we will ask the staff how they felt.

- It was useful?
- It was time consuming?
- They will do it again?

DO

What did you observe? All staff found the teach-back video informative and seemed eager to try this new too.

STUDY

After implementation you will study the results.

What did you learn? Did you meet your measurement goal? 4 out of 5 staff performed teach-back on at least one member in the afternoon. The 1 staff who did not indicated she did not quite know how to integrate it into her encounter with the member.

ACT

What did you conclude from this cycle? Four out of 5 felt comfortable with it and said they would continue using it. For the 1 who was not sure how to integrate it, we will look for other teach-back resources to help address this. It is ready to introduce to the entire department.

PSDA Worksheet

Tool: Teach-back

Step: Staff continuing to perform Teach-back

Cycle: Modified 2nd try

PLAN

I plan to: see if the staff are still performing teach-back by asking them after their last member encounter on Wednesday p.m. (3 weeks have gone by since initial introduction.)

I hope this produces: confirmation that each of the staff will have performed teach-back on at least 3 of their afternoon members.

Steps to execute:

1. We will approach the 5 initial staff on Wednesday p.m. after their last member encounter and ask them to count the number of members they performed teach-back on this afternoon.

2. We will ask the staff again how they feel.

- It was useful?
- It was time consuming?
- They will do it again?

DO

What did you observe? Some staff could not find appropriate situations for teach-back.
All still felt it was a worthy tool during their member encounters but feel they need to remember it and practice it more.

STUDY

What did you learn? Did you meet your measurement goal? Three out of 5 staff said they did perform teach-back on 3 of their members. One performed it in one instance. One did not perform it at all (same one as before).

ACT

What did you conclude from this cycle? Teach-back is being used, maybe not as readily as I had anticipated. Maybe the goals of '3 out of 6 member encounters should contain teach-back' is unrealistic. We may put a sign in staff areas to remind them about teach-back. Will measure again in 6 months.

PSDA Worksheet

Tool: Teach-back

Step: Staff continuing to perform Teach-back

Cycle: 3rd try

PLAN

I plan to: see if the signs put up in the staff rooms help staff remember to do teach-back and increased its utilization.

I hope this produces: staff will perform teach-back 3 out of 6 times.

Steps to execute:

1. We will put signs reading "Teach it Back" taped on the exam room desk/work area to remind staff to use the technique.

2. We will ask staff if they notice the signs and if they reminded them to perform teach-back.

3. We will see if staff who had member encounters on Wednesday PM clinic had increased use of teach-back.

DO

What did you observe? Supervisor felt the signs added clutter and would not stand out against other reminder/signs in the work area.

STUDY

What did you learn? Did you meet your measurement goal? Four out of 5 staff did teach-back on 3 members Wednesday afternoon. One did it on 1 patient. Four out of 5 staff said they did see the sign and that it was a reminder to do teach-back.

ACT

What did you conclude from this cycle? That a reminder is needed (especially initially) to help staff use this tool in their encounter. No further intervention needed at this point.

TOOL 2: EXPERIENCES WITH HEALTH LITERACY: VIDEO + MODERATOR'S GUIDE

Moderator's Guide

What should your team do to improve your members' understanding of health-related information? This tool can be used in conjunction with the American College of Physician's health literacy video (6 minutes).

The moderator can use the discussion guidance and questions below following the viewing of the video.

Discussion Guidance

To promote a productive discussion, please review the following information with the participants before you begin. Stress that there is work to do to move forward with implementing health literacy universal precautions in your practice and ideas and support from all staff is essential.

Remind participants that:

- Everyone is encouraged to speak.
- No one two individuals should dominate the discussion.
- All ideas will be considered.
- Participants should listen to each other.

> ***Suggestions:***
>
> - ***Identify one person to take notes***
> - ***Review each question***
> - ***Summarize key ideas***
> - ***Identify next steps for your practice***
> - ***Allow at least 30 minutes for discussion***

Discussion Questions

Introduce health literacy by showing the American College of Physician's health literacy video (6 minutes).

After the video, use the below questions for dialogue and discussion:

1. Now that you realize "you can't tell someone's health literacy status just by looking," what are some things that you have noticed that would suggest your members may have a difficult time understanding?

2. Consider the members featured in this video. What surprised you about their attitudes, concerns, or questions?

3. What have you learned that you will use to improve your communication with members?

4. What is the most important thing that your practice needs to change to promote better communication?

5. What ideas do you have for changes that would improve your members' understanding?

TOOL 3: HEALTH LITERACY BRIEF ASSESSMENT QUIZ

We would like to get a sense of the knowledge and understanding you have about health literacy. Please complete this brief quiz that assesses some key facts about health literacy.

1. Limited health literacy is associated with:

A. Higher mortality rates
B. Lower levels of health knowledge
C. Greater use of inpatient emergency department care
D. Poor medicine adherence
E. B and D
F. All of the above

2. You can tell how health literate a person is by knowing what grade he or she completed in school.

A. True
B. False

3. Which of the following skills are considered to be components of health literacy?

A. Ability to understand and use numbers
B. Reading skills
C. Speaking skills
D. Ability to understand what is said
E. Writing skills
F. All of the above

4. Being anxious affects a person's ability to absorb, recall, and use health information effectively.

A. True
B. False

5. What is the average reading level of U.S. adults?

A. 4th to 5th grade
B. 6th to 7th grade
C. 8th to 9th grade
D. 10th to 11th grade
E. 12th grade

6. What is the grade level at which health-related information (like a diabetes brochure) is typically written?

A. 4th to 5th grade
B. 6th to 7th grade
C. 8th to 9th grade
D. 10th grade or higher
E. 11th grade or higher
F. 12th grade or higher
G. College level

7. What is the best reading level for written materials used with members?

A. 3rd to 4th grade
B. 5th to 6th grade
C. 7th to 8th grade
D. 9th to 10th grade
E. 11th to 12 grade

8. To use good health literacy practices, staff and clinicians should use which of the following words/phrases when talking to or writing instructions for a patient or family member?

Circle the word/phrase in either Option 1 or 2 in each row	
Option 1	**Option 2**
Bad	Adverse
Hypertension	High Blood Pressure
Blood Glucose	Blood Sugar
You have the flu	Your flu test positive
The cardiologist is Dr. Brown	The heart doctor is Dr. Brown
Your appointment is at 11 a.m. Check in 20 minutes early.	Arrive at 10:40 a.m. to check in

9. It is a good health literacy practice to assume that each patient you communicate with has limited health literacy.

A. True
B. False

10. What strategies could all of us adopt to minimize barriers and misunderstandings for members?

Answer Key

Question Number and Answers

1. F

2. B

3. F

4. A

5. C

6. D

7. B

8. Top to bottom

   a. Option 1 – Bad

   b. Option 2 – High Blood Pressure

   c. Option 2 – Blood Sugar

   d. Option 1 – You have the flu.

   e. Option 2 – The heart doctor is Dr. Brown.

   f. Option 2 – Arrive at 10:40 a.m. to check in.

9. A

10. Open-ended answer

TOOL 4: INFOGRAPHIC TIPS

An ***infographic*** uses visuals to present information, usually data, in a way that is quick and easy to read and understand. Infographics are also great for showing instructions simply and clearly.

Infographics are increasingly popular online, as they can be quick and nice-looking ways to share information on social media. You may have even shared some yourself!

Health information is especially useful to present as an infographic. The format allows us to combine data or step-by-step health education in easy-to-read ways. When the text is minimal, it also provides a way to make meaningful content that can be used in multiple languages.

Ask yourself: What story am I telling?

- There are usually multiple pieces of information that you could focus on. It's best to stick with the most important points you want to get across. That will be easier for your reader to consume.

Keep it simple

- Infographics almost always mix numbers, graphics and words together. But think of the visuals and statistics as the stars of the show, and any additional text as supporting characters, there to reinforce the main points. Here's an infographic from the American Heart Association that puts numbers in the spotlight, and another about food safety from the Academy of Nutrition and Dietetics with only 43 words on the whole page!

Make it visually appealing.

- You don't need a degree in graphic design to use shapes, lines, numbers, photos, and icons in powerful ways. Pictographs, for instance, are a great way to show percentages when the material is complicated or the audience may have low health literacy. Here is an example showing that 12 percent of Americans have what's known as "proficient" health literacy.

- You may be familiar with some of the data visualization tools built inside Microsoft Word and Excel, and there are also online tools that can turn your ideas into professional-looking graphics, such as these:

  - canva.com/create/infographics - piktochart.com - venngage.com - visme.co/make-infographics
  - https://health.gov/news/announcements/2018/05/check-out-the-new-oral-health-infographic-from-healthy-people-2020-2/?source=govdelivery&utm_medium=email&utm_source=govdelivery 2. https://venngage.com/
  - https://www.visme.co/make-infographics

- Infographics App Resources (for making infographics mobile devices):

  - InfoGraphic and Poster Creator: $2.99 - Infographic Maker-Create Chart: $2.99 - Info.Graphics: Free

TOOL 5: KEY COMMUNICATION STRATEGIES

- *Warm Greeting*
- *Eye Contact*
- *Listen*
- *Use Plain, Non-medical Language*
- *Slow Down*
- *Limit Content*
- *Show How It's Done*
- *Use Teach-Back*
- *Repeat Key Points*
- *Use Graphics*
- *Invite Patient Participation*
- *Encourage Questions*

TOOL 6: COMMUNICATION SELF-ASSESSMENT

Directions: After a member encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with members honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the member with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting.			
I encouraged the member to voice their concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the member what questions he or she had.			
I checked that the member understood the information I gave him or her.			

Reflection Questions: What areas can you improve on? What strategies can you use to improve them?

TOOL 7: COMMUNICATION SELF-ASSESSMENT

Please observe the interaction between a member and a staff member. Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the staff member to improve his or her communication in the future.

	Yes	No	N/A
Did this staff member explain things in a way that was easy to understand?			
Did the staff member use medical jargon?			
Was the staff member warm and friendly?			
Did this staff member interrupt when the patient was talking?			
Did the staff member encourage the member to ask questions?			
Did this staff member answer all the members' questions?			
Did this staff member give the member instructions about how to manage the questions or issue?			
Were these instructions easy to understand?			
Did this staff member as the member to describe how they were going to follow these instructions?			

Please note any other comments about the encounter below:

TOOL 8: BRIEF MEMBER FEEDBACK FORM

We would like your honest feedback. Please answer these questions either yes or no about the encounter you had today.

	Yes	No
Did this staff member explain things in a way that was easy to understand?		
Did this staff member use medical words you did not understand?		
Was this staff member warm and friendly?		
Did this staff member listen carefully to you?		
Did this staff member encourage you to ask questions?		
Did this staff member answer all your questions to your satisfaction?		

TOOL 9: CHECKLISTS

Content Review

Directions: Complete the checklist (all check boxes should be achieved) prior to finalizing materials.

Document or File Name:			
Guidelines	Achieved	Document owner comments	Other comments
Ensure use of gender neutral language (e.g. Use "they" instead of "he" or "she, consider neutral alternatives to gender-specific terms, such as “person” instead of “man”).	☐ Yes		
Content is accurate and up-to-date and reflects current clinical guidelines.	☐ Yes		
The main message is clearly stated at the beginning of the document (if applicable).	☐ Yes		
The document’s sections have clear and informative headings.	☐ Yes		
Information is in a logical sequence.	☐ Yes		
Words are simple (1-2 syllables). Sentences are short	☐ Yes		
(≤20 words). Paragraphs are short (≤3-5 sentences).	☐ Yes		
Common, everyday language is used. If used, technical/medical terms are defined. This includes acronyms and abbreviations. Simple words and sentences translate the easiest into additional languages.	☐ Yes		
Terms are used consistently throughout the document.	☐ Yes		
Document is written in active voice. Ex: Sue changed the flat tire. Instead of The flat tire was changed by Sue.	☐ Yes		
Document is written in a friendly, personable and non-threatening manner.	☐ Yes		

Document or File Name:			
Guidelines	Achieved	Document owner comments	Other comments
Uses pronouns. Use “If you” instead of “If the patient experiences.”	☐ Yes		
Information is tailored for cultures when appropriate (such as food and exercise habits of the intended audience).	☐ Yes		
Numbers are easy to understand and do not require calculations. For example, use 9 out of 10 instead of 90%.	☐ Yes		
Explains how and where to get more help or more information.	☐ Yes		

Layout Review

Directions: Complete the checklist after content and readability has been approved by checking the boxes “yes”.

Document or File Name:			
Layout Guidelines	Achieved	Document owner comments	Other comments
FONT SIZE: Materials will be written in Sans Serif font using a font size of 12 or larger.	☐ Yes		
There is an adequate amount of white space (at least 30%).	☐ Yes		
There is good contrast between print color and background color.	☐ Yes		
Main points are emphasized (such bolding, boxes, icons, increased font size).	☐ Yes		
The formatting of bullets or numbers are accurate and used where appropriate. Tables are simple with short and clear row and column headings.	☐ Yes		
Visuals are relevant to accompanying text.	☐ Yes		
Visuals are simple and not cluttered.	☐ Yes		

Document or File Name:			
Layout Guidelines	Achieved	Document owner comments	Other comments
Visuals are culturally appropriate and show diversity of members. Document with multiple photos Representative of Asian, Latino, African American/Native American and Caucasian ethnicities. **When only 1 photo can be used in the document, then the image must match the demographics of the market and/or the demographics of the target audience. Use the following in order of priority:** 1.) Choose a photo that has more than 1 racial/ethnic group. Please note: Caucasian variation is a range of ethnic features (i.e., Pakistani or Armenian). 2.) Choose a photo with one race/ethnicity 3.) Consider replacing a photo with an icon (such as a telephone). Icons can be a solution when there is concerns about reflecting your demographic	☐ Yes		

TOOL 10: PLAIN LANGUAGE 101

3 Key Plain Language Principles

1. Audience
2. Content
3. Design

Audience

1. Identify your purpose

- What do you want to achieve?

2. Identify your audience needs

- Do some background research to know your audience (age, sex, race/ethnicity, behaviors, culture, literacy level)

3. Address audience needs

- Learning more about the audience's culture and linguistic preferences make it easier to develop messages they will understand and use.
- Respect and value your audience.

Questions to Consider

- Is there a need for your message?
  - New treatment, public health alert, new service, changes to plan, etc.
- What would you like to accomplish with your message?
  - Give information, promote a new service, explain a new law, provide an alert, teach a new behavior, etc.
- How do you want to use your message?
  - Hand out at a health fair, display in a waiting room, broadcast over the radio, mail out, etc.
- What is the best outcome for Centene?
  - More/less visits, increased compliance, decreased costs, etc.

> ***Respect & Value your audience***
>
> ***Don't talk down or preach. Make sure visuals align with the audience. An example: If the document has been translated into other languages, the images should reflect the people group who speak that specific language.***
>
> ***For example: Does your group want to identify as Latinos or Hispanic Americans? African Americans or Black?***
>
> ***Another example: Using "a person with diabetes" is often preferred over "diabetic."***

Content

1. Organize key messages

- Give the most important information first
- Include only necessary information
- Divide information into short sections/headings/paragraphs
- Avoid redundancy

2. Choose words wisely

- Use short words, sentences and paragraphs
- Use simple and familiar terms. Avoid jargon and acronyms.

  Example:

  a. Periodontitis may increase your risk of getting lung infections such as COPD.

  b. Gum disease (periodontitis) may increase your risk for lung infections such as Chronic Obstructive Pulmonary Disease (COPD).

- Use active voice

  Example:

  a. Passive: The risk of lung cancer and heart disease is increased by smoking.

  b. Active: Smoking increases the risk of lung cancer and heart disease. Recommended.

- Avoid double negatives

  Example:

  a. No changes will be made unless we find that complaints are justified.

  b. Changes will be made if we find that the complaints are correct. Recommended.

- Avoid using groups of nouns (noun strings)

  Example:

  a. Company-offered medical plan, public health insurance exchanges, managed health care companies.

  b. Medical Plan. Recommended.

- Use pronouns – the use of "you" and "we" can shorten your document and make it more meaningful.

  Example:

  a. Focus on fruits: Try new fruits and mix the color of fruits. Apples, bananas, oranges, kiwi and grapes are tasty choices.

  b. Focus on fruits: Mix the color of fruits. Try apples, bananas, oranges, kiwi and grapes. Recommended.

> ***A qualifier is a word or phrase that precedes an adjective or adverb. It increases or decreases the quality signified by the word it modifies.***
>
> ***Some commonly used qualifiers are: very, rather, quite, more, less, so, indeed, almost.***
>
> ***Oftentimes, qualifiers add nothing to a sentence.***

- Avoid unnecessary qualifiers. Get rid of excess words.

  Examples:

  - With regard to ➔ about
  - For the purpose of ➔ to, for
  - At a later date ➔ later
  - As a means to ➔ to
  - In accordance with ➔ under

- Use frequencies (number) instead of percentages. Use numbers instead of words.

  Examples:

  - 9 out of 10 Americans instead of 94% of Americans
  - Adults should exercise 30 minutes daily.
  - Weight training 2 to 3 times a week.

3. Test your message

- Readability
- Focus Groups
- Advisory committee
- Interviews
- Feedback questionnaires
- C&L English Material Review

Design

1. Make your text easy to read

- Minimum 12-point font for print materials and 24-point font for titles.
- Use serif fonts for print materials and San Serif for websites and PowerPoints.
- Paragraphs are left-justified.
- Limit use of **bold**, underline or *italics*.

2. Use of visuals to enhance your message. People are more likely to understand content when pictures are used

- Create an obvious path for the eye to follow
- Place most important information at the beginning
- Use descriptive headings and subheadings
- Incorporate white space around images, call-out boxes and text. White space gives a cleaner look and improves readability. Aim for at least 30% white space.
- Use bullets when you have a list
- Use numbers when you have steps or procedures
- Place key information in a text box or use icons to bring attention to important content

Plain Language Glossary

Ancillary services	Extra services ordered by a doctor and other providers, such as x-rays, anesthesia, lab tests or physical therapy
Benefit **also: covered benefit, benefit package**	Services your health plan will pay for if you need them
Case management	Planning and organizing health care for individuals with chronic conditions and serious illnesses
Chronic condition	A health problem that has been ongoing for a long time and cannot be cured but can be controlled (for example, heart disease, cancer, diabetes, arthritis)
Co-pay **also: co-payment**	The amount you pay each time you visit a doctor, fill a prescription, or get other services. HMOs usually ask for a co-pay.
Deductible **also: yearly deductible**	The yearly amount you have to pay before your health plan pays for your health services
Dependent	An individual (usually child or spouse) who has health insurance through an insured family member
Durable medical equipment (DME)	Supplies used in medical care such as wheelchairs, hospital beds, crutches and oxygen equipment
Effective date	The date when your health coverage begins
Eligibility	Guidelines you must meet to qualify for a health plan
Enrollment period	A specific period of time when subscribers can sign up for or change a health plan
Exclusion **also: contract exclusion**	Specific services or conditions that are not covered by your health plan
Explanation of benefits (EOB)	A document that explains what your provider billed your health plan and how it was processed. This is not a bill.

Facility	A place where your health care services are provided such as hospitals, clinics and laboratories.
Generic drug	A drug that has the same active ingredient(s) as a brand name drug. It usually costs less than the brand name.
Grace period	The number of days after premium is due when you can still make payments without penalty or loss of coverage.
HMO (Health Maintenance Organization)	A type of health plan that requires you to select a primary care provider (PCP) to provide all of your basic health care services. Your PCP coordinates all of your health care, including referring you to specialists and other services within the network.
Hospice	A program or place to help patients be comfortable at the end of life. Doctors, nurses and home health aides provide care to ease pain.
Lapse	Loss or cancellation of your coverage. It is often a result of non-payment.
Maximum Allowable Amount (MAA)	The maximum amount of money that a health plan will pay for claims within a specific time period.
Medical group	A group of doctors and other providers of health services who have a business agreement or formal partnership.
Medically necessary services	Care that is given to diagnose or treat a condition. These services must meet the standards of good medical practice. They are required to maintain your health.
Member	A person who is covered under a health plan.
Network	All the doctors, medical groups, labs, hospitals and other providers who work for or have a contract with the HMO. Services you receive outside may not be covered.

Nurse practitioner	A registered nurse (RN) with advanced training who can provide medical care under the supervision of a doctor.
Out-of-network	All the doctors, medical groups, labs, hospitals and other providers who do not work for or do not have a contract with the HMO. Services you receive out-of-network may not be covered.
Outpatient	A patient who gets medical care at a hospital or other facilities but stays less than 24 hours.
PPG (Participating Physician Group)	A type of health plan that has contracts with a network of providers from which you can choose. You do not need to select a PCP. You also do not need to have referrals to see other providers in the network if you are a PPO member.
Patient liability	The amount that you must pay.
Physician assistant	A provider with a license to give medical care under the supervision of a doctor.
PPO (Preferred Provider Organization)	A type of health plan that has contracts with a network of providers from which you can choose. You do not need to select a PCP. You also do not need to have referrals to see other providers in the network if you are a PPO member.
Premium	The amount you pay for your health insurance policy every month.
Primary care	Care that focuses on preventing and managing health problems early.
Primary Care Provider (PCP)	Your assigned main doctor in your medical group or network who gives most of your care. Your PCP also refers you to other services when you need them.
Prior authorization also: pre-authorization, pre-certification	An approval given to you before a service or treatment by the health plan or insurance company for specific medical care and supplies.

Provider	Those who give health care services or medical supplies such as doctors, nurse practitioners, physician assistants, chiropractors, physical therapists, psychiatrists, dentists, hospitals, diagnostic centers, dialysis, durable medical equipment and other health services.
Referral	A request for a specialist, other medical services or supplies by your PCP. In an HMO, you usually must receive prior authorization to obtain the service.
Rehabilitation	Services that may help you recover and live independently after an illness.
Reinstate	To restart a canceled coverage with no break in service.
Subscriber	The insured person under whom dependents, if any, could be listed.
Termination	The end of health coverage if fees are not paid or if you are no longer eligible or covered.
Waiting period	A period of time before your coverage begins.
UPPP	A type of operation that removes tissue from the back of your throat to help you breathe better
Urgent Care	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Supplemental Material

Plain Language Thesaurus

Please visit the Accreditation and Population Health Equity SharePoint site to access the Plain Language Thesaurus.

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