

Suggestions for Areas of Improvement

For use after completion of assessment tool

General suggestion about guidelines:

Guidelines are asked about throughout the assessment tool. All the guidelines referenced are suggested as a way to improve health literacy friendliness and use of the guidelines should strive to approach “always used”. Resources to aid in the development and implementation of guidelines can be found in the Health Literacy Resource Guide.

Specific suggestions for areas other than guidelines are listed below.

I. Printed Member Information

1. *Reading level:*

It is suggested that reading level guidelines be set as low as possible. 6th grade or below would be ideal. Reading level testing should be conducted using readability tools in addition to any other methods of testing that are possible.

2. *Font/Size:*

Font size is recommended to be 12 point or higher. The font used should be basic, plain fonts such as Arial or Times New Roman, without fancy scripting or difficult to read lettering.

3. *Simple, clear language:*

Guidelines for simple, clear language should be developed using a variety of methods, including member feedback, health literacy experts, and formal market research. All print materials should be tested against the clear language guidelines.

4. *White space:*

White space guidelines should be applied to all print materials to maximize the readability and understanding of materials by members. Specifics for developing these guidelines can be found in the health literacy resource document.

5. *Graphics/Illustration:*

Graphics/Illustration guidelines should be applied to all print materials to maximize the readability and understanding of materials by members. Specifics for developing these guidelines can be found in the health literacy resource document.

6. *Pilot testing by individuals with limited health literacy:*

Ideally, materials should be pilot tested for understanding by members. The benefit of this may be further enhanced by specifically including individuals with limited health literacy.

7. *Consulting with people outside the organization:*

To obtain objective feedback, it is suggested that people outside the organization be consulted to evaluate and provide feedback on printed materials. These people could be members, health literacy experts, the general public, or others.

8. *Staff training in preparing written materials in plain language:*

It is suggested that all staff directly involved with preparing written materials be trained in writing using plain language. Refresher training should also be available at intervals that are convenient and helpful for the staff to retain the information and obtain any new information.

9. *Printed information available in languages other than English:*

While it would be ideal to have 100% of material available in multiple languages, this may not be possible. It is suggested that as many materials as possible are provided in languages other than English. Ideally, translated materials would be in languages predominantly used by your specific members (other than English). This will vary based on location and population, but efforts should be made to increase availability as much as possible. These materials should also be tested for readability and plain language.

10. *Contact information:*

It is suggested that contact information, including appropriate phone numbers and addresses, be listed on all printed member information materials.

11. *Organizational collaboration:*

Whenever possible it would be great to share health literacy tools, instruments, and guidelines with provider networks. This may serve to increase awareness of health literacy information and improve understanding for members beyond the specifically health plan generated materials that they receive.

12. *Vendors:*

Vendors are often used to develop member information. When they are, it is important to hold them to at least the same health literacy standards of the health plan, to ensure continuity in understanding and health literacy friendliness of member material.

II. Web Navigation

1. *Web address presence on materials:*

It is suggested that your organization's web address be listed on company materials in a place that can be easily seen and read. If there are different web addresses for different products or types of information, it may be beneficial to identify them as well.

2. *Font/Size:*

Font size is recommended to be 12 point or higher. The font used should be basic, plain fonts such as Arial or Times New Roman, without fancy scripting or difficult to read lettering.

3. *Guidelines for ease of navigation:*

Like all guidelines mentioned, ease of navigation guidelines are highly suggested. Since experience navigating computers and the web may be varied among members, these guidelines may help ensure it is kept as simple as possible. Information that may help in the development process can be found in the attached resource list.

4. *Assessment with new information:*

When new information or webpages are added, a new assessment for the ease of navigation may be warranted. The more these guidelines are followed and utilized, the more effective

they will be in ensuring that members can properly use all the features available on your website.

5. *Feedback from members with limited health literacy and/or computer experience:*

Since computer proficiency is greatly varied, it may be very beneficial to include members that may have the most difficulty. Gathering such feedback, perhaps with a small, optional web survey or insert in a periodic mailing, may reveal unforeseen issues.

6. *Website viewed in multiple languages:*

The availability of items on your website in languages other than English helps with readability for people that may predominantly speak other languages. It is suggested that as many materials as possible are provided in languages other than English. This will vary based on location and population, but efforts should be made to increase availability as much as possible. These materials should also be tested for readability and plain language.

7. *Accessibility of contact information on website:*

Contact information, including mailing addresses and phone numbers should be easily accessible for members when visiting your website. If contact information is on the top or bottom of the page, it should be large and easily identifiable. If contact information is on a separate page, the link to the page should be large and easy to find.

8. *Health and wellness information:*

Health and wellness information provided on your website should be held to the same guidelines and standards as written material. The standards should be used for all material, with a reading level as low as possible, with Grade 6 or below being ideal and formally tested.

9. *Member benefits and service information:*

Information and explanations of member benefits and available services provided on your website should be held to the same guidelines and standards as written material. The standards should be used for all material, with a reading level as low as possible, with Grade 6 or below being ideal and formally tested.

10. *Assistance for members:*

Making help available in some format (Help number, email, FAQ, etc) is suggested and may help with navigation and use of information by all members, including those with limited literacy. If staff members are directly in contact with members to provide website assistance, they should ideally be trained in communicating effectively with members with limited health literacy. Incorporating training or guidelines for these staff members may help your plan members better utilize and understand the help they are getting.

11. *Vendors:*

Outside vendors are often used to develop websites and website material. When they are it is important to hold them to at least the same health literacy standards of the health plan, to ensure continuity in understanding and health literacy friendliness of member material.

12. *Use of AHIP Checklist:*

Use of this checklist as well as other guides or references for all categories in this assessment may be helpful in creating and improving health literacy efforts.

III. Member Services/Verbal Communication.

- 1. *Option to speak to a live person in first menu option:***
Ensuring that members can reach a live person at your organization without frustration or difficulty is important, so explicit options for speaking to a representative should ideally be presented in the first few options of a phone call
- 2. *Guidelines for health literacy friendly verbal communication methods:***
Like all guidelines mentioned, health literacy friendly verbal communication guidelines are highly suggested. Development of these guidelines should ideally incorporate experts, member feedback, and/or market research.
- 3. *Identifying words and phrases to be avoided or explained:***
Like all guidelines mentioned, guidelines identifying organizational words and phrases to be avoided are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.
- 4. *Use of acronyms or nicknames:***
Like all guidelines mentioned, guidelines identifying company specific acronyms or nicknames to be avoided are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.
- 5. *Training on indications that a member does not understand:***
It is suggested that staff be trained to recognize indications that a member does not understand what is being said. Training or information in knowing how to identify cues such as monotonous “uh-huh’s” or indications of frustration like audible sighs should be incorporated into other training for staff about verbal communication.
- 6. *Staff training on clear verbal communication techniques:***
Incorporating training for staff that interacts with members in areas such as organizing verbal information, communicating using simple language, and checking for understanding would all be great ways to increase health literacy friendliness. Striving to train all staff with member contact would be ideal.

IV. Forms

- 1. *Readability and understanding in form development:***
Like all guidelines mentioned, guidelines identifying company specific acronyms or nicknames to be avoided are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.
- 2. *Reading level:***
It is suggested that reading level guidelines be set as low as possible. 6th grade or below would be ideal. Reading level testing should be conducted using readability tools in addition to any other methods of testing that are possible.

3. **Font/Size:**
Font size is recommended to be 12 point or higher. The font used should be basic, plain fonts such as Arial or Times New Roman, without fancy scripting or difficult to read lettering.
4. **Simple, clear language:**
Guidelines for simple, clear language should be developed using a variety of methods, including member feedback, health literacy experts, and formal market research. All print materials should be tested against the clear language guidelines.
5. **White space:**
White space guidelines should be applied to all print materials to maximize the readability and understanding of materials by members. Specifics for developing these guidelines can be found in the health literacy resource document.
6. **Vendors:**
Outside vendors are often used to develop forms. When they are, it is important to hold them to at least the same health literacy standards of the health plan, to ensure continuity in understanding and health literacy friendliness of member material.

V. Nurse Call Line

1. **Guidelines for identification of medical and scientific jargon to be avoided**
Like all guidelines mentioned, guidelines identifying medical and scientific jargon to be avoided are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.
2. **Guidelines for regulation of organizational acronyms or nicknames:**
Like all guidelines mentioned, guidelines regulating the use of acronyms or nicknames unique to your organization are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.
3. **Scheduling of appointments and phone calls:**
If appointments or phone calls are scheduled ahead of time, it is suggested that the allotted time slot allows members that have additional questions or need extra explanation. This is especially important for members with limited literacy that may need additional assistance. Since limited literacy status is generally unknown, it would be best to employ this scheduling with all members.
4. **Contact information given:**
It is highly suggested that members be provided with contact information before ending a call with the nurse call line. Ideally this contact would be the original person the member spoke to, since they will be most familiar with the conversation. A general nurse call line number or contact information for another member of the department may also be helpful.

5. *Training on indications that a member does not understand:*

It is suggested that staff be trained to recognize indications that a member does not understand what is being said. Training or information in knowing how to identify cues such as monotonous “uh-huh’s” or indications of frustration like audible sighs, should be incorporated into other training for staff about verbal nurse call line communication.

6. *Staff training on clear verbal communication techniques:*

Incorporating training for staff members who interact with plan members in areas such as organizing verbal information, communicating using simple language, and checking for understanding would all be great ways to increase health literacy friendliness. Striving to train all staff with member contact would be ideal.

VI. Case/Disease Management

1. *Reading level:*

It is suggested that reading level guidelines be set as low as possible. 6th grade or below would be ideal. Reading level testing should be conducted using readability tools in addition to any other methods of testing that are possible.

2. *Font/Size:*

Font size is recommended to be 12 point or higher. The font used should be basic, plain fonts such as Arial or Times New Roman, without fancy scripting or difficult to read lettering.

3. *Simple, clear language:*

Guidelines for simple, clear language should be developed using a variety of methods, including member feedback, health literacy experts, and formal market research. All case/disease management materials should be tested against the clear language guidelines.

4. *White space:*

White space guidelines should be applied to all case/disease management materials to maximize the readability and understanding of materials by members. Specifics for developing these guidelines can be found in the health literacy resource document.

5. *Graphics/Illustration:*

Graphics/Illustration guidelines should be applied to all case/disease management materials to maximize the readability and understanding of materials by members. Specifics for developing these guidelines can be found in the health literacy resource document.

6. *Pilot testing by individuals with limited health literacy:*

Ideally, case/disease management materials should be pilot tested for understanding by members. The benefit of this may be further enhanced by specifically including individuals with limited health literacy.

7. *Consulting with people outside the organization:*

To obtain objective feedback, it is suggested that people outside the organization be consulted to evaluate and provide feedback on case/disease management materials. These people could be members, health literacy experts, the general public, or others.

8. *Staff training in preparing written materials in plain language:*

It is suggested that all staff directly involved with preparing case/disease management materials be trained in writing using plain language. Refresher training should also be available at intervals that are convenient and helpful for the staff to retain the information and obtain any new information.

9. *Printed information available in languages other than English:*

While it would be ideal to have 100% of material available in multiple languages, this may not be possible. It is suggested that as many materials as possible are provided in languages other than English. Ideally, translated materials would be in languages predominantly used by your specific members (other than English). This will vary based on location and population, but efforts should be made to increase availability as much as possible. These materials should also be tested for readability and plain language.

10. *Guidelines for identification of medical and scientific jargon to be avoided:*

Like all guidelines mentioned, guidelines identifying medical and scientific jargon to be avoided are highly suggested. Ideally these guidelines would be developed through a process that may include feedback from members as well as use of health literacy resources.

11. *Scheduling of appointments and phone calls:*

If appointments or phone calls are scheduled ahead of time, it is suggested that the allotted time slot allows members that have additional questions or need extra explanation. This is especially important for members with limited literacy that may need additional assistance. Since limited literacy status is generally unknown, it would be best to employ this scheduling with all members.

12. *Contact information given:*

It is highly suggested that members be provided with contact information before ending a call. Ideally this contact would be the original person the member spoke to, since they will be most familiar with the conversation. A general case/disease management number or contact information for another person in the department may also be helpful.

13. *Training on indications that a member does not understand:*

It is suggested that staff be trained to recognize indications that a member does not understand what is being said. Training or information in knowing how to identify cues such as monotonous “uh-huh’s” or indications of frustration like audible sighs, should be incorporated into other training for staff about verbal nurse call line communication.

14. *Staff training on clear verbal communication techniques:*

Incorporating training for staff members who interact with plan members in areas such as organizing verbal information, communicating using simple language, and checking for understanding would all be great ways to increase health literacy friendliness. Striving to train all staff with member contact would be ideal.

15. *Vendors:*

Vendors are frequently used to develop case/disease management information. When they are, it is important to hold them to *at least* the same health literacy standards of the health plan, to ensure continuity in understanding and health literacy friendliness of member material.