Easy Does It!

Plain Language and Clear Verbal Communication

Training Manual

National Literacy and Health Program

Canadian Public Health Association

Funded by the National Literacy Secretariat

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Training Manual

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The Canadian Public Health Association

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

National Literacy and Health Program

The Canadian Public Health Association's (CPHA) National Literacy and Health Program promotes awareness among health professionals of the links between literacy and health.

People with low literacy skills may not understand what health professionals tell them. They may not be able to read health information. Some may not use health services, except in an emergency.

CPHA's National Literacy and Health Program provides resources to help health professionals serve clients with low literacy skills more effectively. The program focuses on health information in plain language and clear verbal communication between health professionals and the clients they serve. The National Literacy and Health Program is funded by the National Literacy Secretariat.

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National Literacy and Health Program
Canadian Public Health Association

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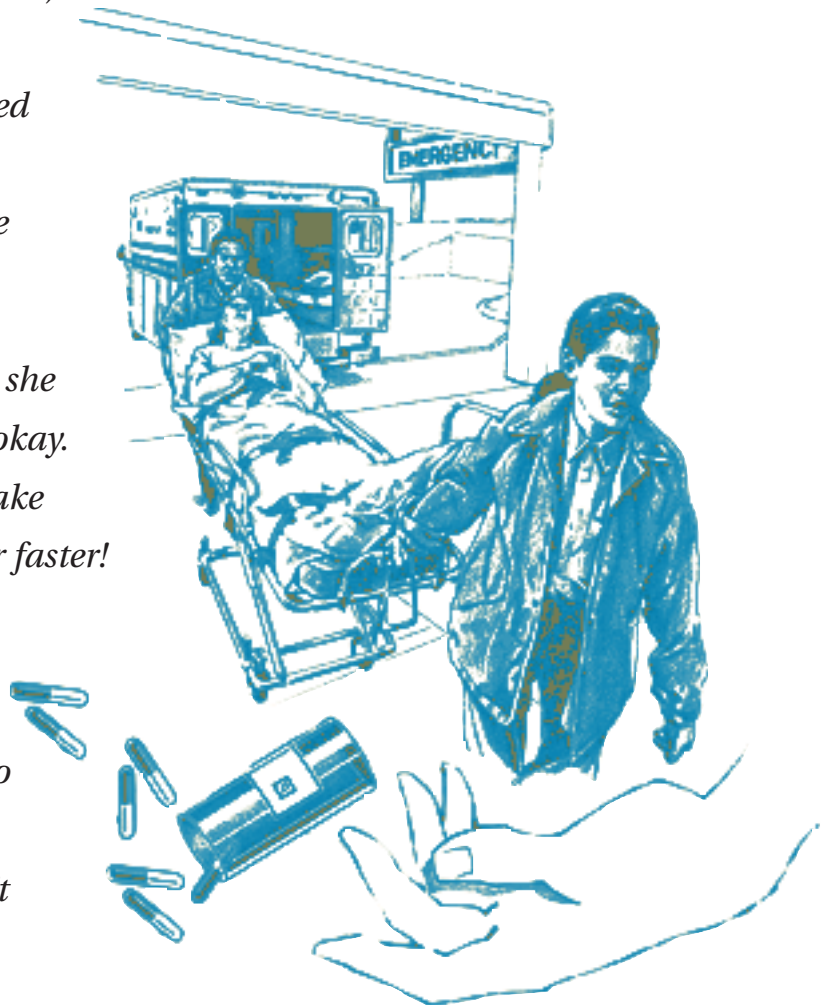
Lois took the medicine bottle out of her purse, hoping for quick relief from her stress. What was it the doctor had said? Lois tried to remember. Was it one pill three times a day? Three pills once a day? When she tried to read the label, the words didn't seem to make sense.

*The numbers on the label were **one** and **three**, so she was pretty sure that taking three pills a day was okay. Since it was almost supper time, she decided to take all three right away. It would make her feel better faster!*

Lois woke up in the hospital several hours later. Luckily, her husband had called an ambulance when he couldn't wake her up. Lois had taken too much medicine at one time because she couldn't remember what the doctor had said, and couldn't read the medicine label.



Easy Does It!

Lois is one of the 48% of adult Canadians who run the greatest risk of poor health due to one of the most significant barriers to health: low literacy.

Accessing health care and health information, as well as following treatment plans, can be difficult and confusing for health consumers. For people like Lois, however, it can be almost impossible! Complicated forms, hard-to-read brochures, technical jargon, unclear medication instructions and treatment plans all create barriers to quality health care and patient[1] well-being.

Easy Does It!, A Health Communications Training Package (includes this manual, a video and CD-ROM) has been developed for health providers by the Canadian Public Health Association's (CPHA) National Literacy and Health Program. The program works in partnership with 26 national health associations to raise awareness about the links between literacy and health.

Easy Does It!, offers information, tips, techniques and stories to help you improve the way you communicate with your patients. It is not good enough, for example, to be factually correct if the people you serve can't understand you. It is not enough to feel empathetic toward your clients if you do not know how to put your concern into practice.[2] Clear verbal communication is a core clinical skill you can develop. It is not just a useful attitude or optional extra.[3]

By using clear verbal communication techniques and plain language health information, you will improve the quality of health care you give to all of your clients. The ones who will benefit most are clients with low literacy skills.

Many health providers are caught between shrinking resources and an expanding workload. If you feel that you are unable to offer the quality care you would like, *Easy Does It!* will show you how changing your communication habits can help you become more effective during the time you can spend with clients.

Clear and caring communication between providers and clients is the cornerstone of quality health care, and at the heart of the healing process.

Easy Does It!:
Introduces you to the links between literacy and health.
The ability to read, understand and act upon health information is important to healthy living and successful treatment. The implications of low literacy for a person's general health and for the healthcare system have been called staggering[4] and a recipe for disaster.[5]

Provides you with effective communication tools.
Clear verbal communication techniques, plain language writing and design tips, and readability formulas are just some of the practical tools which will help make the health information you deliver to your clients easy for them to understand, remember and follow.

Discusses professional liability as it relates to informed consent.
When people need to undergo medical procedures or treatments that require their informed consent, the onus is on the health provider to ensure that patients have been given the relevant information and also that they have understood it.

Easy Does It! is three complete resources in one: a manual, a video and a CD-ROM game. Each resource can be used on its own or in conjunction with the others. If you use the training manual in a class you teach, you may want to show the video when you come to Unit 3. The CD-ROM game is a valuable complement to the information presented in both the video and Units 4 and 5 of the training manual.

Here is a short description of each resource:

1. The *Easy Does It!* training manual
The training manual contains eight units:
- Literacy in Canada
- Literacy and Health
- Clear Verbal Communication
- What is Plain Language?
- Plain Language Health Information
- Health Environments
- Professional Liability
- Implications of Low Literacy Rates for Health Professional Education, Direct Service and Health Policy

In each of these units you will find a unit overview, discussion of each topic and quotes from adult learners. Most units feature a case study and discussion questions. Some units offer practical exercises to apply what you've learned.

You will find five helpful appendices at the back of the manual which include answers to discussion questions and tips from literacy workers. A bibliography is also provided.

2. The video, *Face to Face*

Face to Face is a 20-minute video designed for use by health providers. It features vignettes of real communication breakdowns that occur between clients and health providers working in the medical, dental and substance abuse fields. The vignettes are later replayed to demonstrate more effective communication techniques.

3. The CD ROM game, (plain•word)™

(plain•word)™ is a word game created by CPHA's National Literacy and Health Program to help health providers simplify the language they use with their clients.

In this exciting CD ROM format, players can choose to play with difficult health-specific terms where a word such as *contusion* is matched with a more commonly understood word such as *bruise*. Players can also choose to play with non-medical language we tend to use every day. Why say *utilize* when you can say *use*?

As you use *Easy Does It!*, remember that almost half of all adults across Canada wage a daily struggle against a wall of words which puts their health, safety and well-being at risk. As a health provider, you can make a difference by changing the way you communicate with your patients.

Away you go, and *Easy Does It!*

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1. The terms *patient* and *client* will be used interchangeably throughout this manual.
2. Suzanne Kurtz, Jonathan Silverman, Juliet Draper. Teaching and Learning Communication Skills in Medicine. (Oxon, UK: Radcliffe Medical Press, 1998) 36.
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4. Ruth Parker, "What Is Health Care Literacy?," Proceedings of Health Literacy: A National Conference (Washington DC: Pfizer Inc., June 3, 1997) 2.
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Low literacy skill levels are found not just among marginalized groups, but also among large proportions of the entire adult population.

Reading the Future: A Portrait of Literacy in Canada
Statistics Canada, 1996

UNIT 1 *Literacy in Canada*

LESSON 1 *Literacy in the 90's*

Between 1994 and 1997, the Organization for Economic Co-operation and Development (OECD), Statistics Canada, and Human Resources Development Canada (HRDC) released three reports on adult literacy:

Literacy, Economy and Society, Results of the First International Adult Literacy Survey (IALS),[1] a comparative study of adult literacy, published in 1995, presents data from seven OECD countries. It portrays literacy as an important issue facing a number of member countries and demonstrates a strong plausible link between literacy and a country's economic potential.

Reading the Future: A Portrait of Literacy in Canada,[2] published in 1996, provides a deeper analysis of the Canadian data of the IALS study. It includes the distribution of literacy skills by age group, geographic region and language. This study revealed that 48%* of Canadian adults have reading problems and may not be able to fully participate in many daily activities of Canadian life.

Literacy Skills for the Knowledge Society,[3] published in 1997, presents data from an additional five participating OECD countries, as well as an analysis of the links between adult literacy levels and economic performance in industrialized nations.

These reports show that inequalities in literacy are highly associated with inequalities in income and

* *48% reflects the 22% of adults reading at Level 1 and the 26% of adults reading at Level 2, as explained in Lesson 2.*

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occupational status: people with low levels of literacy are restricted in their access to certain kinds of employment, while those with higher literacy skills are more likely to attain high-paying jobs.[4] Strong literacy skills allow workers to face the challenges of changing markets so that they and the companies they work for maintain an economic edge in an increasingly competitive environment.

What is literacy?

The definition of literacy has advanced well beyond the three "R's" of reading, writing and arithmetic learned at school. A new, more practical definition of literacy which focuses on the ability to *use* information from printed texts has emerged as a result of the recent research. Literacy is **the ability to understand and use printed information in daily activities, at home, at work and in the community—to achieve one's goals, and to develop one's knowledge and potential**.[5] This focus places the practice of literacy in a realistic context. Moreover, this new definition places literacy on a continuum of abilities that recognizes various degrees of literacy skill among a well-defined range of reading materials.

In measuring literacy skills accurately, the IALS survey assessed participants' ability to deal with three different kinds of reading materials:

- Prose (e.g., editorials, fiction);
- Document (e.g., job applications, maps, train schedules);
- Quantitative (e.g., balancing a cheque book, completing an order form).

Survey results identified five levels of literacy which are outlined in Lesson 2 of this unit.

LESSON 2
Levels of Literacy in Canada

The IALS survey measured a person's ability to perform increasingly difficult information-processing tasks. The following results and examples of tasks required in the prose section of the survey will introduce you to the five levels of literacy identified by IALS. Clearly, a large number of Canadian adults lack the literacy skills needed to function adequately in today's society.

1. Level One

Very low literacy skills: 22%
Readers were able to correctly locate one piece of information in a text at least 80% of the time. For example, a level one task was to determine the maximum duration recommended for taking aspirin, based on the instructions printed on an aspirin bottle.

Canadian adults who read at level one have very low reading skills and are generally aware that they have a reading problem.

2. Level Two

Low literacy skills: 26%
Readers were able to locate one or more pieces of information and compare and contrast this information in a short text at least 80% of the time. For example, a level two task was to provide an answer based on information about the characteristics of a garden plant, from a written article.

Canadian adults at level two can read, but not well. They avoid situations where they would need to read unfamiliar texts. For example, if new safety procedures were introduced in the workplace in print format, level two readers may have difficulty understanding the information.

3. Level Three

Adequate literacy skills: 33%
Readers were able to correctly identify, compare and contrast several pieces of information located in different paragraphs at least 80% of the time. For example, a level three task was to read a set of four movie reviews and state which was the least favourable.

Canadian adults who read at level three are generally considered to have the **minimum** required literacy skills for today's workplace.

4. Levels Four and Five*

Excellent literacy skills: 20%
Readers were able to correctly provide several answers from abstract texts which contained *distracting* information not relevant to the question, at least 80% of the time. For example, a level four task was to answer a brief question on how to conduct a job interview, requiring the reader to read a pamphlet on recruitment interviews and integrate two pieces of information into a single statement. A level five task was to answer a question that used different phrasing from that used in the original text.

Canadian adults who read at levels four and five have the ability to integrate several sources of information or solve complex problems. They can meet most of the literacy demands of today's knowledge-based society.

* *Once analysis of the IALS data began, it became clear that there was such a small proportion of the population at the highest level (Level Five), that the distinction between Levels Four and Five could not be supported with the available sample size. IALS analysts combined these two levels to ensure the statistical reliability of results.*

Current Statistics

The 1994 IALS testing of a representative sample* of Canadian adults has shown that nearly half of Canada's adults have low literacy skills, rendering them functionally illiterate.

Here are statistics of Canadian adults with low literacy skills (Levels 1 & 2) broken down by:

Age group
16 to 25 .....36%
26 to 35.....39%
36 to 45.....34%
46 to 55.....53%
56 to 65.....65%
Over 65.....80%

As you can see, older Canadians have much lower levels of literacy than their younger counterparts. Fully 80% of seniors have some trouble with everyday reading demands. Broken down further, more than half of those over 65 are in the *very low* (Level 1) literacy category.

Region
Atlantic provinces 53%
Quebec.....57%
Ontario.....44%
Western provinces 42%

Official Language
Participants took the survey in the official language of their choice.

English 45%
French:
Province of Quebec 57%
Other Provinces 61%

Immigration status
59% of Canadian immigrants have low literacy skills. It is interesting to note, however, that a higher percentage of Canadian immigrants (23%) fall into levels 4 and 5 than the national average (20%).

* *The sample did not include residents of the Northwest Territories and Yukon, inmates of institutions, persons living on Indian reserves or full-time members of the Canadian Armed Forces.*

Case Study 1[6]

Mr. Carson* called his doctor at the hospital for a refill of his heart pills. The doctor was away and a resident, Dr. David H. Frankel, who didn't know Mr. Carson, took the call. Dr. Frankel asked Mr. Carson the name of the drug he was taking. Mr. Carson didn't know. Dr. Frankel suggested several likely prescriptions, but Mr. Carson couldn't remember.

Frustrated, Dr. Frankel asked Mr. Carson to read him the label of his medicine bottle. Mr. Carson couldn't pronounce it, so began to spell it out, letter by letter.

Dr. Frankel looked in astonishment as the word appeared on his note pad: TABLETS.

Discussion Questions:

1. **What do you think was Mr. Carson's greatest health risk: his heart condition or his inability to read?**

2. **If you were the resident in this case, what would you have done to help Mr. Carson?**

* *The name has been changed.*

Answers on page 71

References:

1. Statistics Canada. Literacy, Economy and Society, Results of the First International Adult Literacy Survey (Ottawa: Statistics Canada, 1995).
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3. Statistics Canada. Literacy Skills for the Knowledge Society (Ottawa: Statistics Canada, 1998).
4. "Literacy Skills of Canadian Youth," Human Resources Development Canada Applied Research Bulletin 4 . 1 (Winter-Spring 1998) : 4.
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6. Ingfei Chen. "Teach Your Patients Well," Hippocrates (March 1994) 34.

Literacy is related to health. Persons with higher skills may maintain better health through their ability to understand and interpret health information. They may also be better able to exercise preventive health practices and detect problems so that they can be treated earlier, or make appropriate choices amongst health care options.

Highlights from the Second Report of the International Adult Literacy Survey:
Literacy Skills for the Knowledge Society, 1997

UNIT 2 *Literacy and Health*

LESSON 3 *Direct and Indirect Impacts of Literacy on Health*

The relationship between health and education has been clearly established in many studies over the past several years. In a 1995 study,[1] the *Test of Functional Health Literacy in Adults* (TOFHLA) was used as a measure of health literacy among 3,000 patients in emergency rooms and chronic care clinics at Grady Memorial Hospital in Atlanta, Georgia and Harbor-UCLA Medical Center in Los Angeles, California.

TOFHLA researchers confirmed the literacy and health link with the following observations:

1. People with low literacy skills were found to be twice as likely to state that their overall health was poor than were those with adequate literacy skills.
2. People with low literacy skills had difficulty with oral communication as well as with written information. This conclusion was drawn when TOFLA results for patients treated in the emergency room revealed that less than 40% of patients with low-literacy skills knew their diagnosis immediately after seeing the doctor.
3. Over a two-year period following the study, 48% of patients with marginal to low literacy skills were hospitalized in contrast to 15% of patients with adequate literacy skills.
4. Over 80% of the study patients in Atlanta who were over the age of 60 were identified as having low literacy skills - which means that the population with the most health problems was also the least able to deal with them.

In 1989, the Ontario Public Health Association (OPHA) published a report entitled *Literacy and Health Project: Making the World Healthier and Safer*

In this UNIT you will find

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for People Who Can't Read. In this report, OPHA identifies two major impacts of literacy on health: direct and indirect.

Direct Impacts

Direct impacts[2] of low literacy on health stem from poor print and verbal communication. Improving the way you communicate with your patients can significantly reduce the effects of these direct impacts on health consumers with low literacy skills. What are the direct impacts of low literacy on health?

1) Incorrect use of medications.
2) Not following health instructions.
3) Safety risks.

Incorrect use of Medications
People who can't read medication instructions often suffer from underdoses and overdoses as well as the inappropriate mixing of both prescription and over-the-counter (OTC) medications.

Health providers are often frustrated by clients' apparent lack of compliance with their treatment plans. As Dr. Arthur H. Rossof discovered, however, non-compliance can be the result of patients not understanding what the health provider expects them to do.

> *As a resident, I was caring for a number of outpatients, one of whom was a black woman in her mid-20s with severe hypertension. Her blood pressure control was poor, necessitating weekly visits. Every week, I adjusted and readjusted the medications we had available without substantial improvement of her blood pressure. Frustrated, I admitted her to the hospital. To my astonishment, when she was on bed-rest and on the same anti-hypertensive drug regimen, her blood pressure came under prompt control. Drugs were discontinued and good control was maintained even when she was allowed to walk about the ward. It was then that I learned that she could not read the prescription labels. My detailed weekly adjustments could not be implemented. She was not non-compliant, but unable to comply.* [3]

Seniors, who receive about 25 - 40% of prescription medication, may not be able to follow their medication regimes because they can't read medication labels, open pill vials or keep track of dosing intervals. This results in more visits to the doctor, more laboratory tests, more medication, repeat hospital admissions, and lengthened nursing home stays. The bill adds up to more than $9 billion per year for the Canadian economy. Human costs range from seniors' loss of personal autonomy to unnecessary morbidity and mortality. [4]

For more detailed information on the impacts of low literacy skills on the health and welfare of Canadian seniors, please consult CPHA's guide, *Working with Seniors with Low-literacy Skills: Practical Strategies for Health Providers.* [5]

Not Following Health Instructions
When low-literacy adults try to understand and follow complicated instructions on over-the-counter items such as baby formula, mistakes will result. Adult learners have identified the misuse of baby formula as **a direct impact of their low literacy skills on the health of their children**. Some parents have failed to dilute concentrated formula while others diluted ready-to-use formula. The result? Babies may suffer severe health problems.

Safety Risks
Home and workplace accidents are more likely to occur when people are unable to read and understand safety warnings and instructions. Many occupational injuries are due, in part, to the hazards of the job. A Sudbury worker was recently killed, however, as a direct result of his inability to read the labels on some chemical containers. Low literacy was cited in the inquest as the major factor in his unfortunate death.[6]

Indirect Impacts

The indirect impacts[7] of literacy on health are deeply rooted in the economic and social conditions of people's lives. They include:

- poverty;
- unhealthy lifestyle practices;
- stress;
- low self-esteem;
- dangerous work environments;
- lack or inappropriate use of health services.

Since the indirect impacts of literacy on health are so far-reaching, a broad range of long-term social programs and supports are needed to improve the quality of life of adults with low literacy skills.

Poverty
While having low literacy skills is not the only reason for poverty, it is a major factor. Education is a basic requirement if people expect to find work and earn an income which allows them to avoid or escape poverty.

A background study[8] for the Social Assistance Review Committee (SARC) confirmed the links between poverty and health status with evidence that poor people die younger, are ill more often and have fewer years of life free from disability.

Unhealthy Lifestyle Practices

People with low literacy skills are more likely than others to have unhealthy lifestyle behaviours. [9] For example, they:

- Smoke more;
- Have poor nutrition;
- Drink more coffee;
- Are less likely to engage in regular physical activity;
- Do not use seatbelts;
- Among women, are less likely to practice breast self-examination and obtain pap smears;
- Are less likely to have ever had a blood pressure check;
- Are less likely to have a fire extinguisher, smoke detector, or a first aid kit at home.

Stress and Low Self-Esteem

Trying to function in a society where the ability to read is taken for granted and, in fact, a requirement for many basic daily activities, creates high levels of stress and low self-esteem in people with low literacy skills. Their reading problems result in feelings of vulnerability and lack of control over their lives, and deny them access to information intended for and available to the public. This leads to frustration, anger, and feelings of shame. [10]

Many jobs available to people with low literacy skills are low paying and of a temporary nature. The absence of employment security and adequate income compounds the stress of coping with an inability to read. The National Anti-Poverty Organization (NAPO) has identified stress as the major health hazard affecting people living in poverty.[11]

Dangerous Work Environments

A large number of adults with low literacy skills work in dangerous environments such as mining, forestry and construction industries where accident rates are high. A survey of literacy students working in dangerous environments revealed that most had some difficulty in understanding the written safety information they were given, and ignored instructions they could not read.[12]

Workers with low literacy skills may be unaware of their rights under occupational health and safety legislation. Many do not want to risk losing their jobs by speaking out about safety problems in the workplace because their lack of literacy skills makes it difficult for them to find other work.[13]

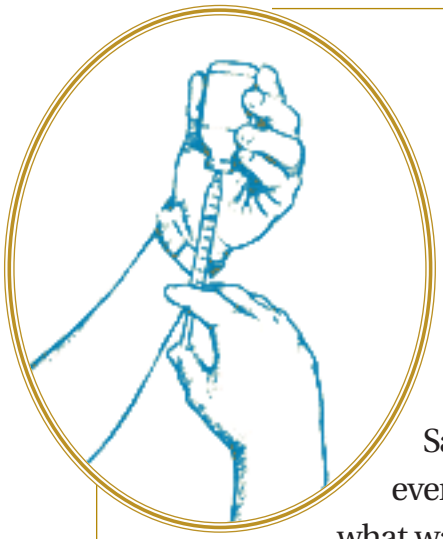
> *Those who are functionally illiterate tend to be operating from a position of social and economic disadvantage, and the "stigma" associated with illiteracy may cause them to hide an inability to read, write or comprehend written material or to fail to seek help.* [14]

Lack or Inappropriate Use of Medical and Health Services

Adult learners have confirmed that many people with low literacy skills choose not to see health providers, except in emergencies, because they cannot cope with health environments which are unfriendly to low literacy health consumers, i.e. complicated forms to fill out at reception, waiting rooms full of hard-to-read print materials.

> *Medical offices give you a form before you can even talk to anyone. I chased a guy out of the clinic and helped him with the form—he was just going to leave.* [15]
>
> -Adult learner

Case Study 2[16]



Sally*, a 53-year-old woman with diabetes, was back in the emergency department again and in shock from blood sugar levels that were dangerously high. Her doctor was puzzled: If Sally was taking her insulin every day, as she'd claimed, what was the problem?

After Sally was treated and had recovered, a nurse asked her to demonstrate how she took her medicine. She drew up her insulin in a syringe, injected the drug into an orange—and then ate the fruit. In an earlier hospital visit, nurses had taught Sally how to take insulin by having her practice injections on an orange. Then, they gave her a booklet on diabetes and sent her home. She never read the booklet. Reading stop signs and writing her own name were the extent of Sally's literacy skills.

Discussion Questions:

1. **What steps would you take with this patient to ensure that she really understands how to take her insulin?**

2. **What could have been the impact of Sally's low literacy skills on her health?**

* *The name and age have been changed*

Answers on page 71

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1 Ruth M. Parker. “What is Health Care Literacy?” Proceedings of Health Literacy: A National Conference (Washington, D.C.: Pfizer, Inc., June 3, 1997) 2.

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14 Advisory Council on Occupational Health and Occupational Safety. Seventh Annual Report (Toronto, Ontario: Ontario Ministry of Labour, 1985) 108.

15 NAPO 49.

16 Ingfei Chen. “Teach Your Patients Well,” Hippocrates (March 1994) 33.

Listen to the patient, [s/he] is telling you the diagnosis.

Doctors Talking with Patients/Patients Talking with Doctors, 1992

UNIT 3 *Clear Verbal Communication*

LESSON 4 *Definition of Clear Verbal Communication*

Verbal communication has three important functions: developing a relationship with your client, gathering information from him/her and sharing information with him/her.[1] Although you use technical and scientific skills and tools in providing health care, your effectiveness would be limited without the talk that organizes the history and symptoms and puts them in a meaningful context for you and your patient.[2]

Verbal communication includes the words that are used, facts exchanged, advice given and the social amenities that tie the conversation together. It also means communicating beyond words — the whole repertoire of nonverbal expressions and cues. The smiles and head nods of recognition, the grimaces of pain and the high-pitched voice of anxiety all give context and enhanced meaning to the words spoken.[3]

Clear verbal communication is a way of speaking that is easy to understand. It helps you to organize what you say so that it is easy to remember, check with clients to make sure they have understood and suggest treatment plans clients *can* follow. It also includes listening to your patient and giving them an opportunity to express their feelings.

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Clear verbal communication includes non-verbal techniques[4] that will encourage dialogue and increase patient compliance. Non-verbal cues such as frowns or looking at your watch will tell your clients more than the words you say. Your clients will also give *you* non-verbal cues. Learn to listen with your eyes as well as your ears. Clients' facial expressions, body posture, and (un)willingness to look directly at you, will give you important information about their attitude towards your diagnosis and treatment plan.

> *We can use non-verbal communication to reduce uncertainty and misunderstanding in our verbal communication. 'Are you happy with that plan?' accompanied by eye contact, hands opened out and an enquiring facial expression will indicate your genuine interest. On the other hand, the same phrase accompanied by a closure of the notes, hands banged on the table and a quick look at the patient and then away all suggests that you do not want to know if the answer is no.*[5]

Clear verbal communication techniques will make what you say, and how you say it, meaningful to your clients. Improving the quality of your communication with clients will improve your relationship with them. This will have a noticeable effect on how well they follow treatment plans, and ultimately, on their health.[6]

LESSON 5 *Clear Verbal Communication Tips*

Research shows that clients follow health instructions more often when clear verbal communication techniques[7] are used.

To make what you say easy to remember:

1. Organize your information.
2. Use common words, not technical jargon.
3. Give your clients a chance to express how they feel and to tell the story of their illness.
4. Make direct eye contact.
5. Use written information as a back-up.
6. Plan with your clients what they can do.
7. Let your client know what you are thinking.
8. Explain procedures and ask permission during examinations.
9. Focus on your client, not on notes, X-rays or the computer screen.
10. Check that your clients have understood what you have said.

1. Organize your information.

Decide on the three to five most important points. Tell your clients what you're going to cover and then give the details.

Example:
Mrs. Cranston, I am going to explain to you the four steps you need to follow when you take care of your son's burn.

They are:

1. Take off the bandage.
2. Clean the burn.
3. Apply the antibiotic cream.
4. Put on a sterile bandage.

Let's begin....

2. Use common words, not technical jargon.

Instead of saying:
You may experience bowel disturbances while taking this antibiotic.

You might say:
This medicine might give you diarrhea (the runs).

3. Give your clients a chance to express how they feel and to tell the story of their illness.

If your clients are in pain, uncomfortable or having strong feelings (e.g., anger, fear, confusion), give them a chance to say so.

A kind human gesture helps clients listen and learn better because they feel understood.

Example:
Mr. Talbot, you seem upset that it is taking so long to get better. Would you like to talk about it?

After client speaks:
I understand why you are feeling this way. Let me explain what might happen in the next few weeks.

Communication between health professionals and clients should reflect the special expertise and insight patients have into their own physical state and well-being, particularly as it relates to functional abilities (e.g., ability to walk without a cane, or dress oneself).[8] Your patients' insights into their physical problems can help you with your diagnoses, counselling or treatment plans.

Example:
Ms. Sandhurst, can you carry your groceries and laundry basket without pain? What things do you find hard to do?

4. Make direct eye contact.

Studies have shown that doctors who sit face-to-face with patients, maintain eye contact and have more open arm postures are regarded as more empathetic, interested and warm. Eye contact tells your patient that you are listening and interested.[9]

One study demonstrated that family practice residents who established eye contact were more likely to detect emotional distress in their patients[10]

Example:
Mr. Scott, you look worried. Is there something else you wanted to talk about today?

5. Use written information as a back-up.

Personal contact with clients is the best way to make sure they have understood your message. Written information should be a simple reminder of what they have learned from you. When you give your clients pamphlets or brochures, always highlight what is most important for them to remember.

Example:
Fred, here's a brochure that will help you to remember the things we've talked about today. Pages four and five give you ideas for low-fat meals.

I'll write a note on the front to remind you to exercise every morning. Do you understand why this is so important?

If you have any questions, call me.

6. Plan with your clients what they can do.

When clients resist your instructions, consider that they may not be able to do what you ask. Try to plan together with your clients what is realistic for them to do.

Example:
I know that with two young children it is hard for you to stay off your feet all day long, Mrs. Sobel. It is important, however, that you rest as much as possible until your baby is born.

- Can you sit down while you do things like folding laundry, ironing, or cooking?
- If your children want to be held, could you hold them on your lap while you are sitting down?
- Can you ask for help when heavy things need to be lifted or moved?

7. Let your client know what you are thinking.

Sharing your thoughts may encourage your clients to participate more actively in the visit. Being open in your approach to health care may stimulate them to provide useful information they may not have felt free to share if you had not set the example.

If you say:
I know there is a lot of stomach flu going around, but this looks to me like it could be some kind of food poisoning.

Your client may respond:
Do you think it might be the shrimp I ate at the restaurant last night that's making me sick?

8. Explain procedures and ask permission during examinations.

What is common knowledge to you, as a health professional, may be a mystery to most of your clients. Explain what the examination will include and what you hope to learn. Ask permission to proceed at each new stage.

Example:
The dizziness you've been feeling may mean you have an ear infection. I'd like to take a look in your ears to see if I'm right. Is that okay?

9. Focus on your client, not on notes, X-rays or the computer screen.

A study conducted in England[11] concluded that referring to records while a patient is speaking is not an effective way of conducting a consultation for either the doctor or patient because:

- patients often stopped talking while the doctor read.
- doctors often missed or forgot information given to them while they read their notes.

You could say:
Jane, I want to take just a moment to review your file before I ask you some questions about the reason for today's visit.

10. Check that your clients have understood what you have said.

You can say:
I talk to so many people that I sometimes leave things out. Would you repeat what I just told you so I can be sure I have explained everything?

Case Study 3[12]

A young mother comes to the pharmacy with a note from a physician saying "Saline drops." She tells you her baby has a cold and she wants an antibiotic, but her doctor wouldn't give her a prescription for one. The baby has a bit of nasal congestion, but no fever, and no other signs of bacterial infection.

Explain why an antibiotic is not needed.

Three to five most important points to make:

1. _____

2. _____

3. _____

4. _____

5. _____

Explain these points in plain language.

_____

_____

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Answers on page 72

Case Study 4[13]

A man arrives at the pharmacy with a prescription for a medication he has taken for several years. He has a new drug plan that pays for the generic version only.

Explain the differences between brand name and generic version and why these substitutions are made.

Three to five most important points to make:

1. _____

2. _____

3. _____

4. _____

5. _____

Explain them in plain language.

_____

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Answers on page 72-73

Exercise 1[14]

For the following list of pharmacy-related terms, come up with as many different ways as possible to explain them in plain language.

Suppository

Expectorant

Antiseptic

Anesthetic

Narcotic

Third party payer

Formulary

Electrolyte replacement (e.g., Pedialyte)

Diuretic

Analgesic

Beta agonist

Corticosteroid

Geriatric

Antihypertensive

Answers on page 73

References:

1. Debra Roter and Judith Hall. Doctors Talking with Patients/Patients Talking with Doctors (Westport, Connecticut: Auburn House, 1992) 3.
2. Roter and Hall 3.
3. Roter and Hall 5.
4. Jonathan Silverman, Suzanne Kurtz and Juliet Draper. Skills for Communicating with Patients (Oxon, UK: Radcliffe Medical Press, 1998) 73 - 79.
5. Silverman, Kurz and Draper 76.
6. Pat Kelly. Health Literacy Programs and Next Steps, Proceedings of Health Literacy: A National Conference (Washington, D.C.: Pfizer Inc., June 3, 1997) 29.
7. Clear verbal communication tips 1-6 are taken from: Acadia Health Education Coalition. (Producer) Face to Face [Videotape]. (Hallowell, Maine: AHEC, 1993). Clear verbal communication tips 7-10 are taken from: Silverman, Kurtz and Draper 73 -39. Examples were developed by the Canadian Public Health Association's (CPHA) National Literacy and Health Program, Ottawa, 1998.
8. Silverman, Kurtz and Draper 76.
9. Silverman, Kurtz and Draper 77.
10. Silverman, Kurtz and Draper 78 -79.
11. Silverman, Kurtz and Draper 78 -79.
12. Developed by Barry Power, Pharm.D., InnovaCare, Toronto, 1998.
13. Barry Power, Pharm.D.
14. Barry Power, Pharm.D.

A dietitian talked to me about my diet but then gave me all kinds of written material in small print and in charts that made no sense to me. How can I take responsibility for my health if I can't read the information I get, and it is too much to remember?

-Adult Learner

UNIT 4 *What is Plain Language?*

LESSON 6 *Definition and Description*

Plain language is a way of organizing and presenting information so that it makes sense and is easy to read for the intended audience. If your audience is made up entirely of highly educated specialists in your field, you can give them technical materials - **because they will be able to read and understand them easily**.

When writing for the general public, however, material should be written at a Grade 4-6 level so that the greatest number of people will get the message.

In other words, plain language is a relative rather than an absolute term. Your document is in plain language when your intended audience understands it.

Plain language starts with a commitment to learn as much as you can about the people for whom you are writing. This will help you to develop useful and effective materials.

Plain language includes:

- defining your audience so that you can give them information **that they want and need to know**;
- testing your materials to ensure that your audience understands your message.

In this UNIT you will find

LESSON 7: Tips 30
LESSON 8: Hard and Plain Words.....35
LESSON 9: Resistances 36
LESSON 10: Benefits 37
Exercise 2: 39

To make your written information easy to read:

1. Cover only three to five points and organize the information clearly.
2. Use short words and short sentences.
3. Use common words rather than technical jargon.
4. Use simple graphics and techniques, such as point form, bold type and underlining, to highlight the most important points.
5. Give people practical information rather than the philosophy of treatment.

LESSON 7 *Tips*

If you use plain language, you must learn to "**Put a L.I.D. on it!**"

In other words, pay attention to the **L**anguage you use, the organization and amount of **I**nformation you present, and the **D**esign of your text and graphics.

To help you to develop good plain language writing habits, learn and apply the following tips.[1]

Plain Language Tips

1. Use the active voice.
2. Use common words rather than technical jargon.
3. Use a positive tone wherever possible.
4. Write directly to your reader.
5. Use short words and short sentences.
6. Write instructions in the order that you want them carried out.
7. List important points separate from the text.
8. Don't change verbs into nouns.
9. List items in a parallel (the same grammatical) form.
10. Test what you write.

Clear Design Tips

1. Choose left flush justification.
2. Choose type that is clear and easy to read.
3. Pay attention to how the text looks on the page.
4. Use illustrations and graphics effectively.

Here are examples of how to apply these tips to your writing:

Plain Language Tips

1. Use the active voice.

Instead of:
This medicine is to be taken before every meal.

Use:
Take this medicine before every meal.

Instead of:

First aid kits should be kept in your house and car.

Use:
Keep first aid kits in your house and car.

2. Use common words rather than technical jargon.

Instead of:
Neuralgia which accompanies fractures of the fibula indicates the advisability of administering an analgesic.

Use:
Giving pain relievers to patients with broken legs helps make them more comfortable.

3. Use a positive tone wherever possible.

Instead of:
Do not fail to notify your family doctor in case of illness.

Use:
Notify your family doctor when you are sick.

Sometimes, however, a negative tone gives a clearer message.

Instead of:

This medicine is suitable for children over 12 years of age.

Use:
Do not give this medicine to children under 12 years of age.

4. Write directly to your reader.

Use the words you, I, we, us, and our to make your document more personal. Refer to your readers in the first person.

Instead of:
Patients are asked to register at the reception desk before each appointment.

Use:
Please register at the reception desk before your appointment.

Instead of:
The Staff of the Loredo Health Centre request that clients' cars be parked in the Central Avenue Parking Garage.

Use:
Please park your car in the Central Avenue Parking Garage.

5. Use short words and short sentences.

Instead of:
Patients' responsibilities for home convalescence will be enumerated by the attending physician before departure from the clinic.

Use:
Speak with your doctor before you leave the clinic. S/he will explain how to take good care of yourself when you get home.

6. Write instructions in the order that you want them carried out.

Instead of:
Before you leave the clinic, make an appointment for a follow-up visit at the reception desk.

Use:
Make an appointment for a follow-up visit at the reception desk before you leave the clinic.

7. List important points separate from the text.

Instead of:
Feb. 7-8, 1997, Toronto, Better Breathing '97 Ontario Thoracic Society, 201-573 King St. E, Toronto, ON M5A 4L3; tel. (416) 864-9911, fax (416) 864-9916

Use:

Better Breathing '97
When: Feb. 7 - 8, 1997
Where: Toronto, Ontario
Tel: (416) 864-9911
Fax: (416) 864-9916
For more information, contact:
Ontario Thoracic Society
201-573 King Street E.
Toronto, Ontario M5A 4L3

8. Don't change verbs into nouns.

Verbs	**Nouns**
decide	decision
reimburse	reimbursement
examine	examination
inspect	inspection
pay	payment

Instead of:
All decisions pertaining to the payment of medical claims which exceed $500.00, are the prerogative of your insurance company.

Use:
Your insurance company *will decide* if it *will pay* medical claims which are more than $500.00.

9. List items in a parallel (the same grammatical) form.

Instead of:

Three healthy habits are:

1. **Getting** eight hours of sleep each night.
2. You **should eat** three balanced meals every day.
3. It is important to **exercise** regularly.

Use:

Three healthy habits are:

1. **Getting** eight hours of sleep each night.
2. **Eating** three balanced meals every day.
3. **Exercising** regularly.

10. Test what you write.

Always have someone else read and comment on what you write. If you prepare documents that will be widely circulated, conduct a field test among people who represent your audience. Consult with people who know your audience better than you do. This process will tell you:

- if your audience **wants** to read your work;
- if they **can** read it;
- if they can **make use** of it.

If your draft does not pass the test, the results will give you valuable information on how to revise your work for your audience.

Clear Design Tips

Here are examples of how to apply these tips to your design:

1. Choose left flush justification.

Left flush justification is the format of this paragraph. The spaces between the words are all the same, and the reader can move from one line to the next with little or no problem.

Avoid:

Justified Margins:

This format makes straight margins on both sides of the page. It can be hard to read because the spaces between words are not all the same, creating holes in the text.

Centred Text

This format is fine for titles and headings. You should not centre text, because it is harder for readers to find the beginning of each line.

2. Choose type that is clear and easy to read.

Avoid:

Italics, **or a type that changes the normal form of letters.** These make reading more difficult.

BLOCK LETTERS SHOULD BE AVOIDED. THIS FORMS A DENSE BLOCK OF TEXT THAT CAN TIRE THE READER AND MAKES IT MORE DIFFICULT FOR THE READER TO RECOGNIZE THE SHAPE OF THE WORDS. Words printed in lower case have more distinctive shapes than words printed in UPPER CASE.

Use:
Serif fonts because they are easier to read. **They can also be bolded to highlight important information**.

Examples of serif fonts are:

New York Palatino Times Roman Courier

3. Pay attention to how the text looks on the page.

Organize your text so that there is white space.

White space refers to the blank space on a document, such as the margins and the space between sections. A text with too little white space can look crowded, and discourage readers.

Avoid:
Health Promotion Strategies
The principal health promotion strategies which address medication misuse at a community level are community development, health education, advocacy, mass media and self-help.

Use:

Health Promotion Strategies
The principal health promotion strategies which address medication misuse at a community level are:

- Community development
- Health education
- Advocacy
- Mass media
- Self-help

4. Use illustrations and graphics effectively.

Use illustrations and graphics to help your reader understand the text.

Make sure they are clear and the captions are easy to read.

Place them on the page in a way that does not interrupt normal reading patterns. Your reader should not have to "jump" over an illustration to read the text.

Avoid:

A recent study has documented the influence of the community environment on school children's consumption of snack foods. A researcher at Laval University in Quebec has found that the mere presence of corner grocery and convenience stores, with their blatant advertising and displays, puts enormous pressure on children to buy snack foods.

Use:

A recent study has documented the influence of the community environment on school children's consumption of snack foods. A researcher at Laval University in Quebec has found that the mere presence of corner grocery and convenience stores, with their blatant advertising and displays, puts enormous pressure on children to buy snack foods.

LESSON 8 *Hard and Plain Words*

Here are words you may use all the time as a health professional. Did you know that these are hard words for people with low literacy skills? There are easier words that say the same thing. The big difference is that everyone understands plain words.

Hard	Plain
Accompany	Go with
Administer	Give, Manage
Analgesic	Pain reliever
Ascertain	Find out
Assist	Help
Augment	Add, Increase
Cognizant	Aware
Comply	Do, Follow
Components	Parts
Consequently	So
Contusion	Bruise
Deficiency	Not enough
Demonstrate	Show
Endeavour	Try
Entails	Involves
Epidermis	Skin
Inconsequential	Not important
Ingest	Eat
Initiate	Start
Intersects	Crosses
Litigate	Sue
Negligent	Not careful
Occur	Happen
Optimum	Best, Most
Option	Choice
Paradigm	Model
Prior to	Before
Recollect	Remember
Regarding	About
Reiterate	Say again
Retain	Keep
Utilize	Use
Whereas	Since

LESSON 9 *Resistances*

Some people resist using plain language when they write. Some common excuses include:

1. I don't have time!
As with any new skill, it can take longer to write in plain language. The more you use it, however, the easier it gets. It will not be time wasted since research shows that your message will be more effective because it will reach more people.

In one study, hard- and easy-to-read information pamphlets on weight reduction were used to determine the effectiveness of plain language health information. Results showed that patients recalled a significantly greater proportion of information contained in the easy-to-read pamphlets and lost more weight than those given the more difficult pamphlets. This suggests that the plain language pamphlets increased comprehension and produced better health outcomes.[2]

2. Skilled readers will be insulted.
Material written for adults should not be childish or insulting to anyone. If it is clear and easy to read, people who read well can find out what they want to know more quickly. Material that is clear, focused on the main ideas, and well designed is a refreshing change. No one will complain about that.[3]

A study which designed and evaluated diabetes education material for American Indians[4] developed booklets written at a Grade 4 level. No patient who assessed the booklet reported that they were "too simple." This finding was consistent with a previous study that found that patients accepted well-written health booklets markedly lower than their own reading level.[5]

3. Our audience doesn't have a literacy problem.
Are you sure? Forty-eight percent of Canadians have a problem with reading. If your audience includes the general public, or people who are highly literate, but not familiar with your technical jargon, your materials should be written in plain language so that everyone understands them.

4. I have to use technical language.
Plain language does not exclude the use of technical terms in your writing. If you are writing for the general public, explain technical terms and use them consistently. If technical terms are not essential, choose common words that get the idea across. The legal implications of using technical language when you are trying to obtain informed consent from your patients for a surgical procedure, for example, can be cause for alarm. Recent case law in Canada suggests that the use of common words may protect health professionals from liability (See Unit 7).

5. **It's not my job to teach Canadians to read! Instead of lowering standards in health education, set higher standards in schools!**

It is true that health professionals are not expected to teach their clients how to read. As a health professional, however, you are expected to provide health information that your clients can understand. By lowering the difficulty of what you say to your clients and the print materials you give to them, you are, in fact, raising the standards in health care. When patients understand their health condition and the treatment plan they should follow, health outcomes improve.[6]

6. **I'm a professional writer - I have my own techniques.**

Being a good writer does not always guarantee that your materials are effective for the general public. When your goal is to include as many people as possible in your audience, plain language techniques are an asset.

7. **It costs too much.**

Money spent on developing materials that are easy to understand is never wasted. It is a *good* investment to ensure that your message reaches the largest possible audience. In the long run, you will save time and money because less time will be taken up with answering questions or dealing with complaints (See Lesson 10).

LESSON 10 *Benefits*

Plain Language Saves Time & Money

Studies in the United States and Britain have shown that plain language saves money.[7] Insurance companies in Canada, the United States, the United Kingdom and Australia report that customer relations have improved dramatically and profitability has increased as a result of using plain language.

Why?

Fewer claims

Before policies were written in plain language, customers preferred to submit claims and let the company determine their entitlement rather than struggle through complicated and legalistic wording to figure this out for themselves. Now that customers can more easily understand the policies, they are in a much better position to decide whether a claim would be legitimate. This reduces the number of claims that are submitted.

Fewer inquiries

When policies and claim forms are written more clearly, less staff time is used answering questions

Better staff understanding

Plain language also gives junior staff a better grasp of their company's products and contributes to better service. This leads to more satisfied customers.

Streamlined procedures
Plain language documents are better organized and more accessible. As a result, processing time is reduced.

Plain Language Writing Improves Comprehension

Studies have shown that people understand documents better and faster when they are written in plain language. Here are some examples:

1. In a study of medical consent forms, readers of the original form were able to correctly answer 2.4 questions out of five. On the revised plain language form, they could answer 4.5 questions out of five; an improvement of 91%. In addition, the average time it took to complete the form improved from 2.7 minutes to 1.6 minutes.[8]

2. In a 1980 study of an administrative rule by the Document Design Center in Washington, DC, inexperienced readers of the original rule correctly answered an average of 8.5 questions out of 20. On the plain language version, they answered an average of 17.3 questions correctly; an improvement of 102%. Even experienced readers of the rule improved by 29%. In addition, the average response time improved from 3 minutes to 1.6 minutes.[9]

3. A study of a mortgage document revised by the Centre for Plain Legal Language at the University of Sydney, Australia, showed that law graduates improved their accuracy on the plain language version by 15%, from 66% to 76%.[10]

4. A study (which involved applications for divorce) by the Centre for Plain Legal Language at the University of Sydney, Australia, showed that the completion rate of persons who filled out an application for divorce by themselves, increased from 52% to 67% using the plain-language version. The number of applications rejected because of errors fell from 42% to 8%.[11]

Exercise 2

Re-write the following sentences using the plain language tips outlined in Lesson 7.

1. This is intended as a reference guide to key services and agencies in the city for persons with HIV infection or AIDS.

2. Influenza is an acutely contagious respiratory disease caused by a virus. The real threat from influenza comes as it wears down your body's resistance, leaving one vulnerable to secondary infections.

3. Combining alcohol with other drugs can have deadly consequences.

4. Should you have any questions or concerns regarding the above, please do not hesitate to contact the undersigned.

5. Fluoridation is the process of adjusting the natural level of fluoride in the water supply to the optimum amount necessary for protection against tooth decay.

6. Care must be provided in accordance with legislation and in an atmosphere of privacy with maintenance of patient confidentiality.

Answers on page 74

References:

1. Gordon W.E. Nore. Clear Lines: How to Compose and Design Clear Language Documents for the Workplace (Toronto: Frontier College, 1991) 29.
2. A.G. Taylor, J.A. Skelton and R. Czajkowski. "Do Patients Understand Patient-Education Brochures?," Nursing and Health Care, (June 1983) 305 -310.
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9. Joseph Kimble. "Answering the Critics of Plain Language," The Scribes Journal of Legal Writing 5 (19950) : 65.
10 Kimble, 64.
11. Kimble, 26-30.

When I had strep throat I was given Tylenol with codeine. I couldn't read the information sheet that explained the side effects. The pain eased off, but I thought I was having a bad reaction, so I had to call the hospital to have the side effects explained.

-Adult Learner

UNIT 5 *Plain Language Health Information*

LESSON 11 *Why Do We Need It?*

Printed health information is widely used in patient education programs because it is a cost-effective way of communicating health and nutrition messages.

Cost-effective as printed materials may be, their effectiveness as educational tools is doubtful. The mismatch between the reading skills of clients and the skills necessary for reading and understanding the material, has been shown to be an important factor in non-compliance.

McNeal, Salisbury, Baumgardner and Wheeler studied diabetes program participants and found that half could not read and understand printed material written at the Grade 5 level. To make matters worse, most of the materials used in the program were written at a Grade 9 level or higher.[1]

A similar finding was reported by Nicoll and Harrison who tested the readability of over 100 pamphlets addressing health issues. Results showed that most of the pamphlets in the study had reading levels too high for the people who had the greatest need for the information.[2]

In this UNIT you will find

LESSON 12: What Does It Look Like?.....42
LESSON 13: How Do I Assess It?.....46
S.M.O.G. Readability Formula 47
Plain Language GRID 48
Case Study 5 49

These and other studies support the position that health providers should give easy-to-read health information to their clients, so that they can help break down the barriers created by complicated texts.

LESSON 12 *What Does It Look Like?*

Plain language health information:

- Gives your client practical information. The focus is on what clients want and need to know, not on detailed medical knowledge.
- Uses common words rather than technical jargon.
- Covers only three to five points and organizes the information clearly.
- Uses short words and short sentences. The text is written at a Grade 4-6 level.
- Uses simple graphics and techniques such as point form, bold type and underlining to highlight the most important points.

Samples of Plain Language Health Information
Health information can come in several forms. It can be a health promotion brochure or pamphlet, a treatment plan or a consent form. It can also be an explanation or introduction to health facilities and services.

The following pages contain examples of health information that use plain language and clear design to get the message across.

1. **Health promotion brochure:**
   Cholesterol (fat in the blood)

2. **Consent form**
   Informed Consent for Medical and Surgical Procedures

3. **Description of health facilities and services:**
   Chedoke-McMaster Hospitals, Ultrasound Service

Plain Facts[3] On Health

Cholesterol
(fat in the blood)

3 to 5 points

is cholesterol?

What causes it?

- **How to know if you have it.**
- **What you can do about it.**

For more information:

SERIES 4: Common Problems

What is cholesterol?

explains hard words

Cholesterol is white, waxy fat made by the liver. Your body needs cholesterol to work well. But too much cholesterol in your blood can clog your blood vessels (veins & arteries). You could have bad circulation (blood flow), a stroke, or heart attack.

What causes high cholesterol

- High cholesterol runs in families. If your mother or father has it, you might have it too.
- Eating food with too much fat.
- Not getting enough exercise.
- Smoking.

How do I know if I have high cholesterol?

The only way to find out is to have a blood test.

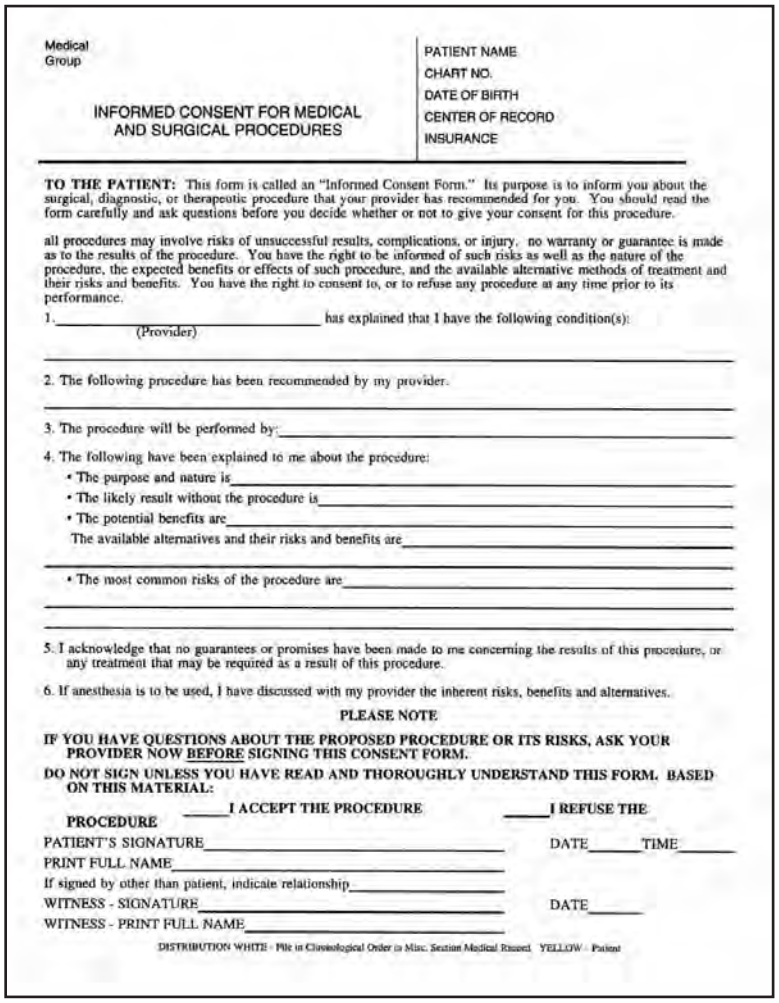
What can I do to lower my cholesterol?

writes directly to the reader

- If you smoke, try out how you can stop.
- Cut down on fat in your food.
- Do aerobic exercise (which makes your heart beat faster) for twenty minutes 3 times a week. Ask your doctor what exercise you can do.

Here is an example[4] of the difference plain language can make to difficult health information:

Before plain language



Medical Group

INFORMED CONSENT FOR MEDICAL AND SURGICAL PROCEDURES

PATIENT NAME
CHART NO.
DATE OF BIRTH
CENTER OF RECORD
INSURANCE

TO THE PATIENT: This form is called an "Informed Consent Form." Its purpose is to inform you about the surgical, diagnostic, or therapeutic procedure that your provider has recommended for you. You should read the form carefully and ask questions before you decide whether or not to give your consent for this procedure.

all procedures may involve risks of unsuccessful results, complications, or injury. no warranty or guarantee is made as to the results of the procedure. You have the right to be informed of such risks as well as the nature of the procedure, the expected benefits or effects of such procedure, and the available alternative methods of treatment and their risks and benefits. You have the right to consent to, or to refuse any procedure at any time prior to its performance.

1. _____ has explained that I have the following condition(s):
(Provider)

2. The following procedure has been recommended by my provider.

3. The procedure will be performed by:

4. The following have been explained to me about the procedure:
- The purpose and nature is
- The likely result without the procedure is
- The potential benefits are
The available alternatives and their risks and benefits are
- The most common risks of the procedure are

5. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure, or any treatment that may be required as a result of this procedure.

6. If anesthesia is to be used, I have discussed with my provider the inherent risks, benefits and alternatives.

PLEASE NOTE

IF YOU HAVE QUESTIONS ABOUT THE PROPOSED PROCEDURE OR ITS RISKS, ASK YOUR PROVIDER NOW BEFORE SIGNING THIS CONSENT FORM.

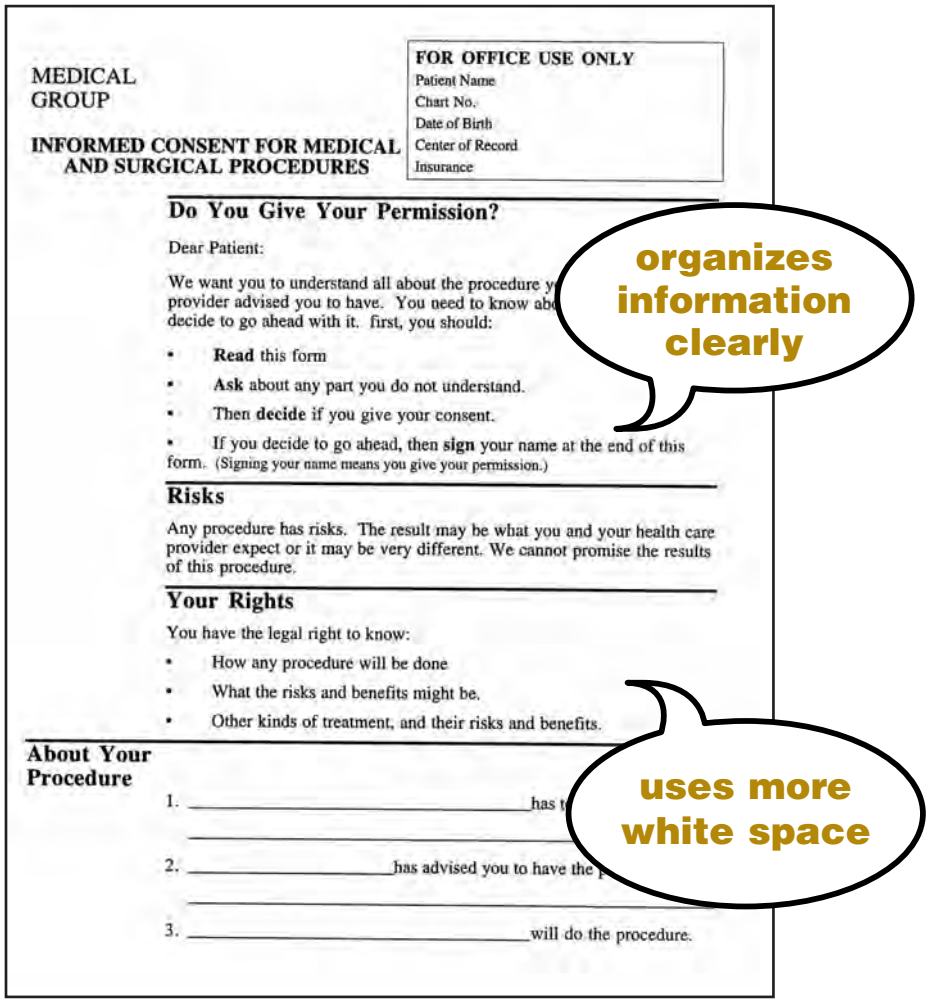
DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM. BASED ON THIS MATERIAL:

PROCEDURE _____ **I ACCEPT THE PROCEDURE** _____ **I REFUSE THE**

PATIENT'S SIGNATURE _____ DATE _____ TIME _____
PRINT FULL NAME _____
If signed by other than patient, indicate relationship _____
WITNESS - SIGNATURE _____ DATE _____
WITNESS - PRINT FULL NAME _____

DISTRIBUTION WHITE - File in Chronological Order in Misc. Section Medical Record. YELLOW - Patient

After plain language



MEDICAL GROUP

INFORMED CONSENT FOR MEDICAL AND SURGICAL PROCEDURES

FOR OFFICE USE ONLY
Patient Name
Chart No.
Date of Birth
Center of Record
Insurance

Do You Give Your Permission?

Dear Patient:

We want you to understand all about the procedure y
provider advised you to have. You need to know ab
decide to go ahead with it. first, you should:

- **Read** this form
- **Ask** about any part you do not understand.
- Then **decide** if you give your consent.
- If you decide to go ahead, then **sign** your name at the end of this form. (Signing your name means you give your permission.)

Risks

Any procedure has risks. The result may be what you and your health care provider expect or it may be very different. We cannot promise the results of this procedure.

Your Rights

You have the legal right to know:

- How any procedure will be done
- What the risks and benefits might be.
- Other kinds of treatment, and their risks and benefits.

About Your Procedure

1. _____ has
2. _____ has advised you to have the
3. _____ will do the procedure.

organizes information clearly

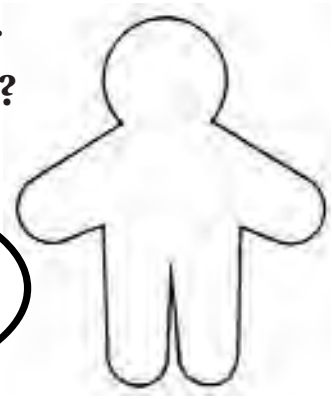
uses more white space

Ultrasound[5]

What is an Ultrasound?

A series of pictures that help your doctor see an area inside your body.

Which part of your body will be tested?



uses simple graphics and bold type

During the Test

Someone will help you lie down on a special table.

You may need to take off some of your clothes. It depends on where the pictures will be taken.

You will need to lie very still on the table.

Special "jelly" will be put on the part of your body where the pictures will be taken. This may feel wet. A small instrument, like a microphone, will be gently moved over the jelly. You may feel some rubbing and shaky movements.

Pictures of the inside of your body will show up on the T.V. Screen.

Before the Test

Can you **eat**? **Yes** ❑ **No** ❑

Time to stop eating _____

Can you **drink**? **Yes** ❑ **No** ❑

Time to stop drinking _____

What will you **wear**? No jewelry ❑

Your own clothes ❑

When is your ultrasound? _____

Where is your ultrasound? _____

Who may go with you? _____

How long will it take? _____

uses short words and short sentences

You will have to wait for your test to start. This may take awhile.

LESSON 13 *How Do I Assess It?*

Readability tools and their limitations

There are several standardized readability tests that can help you to estimate the reading level of your written material. There is the Fry readability graph and the S.M.O.G. (Simple Measure of Gobbledygook) detector,[6] for example. The National Literacy and Health Program often uses the S.M.O.G. detector when it assesses grade levels of health information. We have included the S.M.O.G. detector in this lesson for your use.

There are readability programs that come as part of word processing programs on computers as well. The National Literacy and Health Program believes that these programs can help improve your writing. Readability tests help you determine the reading grade level of a text based on word, sentence and text length. The results of readability tests should be taken only as a rough estimate of how difficult your written material is, because a test cannot tell you if:

- the material is written clearly;
- the ideas are complex;
- the information is accurate;
- the content is in logical order;
- the material makes sense;
- the vocabulary is appropriate for the audience;
- the grammar is correct;
- there is gender, class or cultural bias;
- the design is attractive and helps or hinders the reader.

Since readability tools have limitations, they should only be one part of your analysis of written materials. It is more effective to look at what you have written from your audience's point of view. **The best way to know if your message is clear is to ask them if they understand what you have written**.

How to Use the S.M.O.G. Readability Formula *(**S**imple **M**easure **O**f **G**obbledegook)*

If the text has 30 or more sentences:

1. Count off 30 sentences within the document: 10 consecutive sentences at the beginning, in the middle, and near the end of the text. Do not include titles and headings.
2. Mark all polysyllabic words (words with three or more syllables) in the 30-sentence sample.
3. Count the total number of polysyllabic words.
4. Find the nearest square root of this total.
5. Add a constant of three to the square root. This gives you the reading level a person must have to understand the text.

If the text has less than 30 sentences:

1. Count all polysyllabic words in the text.
2. Count the number of sentences in the text.
3. Find the average number of polysyllabic words per sentence:
   average = Total # of polysyllabic words divided by...
   Total # of sentences
4. Subtract the total number of sentences from 30 and multiply the remainder by the average number of polysyllabic words per sentence.
5. Add this figure to the total number of polysyllabic words.
6. Find the square root and add the constant of 3. This gives you the reading level a person must have to understand the text.

Additional Guidelines for Using the S.M.O.G.

- Hyphenated words are considered one word.
- Numbers that are in numeric form should be pronounced to determine if they are polysyllabic. (Example: 337 has 8 syllables.)
- Proper nouns, if polysyllabic, should be counted too.
- Abbreviation should be read as unabbreviated to determine if they are polysyllabic. (Example: ON, for Ontario, has four syllables.)
- Include the repetitions of the same word, no matter how often it is used.
- The grade level is accurate to +/- 1.5 grades.

Plain Language G.R.I.D.[7]

Before you hand out written health information, use the plain language **G.R.I.D.** to see if your clients with low literacy skills will be able to use it.

Grade Level:

Is the information written at a Grade 4-6 level?_____

Relevance:

Is the information accurate, up-to-date and complete?_____

Is the information what your client **needs** and **wants** to know?_____

Is the information sensitive to your client's gender, sexual orientation and cultural or ethnic background?_____

Interest:

Is the information written in a friendly and conversational style?_____

Is the information organized in a logical way?_____

Is the information written with plain words?_____

Are important ideas repeated?_____

Design:

Does the design make good use of white space? (The page does not look crowded)_____

Is the font size 12 point or larger?_____

Is the text written in serif font? (Times, Courier, Palatino, New York)_____

Does the text have a ragged, rather than justified, right margin?_____

Do illustrations help make the message clear?_____

If the answer to more than three of these questions is *no*, many adults with low literacy skills may find the material difficult to read and use.

Case Study 5[8]

Mary Foster, who is 65 years old, received the patient information sheet (opposite) from her dentist.

Mary found the print too small and the words too big. She decided she could take care of herself and ignored the information sheet.

When she failed to dilute the concentrate, Mary was upset by the strong taste, and stopped using the prescription fluoride. Not being able to follow the recommended regimen resulted in continued discomfort from sensitive teeth and increased deterioration of Mary's gums.

Discussion Questions:

1. What steps could Mary's dentist have taken to ensure that Mary would take proper care of her teeth after her visit?

   _____
   _____
   _____
   _____

2. What is the grade level of the instructions? (Use S.M.O.G. Index, Lesson 13.)

   _____

3. What Plain Language and Clear Design Tips were ignored in the patient information sheet? (See Lesson 7.)

   _____
   _____
   _____
   _____

HOME CARE INSTRUCTION FOR PRESCRIPTION FLUORIDE*

Patients who are cavity prone or who experience sensitivity due to exposed root surfaces, tooth brush abrasion, and gum recession will benefit from the use of prescription fluoride. Research shows that plaque reduction occurs through prescription fluoride usage, especially if your gum tissue exhibits pocket depths greater than the normal level.

The primary function in relieving sensitivity is to coat the tooth surface with fluoride and give the tooth the protection it has lost from either receded gums or worn enamel. Microscopic amounts of liquids can move between the tooth's nerve and surface, causing sensitivity. When prescription strength fluoride is applied to the surface, the fluoride molecules block the dentinal tubules or pores causing hardening of the dentin and enamel - **therefore decreasing sensitivity**. It will also strengthen and protect your teeth.

Studies have shown that there must be a continual bathing of the tooth by the fluoride for this process to work. Therefore, **daily applications are recommended**. Daily use of patient applied prescription fluoride has an accumulative effect and hypersensitivity is generally relieved within 2 - 3 weeks in most patients.

Follow the appropriate directions for you:

	Once a day
X	Twice a day
	Apply the gel to toothbrush brushing for 1 minute, swishing for 1 minute and then expectorate. You may rinse
_____	with water after this procedure if needed.
	After brushing and flossing, rinse with liquid. Be sure to
X	dilute concentrate.
	Fill container with concentrate to first line and water to the next line. Mix well.
	Rinse half the amount for 1 minute and then remaining half for 1 minute.

** Michael J. Crete, D.D.S., P.C.*

Answers on page 74

References:

1. B. McNeal et al. “Comprehension assessment of diabetes education program participants,” Diabetes Care 7 (1984) : 232-35.
2. A. Nicoll and C. Harrison. “The Readability of Health-Care Literature,” Developmental Medicine & Child Neurology 26 (1984) : 596-600.
3. Sandy Hill Community Health Centre. Cholesterol (fat in the blood) (Ottawa: SHCHC, 1990).
4. The original “Informed Consent for Medical and Surgical Procedures” form was revised into plain language by Riffenburgh & Associates, 1606 Central SE, Suite 201, Albuquerque, NM 87106, USA, Phone: (505) 242-5808, E-mail: plnenglish@aol.com.
5. Chedoke-McMaster Hospitals. Ultrasound (Hamilton: CMH, 1991).
6. Gordon W.E. Nore. Clear Lines: Now to Compose and Design Clear Language Documents for the Workplace. (1991).40-41.
7. The Plain Language G.R.I.D. was developed by CPHA’s National Literacy and Health Program, 1998.
8. This case study was developed by the Canadian Public Health Association’s (CPHA) National Literacy and Health Program, 1998.

The first thing that comes to my mind when you talk about the health care system is all the forms you have to fill out. When you're in a waiting room full of people, it's embarrassing to say that you have a problem with reading and writing.

There are thousands of adults like me who don't want people to know. They won't go to see a doctor or a specialist, and even have a hard time going to pick up prescriptions because of the paper work that comes along with it.

-Adult Learner

UNIT 6 *Health Environments*

LESSON 14 *Common Problem Areas*

An appointment with a health professional can be a stressful experience for someone with low literacy skills. Added to the worries which come with poor health, adults with low literacy skills can feel frustrated, embarrassed, intimidated and hopeless if they are not welcomed and accepted.

The following are the most common problem areas in health environments:

Access:

The stress can begin long before a client arrives at your office. It can start when your client tries to find you. Health services can be very frustrating to find because:

- they are advertised only in print media (i.e., telephone directory, local newspapers, promotional flyers);
- clients may need to read a map or bus schedule to locate the address.
- the building itself may be difficult to find if it is not clearly marked with an easily recognized logo or symbol.

Reception:

Reception areas are often busy, public places where clients are asked to fill out complicated forms. This can create an embarrassing situation for many people who do not wish to advertise that they have trouble reading and writing.

In this UNIT you will find

LESSON 15: How Can I Create an Environment that is Friendly to People with Low Literacy Skills? 52
Case Study 6.....55

Waiting Rooms:

Waiting room walls are often covered with posters and literature racks. Scientific magazines often serve as reading material for waiting clients. The presence of so much written material can be intimidating to people with low literacy skills.

Health Education/Treatment Plans:

Health education materials and treatment information are often distributed in print form only, which makes them inaccessible to people who cannot read well.

Ironically, materials intended to help those clients most at risk become ineffective because those who need them most cannot use them.

LESSON 15 *How Can I Create an Environment that is Friendly to People with Low literacy Skills?*

You will serve your patients better if they feel comfortable and accepted in your health environment. They will be more likely to ask for the help they need, or for more information, if they find it easy to access your services.

When you make your services accessible to people with low literacy skills, you actually provide better service to all of your clients. People who have no difficulty reading and writing will save time and energy because accessing your services and information is so much easier.

Here's how you do it:

1. **Make your service easy to find.**

- Provide landmarks and bus stop numbers when you give directions to your office.
- Create a sign or logo which shows what your service is, i.e., a dentist could use a tooth or toothbrush as a symbol.
- Help clients find your office inside the building by placing symbols, i.e., footsteps or arrows from the entrance of the building to your door.

2. **Reorganize your reception area.**

- Create a private place in the office where clients can fill out forms themselves or where someone can sit with them and help them fill out forms.

3. **Change your reception routine.**

- Use plain language forms.
- Offer to help clients fill out the necessary forms.

4. **Make easy-to-read or audio-visual materials available to your waiting clients.**

> *I went to the clinic for a medical test, and I was put in a small room to watch a video which explained what was going to happen. I thought that was a very good idea.*
>
> -Adult Learner

- If clients have to wait before receiving a treatment or procedure, provide them with an easy-to-read pamphlet relevant to their health problem or show them a video which clearly explains the treatment or procedure.

5. **Talk with your clients and check for their understanding. To reinforce your message, give them easy-to-read health information and treatment plans at the end of their visit.**

> *Two nurses in our clinic always took the time to explain things to me. They never rushed me, but stayed with me until I understood what was wrong and what I had to do. I miss them. It seems the best nurses are always transferred.*
>
> -Adult Learner

When your standards of practice include the use of clear verbal communication techniques, you will avoid rushing through visits with your clients or sending them home confused about what they need to do to improve their health.

It is helpful when clients can bring home an easy-to-read instruction sheet to remind them of the things they have learned during their visit with you.

Circle or highlight the most important points in the brochures as you go through the information with your clients.

Here are some more practical ways you can improve your health environment. [1]

1. Hand out cards with calendars showing the date of the person's next visit, and a clock to remind the person of the appointment time.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Dr. Casey

2. Assign a staff member to greet your clients and help them through the paperwork, such as filling out a medical history.
3. Make sure that clients understand any instructions your receptionist or assistant gives. Your staff should ask clients what the next step will be, to make sure the client understands. Don't rely on a piece of paper or a pamphlet to explain how your system works.

Case Study 6[2]

Norma relaxed as she sat in the bus, knowing the bus driver would tell her when they arrived at her stop. The eye doctor's assistant had told her which bus route to take and which bus stop was nearest the medical building.

Once off the bus, she took a minute to look around. To her right was a gas station, and yes, just as she had been told, the medical building was to her left. A pair of red neon glasses mounted against the wall of the building told her she was at the right place.

As she entered the doctor's office, she was greeted by a young man who introduced himself as Stephen. Stephen brought her to a desk tucked away in a private spot just outside of the examination rooms. When Norma was comfortably settled, he asked her questions about her life such as her address and telephone number, job, health problems and medicines. He wrote down her answers on a form.

When the form was filled out, Stephen introduced Norma to the doctor.

Dr. Pilgrim asked Norma if she would like to test her vision with letters or pictures. Norma chose the pictures. On the wall opposite her chair, Norma was asked to identify a series of progressively smaller pictures. A tree, a car, a child on a bicycle, a dog, a train, a flower, a bird, a fish, a truck.

When both eyes had been tested, Dr. Pilgrim told Norma she would need to get her glasses changed because her right eye had gotten weaker. He wrote a prescription for new glasses and explained to her where, in town, she could get the best choice and prices.

Norma left the medical building with a smile on her face.

Think it over:

1. How did Dr. Pilgrim and his staff create an environment friendly to people with low literacy skills?

   _____

   _____

2. What elements of this health provider's office routine protect low literacy clients from embarrassment and stress?

   _____

   _____

3. Do you think Norma was a low literacy client? Why or why not?

   _____

   _____

Answers on page 74-75

Reference:

1 Adapted from John Howard Society of Canada's. Taking Down the Wall of Words (Ottawa: JHSC, 1990) 12.
2 This case study was developed by CPHA's National Literacy and Health Program, 1998.

Providers should be wary of the legal ramifications of any failure to adequately communicate with their clients. If providers fail to account for various special needs of patients when obtaining informed consent, they may ultimately be liable for damages.

Literacy, Health & and the Law, 1996

UNIT 7 *Professional Liability**

LESSON 16 *What is the Relationship Between Health Professional Liability, Plain Language and Clear Verbal Communication?*

Health professionals have a responsibility to inform their clients of the benefits, risks and alternatives of a medical treatment or procedure. Failure to do so may result in a lawsuit for negligence should the client suffer damages. Breakdown in communication between patients and physicians is a critical factor leading to malpractice suits. Lawyers have identified physicians' communication and attitude as the primary reason for patients pursuing a malpractice suit in **70%** of cases. [1]

Canadian courts have identified several criteria[2] for valid consent which **should be obtained from clients before a specific treatment or procedure begins**. Some of them are:

1. The consent must be genuine and voluntary.
2. The procedure must not be illegal.
3. The consent must authorize the particular treatment or care as well as the particular care giver.
4. The client must have the legal capacity to consent.
5. The client must have the necessary mental competency to consent.
6. The client must be informed.

Although plain language and clear verbal communication may play a role in the process of ensuring that the first five criteria are met when obtaining consent, their most significant impact will be on the sixth criterion.

* *The information contained in this unit is not a legal opinion.*

In this UNIT you will find

LESSON 17: Discussion of Some Examples of Current Case Law in Canada 59
Case Study 7 61

> *A lot of times I thought, my God am I signing my life away?* [3]

A number of Canadian court decisions suggest that informed consent is not simply an administrative **product**, i.e., a signed consent form. It is rather a **process**[4] through which people receive information they can understand and use as the basis for their decisions to undergo or refuse recommended medical treatments and procedures.

Here are some of the concrete steps you can take which may assist you in the process of obtaining the informed consent of your clients:

1. **Explain the specific treatment or procedure.**

   The recommended treatment or procedure, as well as the consequences of refusing treatment and possible alternatives, should be explained to a client in language that is easy to understand.

2. **Explain the possible risks of treatment or procedure.**

   The client **should understand the risks** which accompany the recommended treatment or procedure that pose a real threat to her/his life, health or comfort.
   The **Standard of Disclosure** as suggested by a recent decision of the Supreme Court of Canada:

> *An objective approach should be taken in deciding whether a risk is material and therefore, one which should be explained to the patient. The crucial questions in determining the issue is whether a reasonable person in the person's position would want to know of the risk.*

Ciarlariello vs. Schacter, 1993.[5]

3. **Ask your client questions to make sure he or she understands what you have said.**

   As a health professional, you want to make sure that your client understands the risks of any given treatment or procedure **before** it is undertaken. Courts examine the client's understanding, and the content of the information provided by the health professional as well as other relevant factors. By checking for understanding, you may protect both your client and yourself from communication breakdowns.

4. **Use consent forms which are written in plain language.**

   Some courts have made it clear that if a client's lack of education or literacy skills prevents her/him from understanding a consent form, the value of the signed form will be negligible.[6]

LESSON 17 *Discussion of Some Examples of Current Case Law in Canada*

Several court cases in Canada have supported clients' claims that their health professionals did not obtain informed consent because of the health professionals' poor communication practices.

These cases show that, in informed consent actions, courts focus on client understanding rather than simply on the spoken or printed word.

Smith v. Tweedale[7]

Failure to use clear verbal communication techniques

In 1993, Dr. Peter Tweedale, an obstetrician/gynaecologist in British Columbia, was sued for damages by a patient, Anna Smith. She charged that he had not clearly explained that the sterilization procedure she was about to undergo was irreversible and that other options were available.

Anna Smith requested a tubal ligation as she was about to undergo a cesarean section during the delivery of her second child. The doctor proposed an operation that involved removal of her fallopian tubes and told her she should consider the procedure permanent.

Although Smith signed a consent form authorizing a cesarean section and tubal sterilization, she alleged that the doctor did not make clear how the procedure he proposed, a bilateral tubal salpingectomy, differed from tubal ligation. The judge ruled in favour of Smith.

Dr. Tweedale appealed the decision, and in a January 1995 ruling, a judge from the British Columbia Court of Appeal said Tweedale had breached his professional duty by choosing language that left his patient in doubt about what was being communicated and by failing to ensure that she understood the consequences of the procedure.

The lesson offered in this case is clear: health providers who fail to communicate simply and directly with clients may risk being sued for negligence.

Finch v. Carpenter[8]

Failure to provide plain language health information

In 1993, British Columbia dental surgeon Peter Carpenter was found liable for damages resulting from removing an impacted wisdom tooth.

The judge ruled that Dr. Carpenter's explanation of risks was inadequate. He had given his client, Theresa Finch, a sheet entitled *Impacted Teeth*, a document written in technical language with relatively fine print. The judge said this did not meet the requirements for informed consent. The sheet also mentioned that the surgeon would probably discuss the risks during the pre-operative consultation. Since Dr. Carpenter did not discuss risks with Finch, the judge said it was reasonable for the client to conclude that no risks applied.

The judge ruled that Finch would have asked questions had Dr. Carpenter explained the risks adequately, and that she would have declined the procedure had she been properly informed of the risks.

The court's views in this matter support one of the main tenets of a plain language approach — that written information should be secondary to clear verbal communication between health professionals and their patients, and serve only to supplement the exchange between them. Personal contact is the best way to ensure that patients have understood a message.

Case Study 7[9]

The following case study deals with the validity of a consent form signed by both a client who did not read the form and her husband who had virtually no literacy skills.

Sard v. Hardy

Mr. and Mrs. Sard brought a medical malpractice action against Dr. Hardy who performed an unsuccessful tubal ligation - ultimately leading to an unwanted pregnancy. The tubal ligation was performed at the time of a cesarean section through which Mrs. Sard delivered her second child.

About 15 minutes before Mrs. Sard was wheeled into the delivery room, she was handed a standard hospital consent form that she signed without reading. Mr. Sard, who had informed Dr. Hardy that he was "functionally illiterate," signed the same form. The form stated that the operation intended to effect sterilization is not effective in all cases.

Dr. Hardy did not tell the Sards that the operation might not be fully successful, nor did he mention the fact that there was an increased rate of failure when the procedure was performed during a cesarean delivery. In fact, he personally assured Mrs. Sard that she would not bear any more children following the procedure.

Following the operation, Mrs. Sard became pregnant and the Sards initiated a malpractice action against the doctor who performed the tubal ligation.

Discussion Questions:

1. Based on the elements discussed in lessons 16 and 17, how do you think a court might resolve this case?

   _____

   _____ _____

   _____

2. How could the communication between the parties be improved?

   _____

   _____ _____

   _____

Answers on page 75

References:

1 Suzanne Kurtz, Jonathan Silverman and Juliet Draper. Teaching and Learning Communication Skills in Medicine (Oxon, UK: Radcliffe Medical Press, 1998).

2 Canadian Nurses Protective Society. "Consent to treatment: The role of the nurse," Info Law: A Legal Information Sheet for Nurses. 3 . 2 (1994) : 1.

3 Sharon M. Brez and Maurice Taylor. "Assessing literacy for patient teaching: perspectives of adults with low literacy skills," Journal of Advanced Nursing 25 (1997) : 1043.

4 Health Promotion Council of Southeastern Pennsylvania, Inc. Literacy, Health and the Law, An Exploration of the Law and the Plight of Marginal Readers within the Health Care System: Advocation for Patients and Providers (Philadelphia: HPCSP 1996) 19.

5 Ciarlariello vs. Schacter [1993] 2 S.C.R. 133.

6 HPCSP 20.

7 Deborah Gordon. "MDs' failure to use plain language can lead to the courtroom," Canadian Medical Association Journal 155 . 8 (1996) : 1153.

8 Gordon 1154.

9 HPCSP 21 - 22.

Because the issue of literacy and health is enormous, multiple aspects of society will have to be involved in solving it.

"Responding to the challenge of health literacy", Pfizer Journal, 1998

UNIT 8 *Implications of Low Literacy Rates for Health Professional Education, Direct Service and Health Policy*

LESSON 18 *Health Professional Education*

Students studying in the health disciplines such as medicine, nursing, pharmacy, occupational and physiotherapy, for example, do not necessarily receive formal communication skills training. Perhaps this is due to the perception that communication is a matter of personality or attitude as opposed to an acquired skill necessary to provide the best health care.

Reseach shows, however, that effective health communication is a *series of learned skills* rather than just a matter of personality or attitude.[1] Health communication educators have observed that providers who receive communication skills training enjoy more effective consultations and improved outcomes for both patients and providers.[2]

Students studying to become health professionals should receive clear verbal communication and plain language training as part of their course curriculum. These techniques should be an integral part of becoming a qualified, well-trained health professional because they place the focus on *care* which is at the core of effective health *care*.

Continuing education programs offered by health professional associations can also provide accredited clear verbal communication and plain

In this UNIT you will find

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language training to providers currently working in the health care system.

You may want to contact your provincial or national health association and suggest that it introduce plain language and clear verbal health communication training in its continuing education program.

LESSON 19 *Direct Service*

Since most adults with low literacy skills feel ashamed of their literacy problems, they do not demand better access to health information and the health system.[3] Few health providers recognize the problem, and if they do, are not necessarily equipped to deal with it effectively.

Changes to the following three areas of direct service may result in improved health outcomes for people with low literacy skills:

1. **Points of Entry**

   (See Unit 6, Health Environments for further discussion)

   Many adults with low literacy skills avoid the health care system because they are intimidated by the entry process. Requests to complete complicated medical history and admission forms and sign consent forms that they cannot read, add stress and embarrassment to the fear of illness. Forms that clients are required to complete and sign should be written in an easy-to-read format.

   Many adults with low literacy skills misuse emergency facilities because they have difficulty locating specialized health care services. Health providers should make their services more accessible to low literacy adults by using an identifiable symbol or logo on their building and non-print advertising of their services.

2. **The Exchange**

   In Matters of Print
   Most patient education materials and consent forms in circulation today can be read and understood independently by only 20% of Canadian adults. Providing patient education materials at a Grade 5 reading level will help an additional 60 to 70% of Canadian adults receive health information they can read and understand.

Clients who have strong literacy skills will appreciate the clarity and brevity of the health information you give them to read. Clients who have low literacy skills will receive more effective health care and be spared the embarrassment of being labelled as illiterate.

> *The impact of consumers having more access to health information is far-reaching. Studies show that consumers who gain knowledge report feeling a sense of personal control. Informed people make better decisions about their health and treatment options, are more likely to follow instructions and to adopt health-enhancing behaviours.*[4]

In Matters of Speech

People with low literacy skills also have problems with verbal explanations. When low literacy clients don't understand health providers, they often will not ask questions, in an attempt to hide their lack of understanding.

If you apply clear verbal communication techniques to conversations with your clients, you will organize and deliver health information and treatment instructions in a way that is easier for them to understand and remember. Studies have shown that patient satisfaction, recall and understanding, as well as compliance to treatment plans and good health outcomes are the result of improved dialogue between health providers and their patients.[5]

3. Advocacy

Consider becoming a literacy advocate

Your role in helping clients with low literacy skills does not necessarily need to be confined to your professional practice. You may want to become an advocate for Canadian adults with reading problems by:

- writing to your elected officials in support of increased funding for literacy programs;
- giving charitable financial contributions to local literacy programs;
- becoming a literacy tutor in a local literacy program.

As an advocate for literacy programs, you will be able to direct clients who want to upgrade their literacy skills to local literacy programs.

Become aware of literacy programs

Literacy programs are offered in a variety of ways across Canada. Some are offered through local school boards as adult basic education classes. Other programs are community-based and may have a vocational component, for example. Some literacy programs are on a one-to-one basis where volunteer tutors are matched with

low literacy adults. Other programs are offered in classroom settings. There are also programs which teach literacy through computer skills training.

Refer to the list of provincial literacy coalitions in Appendix Three to find out about literacy programs in your province. You can also look in the Yellow Pages under LEARN for literacy programs in your community.

Promote literacy programs and activities in your practice.
Display information about local literacy programs and services as well as literacy fundraising activities. Your support of literacy programs may inspire some of your clients to participate in local programs as volunteers or adult learners.

LESSON 20 *Health Policy*

Health policy in Canada cannot be adequately formulated unless literacy, as a social determinant of health, is factored into the equation. Increasingly, the health literature recognizes that many economic, social and environmental factors interact to influence health. Rapidly growing evidence of the powerful link between literacy and health suggests that health communication determines the degree of difficulty adults with low literacy skills have in accessing the health information and services they require. With this in mind, it is important that health policy makers: set high quality health communication guidelines for health care, support investments in literacy programs and literacy and health activities and advocate research on literacy and health.

As a health professional, you can encourage health policy makers to:

1. **Set High Quality Health Communication Guidelines for Health Care**

   The health system is difficult for health consumers with low literacy skills to access because it is surrounded by a wall of complicated words they cannot penetrate. Quality health communications guidelines could be endorsed by the federal government, in consultation with the provinces and national health provider associations. These guidelines would encourage the health system to:

- Simplify administrative procedures which oblige health consumers to fill out complicated forms.
- Develop easy-to-read-and-use health information, treatment plans and legally required consent forms.
- Use alternative communication tools such as audio tapes and video cassettes to convey important health information.
- Provide plain language nutrition and drug labelling on commercial products as well as plain language product inserts.
- Recommend that colleges and universities provide clear verbal communication training in health professional faculties and schools.

2. Support Investments in Literacy Programs and Literacy and Health Activities

Literacy Programs

Research shows that low literacy negatively impacts health. The *Ottawa Charter for Health Promotion*[6] identified the prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Health policy should then support literacy programs which teach people to read. Armed with literacy skills, health consumers have a better chance to navigate the health system and access the services they require. Increased funding of adult literacy programs, with a strong emphasis on health promotional messages in the curricula, would be money wisely invested in the health and safety of Canadians with low literacy skills.

> *Each additional dollar spent on education reduces mortality more than each additional dollar spent on medical care.*[7]

Literacy and Health Activities

Because of the growing evidence about the link between literacy and health, there is a growing number of literacy and health activities taking place across Canada. The contributions these programs make in addressing the literacy and health issue include:

Raising Awareness

Awareness ads and articles in health professional publications, workshops and poster sessions at national and provincial health conferences, resources designed to help health providers understand the scope of the literacy problem in Canada as well as ways to address it in their professional practice all combine to raise awareness about the impact of literacy on health.

Building Commitment
As health providers, health care facilities and national health associations become increasingly aware of the links between literacy and health, their commitment to making health care and health information more accessible becomes stronger.

Establishing Links
As awareness about the impact of low literacy on a person's health grows within the health, literacy and policy making fields, partnerships have formed to meet the needs of both adults with low literacy skills and the health providers who serve them. For example, health providers have teamed up with literacy workers in a number of Canadian communities to develop effective strategies for developing better health education materials for the people they serve.

For information on some specific literacy and health programs and activities in Canada, please refer to Appendix 4.

3. Fund Literacy and Health Research

Literacy and health is a relatively new field of research. Although there have been a number of studies conducted on the readability of health information, there is a lack of research on literacy's relationship to the other social determinants of health. Identifying the most effective ways to deliver health information and determining the costs of health care delivery related to the direct and indirect impacts of literacy are two areas of research that would provide valuable knowledge which would enrich the current literature.[8]

Case Study 8[9]

In the year 2000, the Canadian Council on Health Services Accreditation (CCHSA) will introduce revised standards that address the importance of providing easy-to-read and -understand health education materials. This means that health facilities' written materials will be rated during accreditation surveys.

The Joint Commission on Accreditation of Health Organizations (JCAHO) of the United States already requires hospitals to demonstrate that patients receive health education and instructions that they can understand[10] because quality care includes patients knowing and understanding their diagnosis and treatment plans.

The reality is far different from the ideal. Many patients don't understand, and they often do not ask questions, so the health provider may never know that he or she has not communicated effectively. Studies have shown that people are ashamed of their low literacy skills, and may never tell anyone in the healthcare system that they need some help.[11]

If people do not express their need for more accessible health information, healthcare facilitities will not change their procedures, forms, or educational materials. Quality care includes patients knowing and understanding their diagnosis and treatment plans.

Discussion Questions:

1. What are the possible broken links between the requirements of JCAHO and service delivery?

2. If the JCAHO standards have not significantly improved the experience of the healthcare system for people with low literacy skills in the United States, what can you do to ensure that the new (CCHSA) standards are met?

3. What other strategies may serve to motivate health facilities to meet the new (CCHSA) standards?

Answers on page 75

References:

1 Suzanne Kurtz, Jonathan Silverman and Juliet Draper. Teaching and Learning Communication Skills in Medicine (Oxon, UK: Radcliffe Medical Press, Ltd, 1998) 9

2 Kurtz, Silverman and Draper 12.

3 S.M. Brez and M. Taylor. "Assessing literacy for patient teaching: perspectives of adults with low literacy skills," Journal of Advanced Nursing 25 (1997) : 1043.

4 Health Canada. Health Promotion in Canada 34 . 3 (1997).

5 Kurtz, Silverman and Draper 13.

6 Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization. Ottawa Charter for Health Promotion, (Ottawa: CPHA, HWC, WHO, 1986).

7 C. Slater and B. Carlton. "Behavior, Lifestyle, and Socioeconomic Variables as Determinants of Health Status: Implications for Health Policy Development," American Journal of Preventative Medicine 1 . 5 (1995) : 25 - 33.

8 Burt Perrin. How Does Literacy Affect the Health of Canadians? A Profile Paper (Ottawa: Health Canada, Policy Development and Coordination Division, Health Promotion and Programs Branch, 1998) 18 - 19.

9 This case study was developed by CPHA's National Literacy and Health Program, 1998.

10 Terry Davis. "The Human Face of the Health Literacy Problem," Proceedings of Health Literacy: A National Conference (Washington, D.C.: Pfizer, Inc. 1997) 9.

11 Davis 9 - 10.

APPENDIX 1: *Answers to Questions*

Unit 1

Case Study 1

1. If Mr. Carson's low literacy skills prevent him from understanding his heart condition and following his treatment plan, his inability to read becomes a significant health risk. With a proper diagnosis, and careful compliance to an appropriate treatment plan, Mr. Carson's heart condition could be controlled.

2. Steps to take to help Mr. Carson would be:

    a) Check his medical record to find out what medication Mr. Carson is taking.
    b) Establish when the prescription was last filled to check for proper use.
    c) Authorize a prescription refill if Mr. Carson is taking the medication correctly and his doctor has recommended refills.
    d) Document the conversation for Mr. Carson's doctor.
    e) Suggest that Mr. Carson book an appointment with his doctor when he or she returns if he needs to talk about his pills and how to use them.
    f) Tell Mr. Carson's doctor of his patient's reading problems so that he or she can check for understanding at future appointments.

Unit 2

Case Study 2

1. Steps to take to ensure Sally really understands how to take insulin:

    a) Explain how to take insulin in plain words, i.e., avoid technical jargon and long explanations about the disease.
    b) After providing the explanation, check for understanding by asking Sally to demonstrate how she is going to take her insulin.
    c) Encourage her to call if she has any questions.
    d) Set up a management plan with frequent visits, depending on her specific needs, to closely monitor her compliance.

2. Possible impacts of Sally's low literacy skills on her health could have been:
    a) Symptoms she may not notice as warning signals such as tiredness, thirst, blurred vision and/or weight loss.
    b) Sudden collapse, coma, death.

Unit 3

Case Study 3:

3 to 5 most important points to make:

1. Antibiotics often aren't needed for colds.
2. Saline drops will help to clear baby's nose.
3. Watch for fever or worsening of symptoms.
4. Explain how long the cold will last.

Explanation # 1

It can be a bit worrying when your baby is sick, but the doctor has checked her and doesn't think she needs an antibiotic. Antibiotics aren't always the best medicine for a cold because some colds are caused by germs that aren't killed by antibiotics. The saline drops will help to clear the mucous from your baby's nose so she can breathe better. Keep an eye on her for high fevers or any change in the mucous coming from her nose. Watch to see if she is getting better. Most colds are over in about 5-7 days.

Explanation # 2

The doctor has looked at your baby and has decided that her cold is caused by a kind of germ that cannot be killed by antibiotics. If he had prescribed them for you, it would be wasting money. The saline drops will help your baby to be able to breathe better because they will wash the mucous out of her nose. Watch your baby over the next few days to see if she seems sicker. Most colds last about 5-7 days. If you think your baby is getting worse, or if she gets high fevers take her back to the doctor, but for now, the saline drops will help her more than an antibiotic.

Case Study 4:

3 to 5 most important points to make:

1. The new drug plan has different rules.
2. The generic is a lower price version of the brand name.
3. The two medications contain the same ingredients and will work the same.
4. The generic brand must meet government standards.

Explanation # 1

You have a new drug plan that will pay for a different brand of your medication. They pay for what is called the "generic". It is like a no-name version of the drug you are getting now, but costs less. It has the exact same drug in it as the brand name and will work the same for you.The company that makes it must meet government standards for safety and has to prove that it will work the same as the brand name.

Explanation # 2

Your new drug plan wants us to give you the generic brand for your medicine. The generic is the same drug, but is made by a different company and costs

less. It will work the same as the original medicine and has been approved as safe by government tests.

Exercise 1

For the following list of pharmacy-related terms, come up with as many different ways as possible to explain them in plain language.

Suppository	"medicine you put in your bum"
	show patient a diagram
Expectorant	something to help clear the phlegm from your chest
	something to clear the fullness in your chest
	medicine that will help you to cough up the phlegm that is blocking your chest
Antiseptic	germ killer
Anesthetic	pain killer
	something that will make (the area) numb
Narcotic	pain killer
	pain pills
Third party payer	insurance plan
	drug plan
Formulary	list of medicines your drug plan pays for
	book or rules for your drug plan
Electrolyte replacement (e.g., Pedialyte)	
	"Gatorade" for babies, extra water and sugar to keep your baby from getting dried out (having dehydration)
Diuretic	water pill
	medicine that makes you lose water
Analgesic	pain killer
	pain pills
Beta agonist	relieves your breathing
	fights the tightness in your chest
Corticosteroid	medicine to fight swelling/hives/asthma
Geriatric	senior citizens
	people over 65
Antihypertensive	blood pressure pills medicine that lowers your blood pressure

Unit 4

Exercise 2

1. This guide tells you where you can go to talk to someone or learn more about HIV or AIDS.

2. The flu is easy to catch and give to others! It can cause problems because when your body is fighting the flu, you are weak and may get sick from something else

3. Drinking beer, wine or whiskey when taking pills can kill you.

4. If you have any questions, please call me.

5. Putting fluoride in the water protects your teeth against cavities.

6. By law, any information about your medical care cannot be made public.

Unit 5

Case Study 5

1. He could have explained the procedure, given a demonstration of how to dilute the fluoride concentrate, asked Mary to do it for him and observed her. Then, he could have answered Mary's questions as they arose.

2. The instructions were written at a Grade 12 level.
   1. 38 polysyllabic words in the text
   2. 14 sentences in the text
   3. 38/14 (rounded to nearest number) = 3
   4. 30 - 14 = 16
      16 x 3 = 48
   5. 48 + 38 = 86
   6. √86 = 9
      9+3 = 12

3. Don't use technical jargon and complicated words. (Tip #2)
   Use short words and short sentences.(Tip #5)
   Use a serif font. (Design Tip #2)
   Make good use of white space. (Design Tip #3)
   Choose left flush justification. (Design Tip #3)

Unit 6

Case Study 6

1. • By providing clear instructions on how to find their services;
   • marking their building with an easy-to-recognize symbol;
   • interviewing Norma instead of asking her to fill in forms;

- giving Norma a choice of which eye test to use, (i.e., she was not put in an awkward position).

2.
   - client interviews
   - choice of eye exams

3. From the story, you can't tell. This shows that Dr. Pilgrim's procedure works well for everyone. This study is based on an actual eye exam of a woman holding a B.A. in Political Science.

Unit 7

Case Study 7

The court found in favour of the Sards, concluding that even though Dr. Hardy had obtained a signed consent form, the Sards had not been adequately informed of the risks involved in the procedure, or available alternatives. The signed form, therefore, did not constitute informed consent.

Communication between Dr. Hardy and the Sards would have been improved if the doctor had checked that the couple understood the risks and possible outcomes of the requested tubal ligation. Mr. Sard had informed Dr. Hardy of his problem with written material, signing the consent form based on what he had been told. Dr. Hardy's personal guarantee of success was understood, while the language in the consent form was not.

Unit 8

Case Study 8

1.
   - Health providers are not aware of the impacts of literacy on health.
   - Health education materials are written for skilled readers.
   - Patients do not express their dissatisfaction or difficulties with service delivery procedures and materials.

2. You can encourage your health service facility to meet these new standards as an important step towards improving health care in Canada.

3. The promotion of federally endorsed guidelines would need to be accompanied by a campaign to raise awareness about the impact of literacy and health, the scope of the problem in Canada and the need for improved health communications so that health providers and healthcare facilities willingly adopt the guidelines.

APPENDIX 2: *Tips from Literacy Workers*

1. Contact local literacy workers to offer your help and support in organizing literacy programs/sessions on health issues.
2. Use easy-to-read forms and pamphlets that have been focus tested by people with reading problems. The Canadian Public Health Association's Plain Language Service works with adult learners to test health information in plain language.
3. Identify the major health concerns of your clients. Have a plain language service or consultant or literacy worker help you develop effective health information for the people you serve.[1]
4. Below you will find some differences between skilled and poor readers — and how you can get your message across.[2]
5. Adjust your health education techniques to your clients' ability to understand. Health information should be dosed as carefully as any prescribed treatment.[3]
6. Don't assume that people will tell you if they can't read. Since there is a strong social stigma attached to low literacy, nearly all nonreaders or poor readers will try to hide this fact. This is why it is important to use clear verbal communication when you talk and plain language health information when you give print materials.
7. Have your health environment audited[4] to see if your services are accessible for people with low literacy skills.

Skilled readers	Poor readers	How to get your message across:
• interpret meaning	• take words literally	• explain the meaning
• read with fluency	• read slowly, miss meaning	• use common words and examples
• get help for uncommon words	• skip over the word	• use examples and review
• understand the context	• miss the context	• tell context first and use visuals
• are persistent	• tire quickly	• use short sentences and easy layouts

References:

1 Contact the Canadian Public Health Association's National Literacy and Health Program for information on plain language consultants and literacy programs:

2 Cecilia C. Doak, Leonard G. Doak, Jane H. Root. Teaching Patients with Low Literacy Skills (Second edition, Philadelphia: J.B. Lippincott Co., 1985) 4.

3 G.M. Hosey and W.L. Freeman. "Designing and Evaluating Diabetes Education Material for American Indians," The Diabetes Educator, 16 . 3 : 407 - 414.

4 The Literacy Audit Kit is a systematic way for an organization to identify barriers for adults with low literacy skills. For more information contact:

Alberta Association for Adult Literacy
605, 332 - 6 Avenue S.E.
Calgary, Alberta T2G 4S6
Tel: (403) 297-4994
Fax: (403) 297-6037

APPENDIX 3: *Provincial Literacy Coalition*

Alberta
Alberta Association for Adult Literacy
322 6 Avenue SE, #605
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Phone: (403) 297-4994
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Northwest Territories
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E-mail: jbrandeis@nald.ca

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Fax: (306) 653-1704
E-mail: sklit@sk.sympatico.ca

Yukon
Yukon Learn
Liesel Briggs, Education Director
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Whitehorse, YK Y1A 1Y6
Phone: (867) 668-6280
Fax: (867) 633-4576
E-mail: learn@yknet.yk.ca

APPENDIX 4: *Consumer Health Information*

Saying It Plainly [1]

Patient education materials are often written at a level that is higher than the reading level of the people who will need them. As the following paragraph is rewritten to less difficult reading levels, notice the shift from an impersonal to a personal, "conversational" style through the use of the pronoun "you." Notice also the shift from medical generalizations (e.g., "premature births and newborn illnesses may be decreased by care obtained early in pregnancy") to concrete recommendations for action (e.g., "go to the doctor as soon as you can"). The readability has been improved by using shorter sentences and eliminating most words with more than two syllables.

12th Grade Reading Level

It is important to know that premature births and newborn illnesses may be decreased by care obtained early in pregnancy. The physician is actively involved in testing the pregnant woman for pregnancy-induced diabetes and other health problems. Research has shown that certain health problems in the mother cause premature births and illness in newborns. It clearly makes good sense to see your primary care physician or an obstetrician as soon as the pregnancy is suspected. The physician can detect and treat these problems as early as possible. Early prenatal care results in healthier babies.

8 th Grade Reading Level

If you are pregnant or think you may be pregnant, call for an appointment right away. Getting care early in your pregnancy will help you have a healthy pregnancy and a healthy baby. Your doctor (or an OB-GYN doctor you chose from our list) will give you a complete checkup. He or she will also give you certain tests to make sure everything is going well. If there are any problems, it is good to find them early. That way, you have the best chance for a healthy baby.

4 th Grade Reading Level

If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a child-birth doctor from our list will give you a first exam. Tests each month or so will let you know if all is going well. If there is a problem, you will know right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.

1 Maine AHEC Health Literacy Center. “Saying It Plainly,” The Pfizer Journal: Responding to the Challenge of Health Literacy, 2 . 1 (1998) : 32.

APPENDIX 5: *Literacy and Health Programs and Activities in Canada*

National Literacy and Health Program

The Canadian Public Health Association's (CPHA) National Literacy and Health Program has broken important ground in the past five years by promoting the use of plain language and clear verbal communication in health professional practice. All of the program's 26 partners have been engaged in activities to raise awareness among their members about the links between literacy and health through awareness ads and articles in their publications, workshops and exhibits at conferences, as well as the promotion of helpful resources.

Some examples of specific literacy and health activities partners have engaged in are:

Canadian Association of Optometrists (CAO)
CAO has been an inspiration to the national partners in making the link between vision and literacy. Both its Vision Awareness Week where literacy has been a primary theme for 1994 and 1995, and its 1995 Sharing the Vision Campaign where over 15,000 low literacy learners with poor vision received free eyewear, have provided excellent examples to the other national partners on what national health associations can do to promote literacy and health.

The Canadian Pharmacists Association (CPhA)
The theme for Pharmacy Awareness Week 1995 was clear verbal communication. The National Literacy and Health Program's *Clear Verbal Communication* Tips were featured in the week's promotional booklet, *Good Advice Equals Better Health*, which was circulated to 350 pharmacists. These tips were also promoted in university schools of pharmacology by CPhA during campus visits from March to June 1996.

In 1998, CPhA's Annual Conference featured a plain language and clear verbal communication workshop for pharmacists.

The Canadian Association of Occupational Therapists (CAOT)
CAOT has sponsored distance education in plain language for its members through Telemedicine programming, has developed a position statement endorsing the use of plain language in professional practice, and features its commitment to addressing literacy and health at conferences across Canada through exhibits and poster sessions.

Canadian Nurses Association (CNA)
CNA has distributed a resource for teaching plain language and clear verbal communication techniques to nursing students to every nursing program in

Canada, and has further demonstrated its support by including plain language in its Code of Ethics.

Canadian Dental Association (CDA)
Humour made the link between dental care and literacy in the form of a comic strip developed for CDA by artist Lynn Johnston. The comic accompanied an editorial about the importance of clear communication between dentists and their clients.

Health Canada Profile Paper
The Policy Development and Coordination Division of Health Canada's Health Promotion and Programs Branch commissioned the writing of a Profile Paper titled *How Does Literacy Affect the Health of Canadians?*[1] The primary purpose of the paper is to raise awareness within Health Canada about the impact of literacy on health.

Provincial Activities

Alberta Public Health Association
In 1996, the Alberta Public Health Association received funding to lead Alberta's Partnership Project on Literacy and Health. One activity[2] of the project was to survey 19 health-related provincial organizations and agencies in Alberta to identify what these groups needed to address literacy issues.

The three greatest needs identified by organizations were:

- greater awareness of literacy and health issues
- training in plain language and clear verbal communication
- access to resources on literacy.

Literacy Partners of Manitoba
On September 8, 1997 (International Literacy Day), the Literacy Partners of Manitoba released a report[3] linking low literacy to poor health in northern communities.

Based on the 1991 census, the report indicates that the incidence of disease, accidental and violent deaths are markedly higher in areas where literacy rates are low. Overall, rural Manitobans are hospitalized 46 per cent more often than Winnipeg residents, the report says, adding the most cost-effective way to reduce the level of illness is to improve the levels of literacy.

Saskatchewan Literacy Network
The Saskatchewan Literacy Network is currently developing an information kit on the theme of "Literacy and Wellness: Making the Connection." These kits will highlight the relationships between literacy levels and health service usage in each District Health Board in Saskatchewan, Canada. These information packages will be designed to increase health practitioners' awareness of health literacy issues.[4]

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1 Burt Perrin. "How Does Literacy Affect the Health of Canadians?," Profile Paper, (Ottawa: Health Canada, Policy Development and Coordination Division, Health Promotion and Programs Branch, 1998).
2 Alberta Public Health Association. "The Literacy and Health Connection," The Promoter, February 1998 : 3.
3 "Low literacy rates, poor health linked," Winnipeg Free Press September 9, 1997.
4 National Institute For Literacy. Literacy and Health Electronic Discussion Group, June 23, 1998 posting.

To subscribe to this list-serve:

1. Send an E-mail message to:
   LISTPROC@LITERACY.NIFL.GOV
2. with the following request in the body of the message:
   subscribe NIFL-HEALTH First name Last name
   Example:
   subscribe NIFL-HEALTH John Smith

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