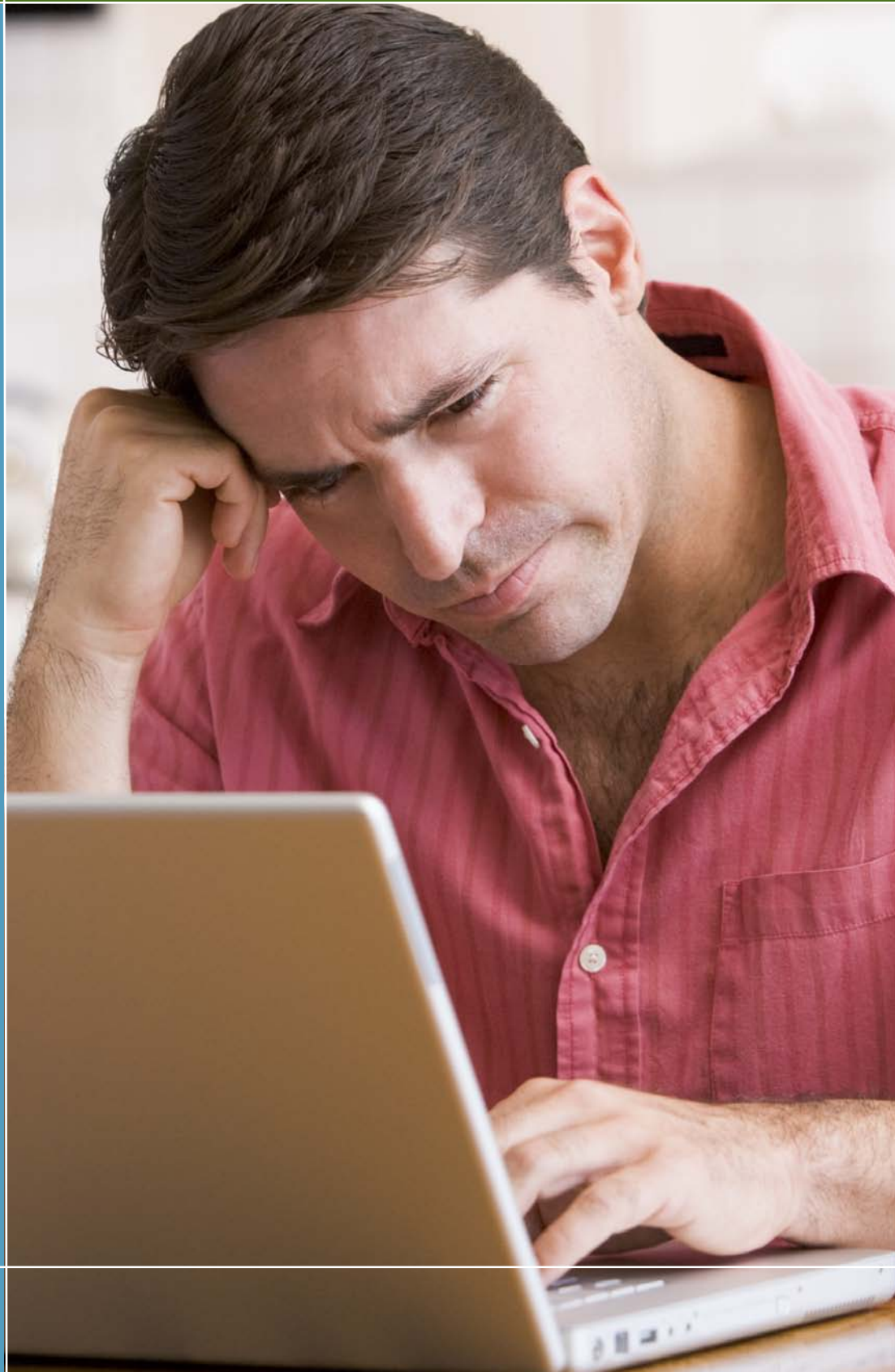




Health Literacy and America's Health Insurance Plans: Laying the Foundation and Beyond

*Summaries of the
Health Literacy Activities
in 27 AHIP
Member Companies*



October, 2011



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For more information on the AHIP Health Literacy Task Force, or to learn about the tools and resources available to health plans developing and advancing health literacy programs, contact:
Susan Pisano, 202-778-3245, spisano@ahip.org.
or visit www.ahip.org/healthliteracy



Introduction

In a first of its kind publication, this brief summarizes the health literacy programs of 27 AHIP member companies and describes their commitment to providing consumers with information on their health and benefits that can be easily understood and used to good advantage.

Why are the Health Literacy Programs of Health Plans so important?

Research shows clearly that health and benefits information plays an important role in the health status of individuals and that those with poor health literacy who cannot easily access, understand, and act upon such information are more likely to experience poor health and incur significantly higher health care costs, less likely to be engaged in their care, and have a harder time managing their chronic diseases.

A study recently published in the *Journal of the American Medical Association* by authors from Kaiser Permanente found that patients with congestive heart failure and low health literacy are three times as likely to die in a given year as patients with better health literacy skills.¹ Several other studies and reports, including the recent HHS National Action Plan to Improve Health Literacy, document the importance of health literacy as part of a person-centered process that is essential to the delivery of cost-effective, safe, and high-quality health services.²

The National Action Plan to Improve Health Literacy released in May 2010 highlights the importance of engaging all stakeholders linked in a multi-sector effort to improve health literacy. The report highlights strategies that particular organizations and professions can take to further the key goals identified to improve health literacy. Promoting change in the health care system through improved health information and communication, informed decision-making, and the development and dissemination of health information that is accurate, accessible and actionable, can have a demonstrable impact on the health and quality of life of millions of Americans.

Increasingly, stakeholders across the health care system have recognized the important linkage between health literacy and health status, and are working to provide consumer health and benefits information that promotes “clear communication” and: (1) is easy to access, understand, and act upon; (2) promotes consumers’ engagement in their own health; and (3) results in better health outcomes.³

Achieving these goals requires a collaborative, system-wide commitment that involves all of the professionals, organizations, and disciplines communicating with consumers, whether directly or indirectly, via the spoken or written word.

Nearly nine out of ten adults have difficulty using health information to make informed decisions about

Introduction (continued)

their health, profoundly affecting their health and access to care. Yet, by 2014, millions of newly insured individuals will be accessing the system, and will need assistance in seeking appropriate providers and sites of care. Recognizing that consumers all too often are unable to understand medical terms and instructions, a collective effort by key stakeholders is needed to provide information consumers can understand and use to make decisions about their benefits, personal care and care for their families.

How are Health Plans Engaged in Addressing Health Literacy?

Health plans view health literacy as a key component in engaging patients in self management of their chronic diseases, in care during transitions (including transitions from hospital to home), in medication adherence, and in wellness and prevention. Health plan efforts to reduce disparities in care include programs such as cross-cultural training of physicians and other clinicians to improve communication and address health literacy. Written and verbal communication that can be easily understood and acted upon can improve consumers' ability to use their benefits to their fullest and maximize their own health.

A growing number of health plans are actively engaged in working to improve health literacy. Several years ago, with interest from other stakeholders, AHIP convened a Health Literacy Task Force, which includes representatives from approximately 50 member plans. The Task Force includes medical directors, nurse educators, and a pharmacist, as well as professionals engaged in the quality enterprise, cultural competency, disparities in health, and communications. It is focused on increasing awareness of health literacy and encouraging the development or expansion of health literacy programs. In addition, the task force

identifies and develops tools to help health plans initiate and advance their programs, and share information and best practices.

The set of tools developed includes:

- ▶ An **organizational assessment tool**, developed with Dr. Julie Gazmararian of Emory University under a grant from the Robert Wood Johnson Foundation. This tool was pilot tested in 18 plans and is now widely used by plans to determine if they have the infrastructure in place to promote good written and verbal communications about health and benefits;
- ▶ A **toolkit** outlining the five basic steps to implement and advance a health literacy program, including bringing together a team, making the case for moving ahead, assessing the organization, developing policies, procedures, and an action plan, and training of staff;
- ▶ A **model policy** for organizations to adapt/adopt; and
- ▶ A **"mentoring" program** that matches professionals from programs that are more advanced with companies that are just starting out.

There continues to be significant startup activity in this area, with interested parties seeking information on program development and tools to sustain and advance ongoing health literacy programs.

Health plans also have engaged with multiple public and private partners including the Agency for Healthcare Research and Quality (AHRQ) to pilot test the health literacy Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey item set for health plans. This new survey item set will help examine consumers' perspectives on how well health information is communicated by health plans and health professionals in a health plan setting. This is a step forward in improving

how plans and providers are addressing the health literacy needs of individuals delivering health information that is understandable to the vast majority of Americans.

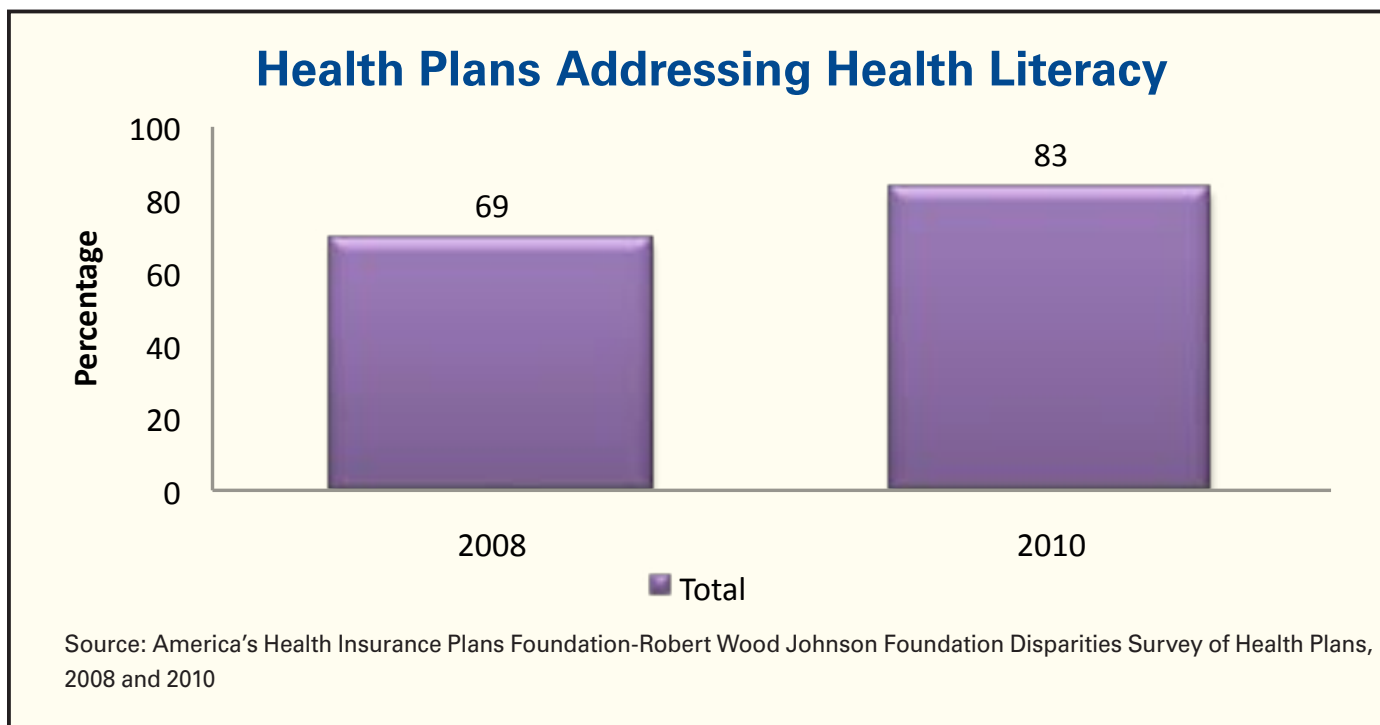
The one-on-one interviews with our members that culminated in this publication provided insights into how health literacy programs are continuing to evolve. Although some initially focused on medical information while others focused on benefits information, these programs generally are evolving to embrace both.

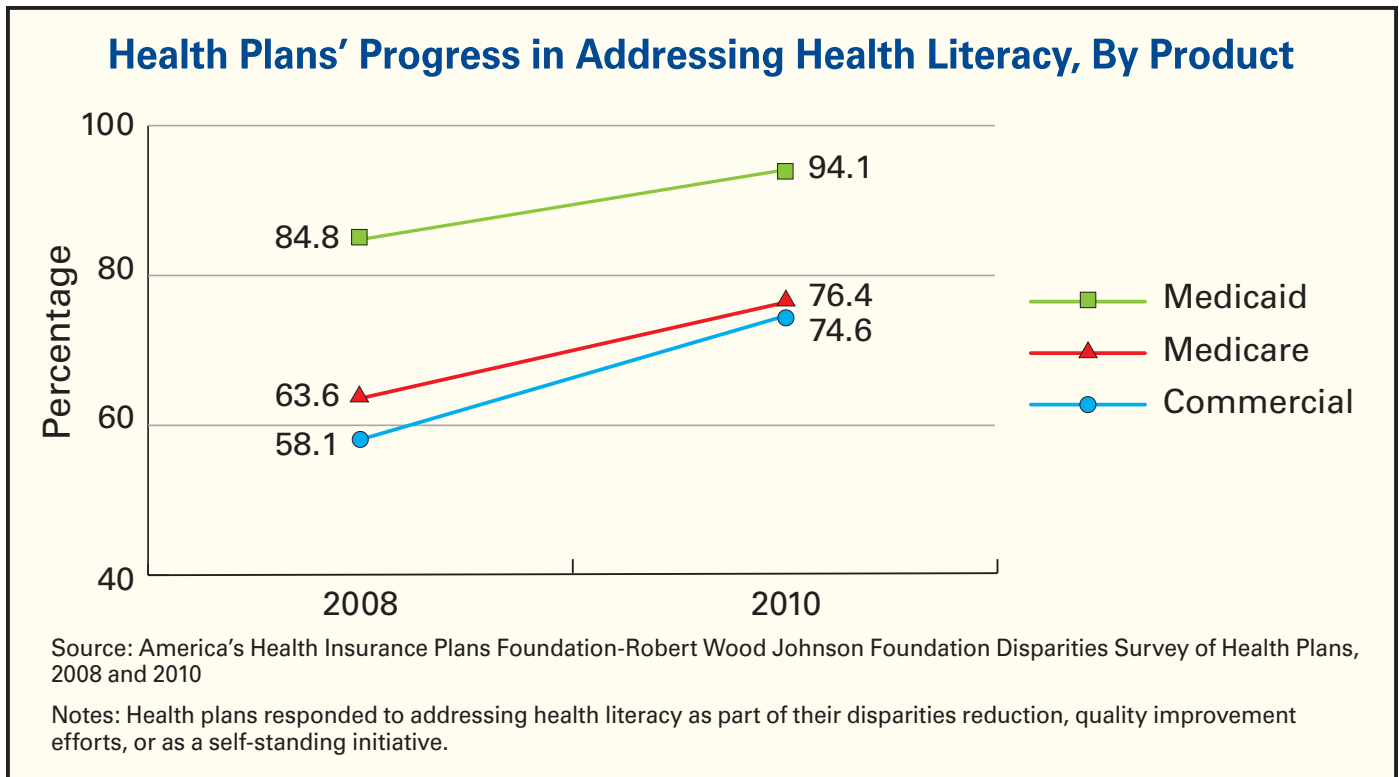
Work in the area of written communication is generally more advanced than verbal communication, though many plans are now focusing more attention on verbal communication, and there is considerable activity in both areas. In fact, a number of our member companies require all employees to have some understanding of plain language. Many plans have begun to be interested in how they can use social media in a health literate way, as they move from a focus on more traditional means of communication to make use of the

channels best suited to today's audiences. Finally, we are beginning to see the emergence of health plan-based research from plans that are interested in contributing to the body of evidence about health literacy and its potential.

The AHIP Foundation (AHIPF) health plan surveys on disparities in health, funded by the Robert Wood Johnson Foundation (RWJF), reveal increased activity in the foundational elements of health literacy programs, such as assessments and dissemination of low-literate materials, development of organizational policies, and training of staff.

Two years ago, this national survey showed that approximately 69% of health plans had introduced some components of a health literacy program; this grew to 83% in 2010. About half of these programs are housed as part of health plans' disparities or quality improvement activities, while others are integrated into plan efforts to improve culturally and linguistically appropriate services, patient engagement, patient satisfaction, and communications and marketing.





In 2010, according to the AHIPF-RWJF survey, almost all health plans were adopting a targeted reading level for written consumer communications (90%) and standardizing member communications in clear, plain language (81%). Health plans also have improved awareness and training among plan staff, specifically those who prepare written communications for members or who interact directly with members, on the principles of clear health communication (increasing from 58.4% in 2008 to 70.6% in 2010). The survey also showed that 67% of health plans in 2010 ensured that all documents, including those translated from English into other languages, meet a targeted reading level. Although not assessed in these surveys, the reading levels may vary across health plans and among states, with ranges between 4th – 8th grade reading level.^{4,5} About two-thirds of health plans adopt a company-wide approach to clear communication through the development of policy and procedures.

Other common approaches to improving clarity and understanding of written communications included avoidance of jargon and medical terms, and translation of materials in commonly spoken languages other than English.

What are Currently the Most Common Health Plan Approaches to Improving Health Literacy?

Through these national surveys, outreach and interviews with our member plans, we have identified eight common approaches that could serve as models to assist other entities in improving health literacy:

- ▶ Assess the organization to determine if an infrastructure exists to provide clear, easy to use information.
- ▶ Convene teams of professionals from all of the organization's units that touch consumers via the written or spoken word to address health literacy. This allows infusion of health literacy across an organization.

- ▶ Use tools such as the organizational assessment as a way to jump start a program, or as a planning and prioritization tool.
- ▶ Adopt a targeted reading level.
- ▶ Conduct inventories of jargon and acronyms used by the company and create lists of “words to avoid” and “words to use” as alternatives. These are generally company specific as companies tend to develop their “own language.”
- ▶ Create checklists (or use electronic tools) for evaluating written documents to assure that they conform to principles of clear health communications.
- ▶ Consider a company-wide policy that new documents and those being revised must conform to principles of clear health communication.
- ▶ Provide training to a broad group of employees to increase awareness and enhance skills.

Looking forward, the health plan community is intensely focused on improving communications to consumers, recognizing that clear written communications tend to be at a more advanced stage than clear verbal communications. Consumer testing of materials is an important priority for achieving further progress. While the costs associated with such testing and difficulty in getting consumer engagement have been limiting factors, health plans are creative in getting feedback on their materials, including obtaining this information through existing assessment tools or through employees who are engaged in activities unrelated to the materials being tested.

The information in this publication will be updated regularly, an important step in an endeavor that is developing and evolving rapidly. It is our hope that providing this information to our member companies will spur further development in this important field of activity.

1 Peterson PN, Shetterly SM, Clarke CL, Bekelman DB, Chan PS, Allen LA, Matlock DD, Magid DJ, Masoudi FA. Health Literacy and Outcomes Among Patients With Heart Failure, *JAMA*.2011;305(16):1695-1701. doi: 10.1001/JAMA.2011;512

2 Office of Disease Prevention and Health Promotion. (May, 2010). National Action Plan to Improve Health Literacy. Washington, DC: U.S. Department of Health and Human Services

3 *Health Literacy Universal Precautions Toolkit*. AHRQ Publication No. 10-0046-EF, April 2010. Rockville, MD: Agency for Healthcare Research and Quality. <http://www.ahrq.gov/qual/literacy/index.html>.

4 Gazmararian, JA. (2009). America’s Health Insurance Plans’ response to health literacy. PowerPoint presentation at the Institute of Medicine workshop on measures of health literacy. Washington, DC, February 26.

5 Health Literacy Innovations, LLC. (2007). National survey of Medicaid guidelines for health literacy. Bethesda, MD <http://www.healthliteracyinnovations.com/information>.



Aetna, Inc.

Health Literacy Initiative



What was the impetus for your project or program? What are its goals?

Many people across the company are aware of the problem of poor health literacy. But the *National Assessment of Adult Literacy* survey served as a wake up call that spurred us into action. The survey revealed that more than 90 million people in the United States had difficulty reading. The survey also found African Americans and Hispanic Americans had a higher rate of marginal or inadequate health literacy when compared to white Americans.

In 2006, we estimated that approximately 7.5 million of our members had problems reading, understanding and using information to make informed decisions about their health and health care.

In response, we created the Health Literacy Workgroup. At the start, the main goal of the group was to raise awareness about the challenges of poor health literacy. Later we began to propose solutions to address the challenges. Our mission has been to have a positive impact on health outcomes by using and promoting universal health literacy strategies.

Our goals and objectives are to:

- ▶ Research and analyze the effect of health literacy on consumer understanding of health information and its impact on health outcomes
- ▶ Increase awareness about health literacy among all stakeholders (health care professionals, members and Aetna employees)
- ▶ Provide stakeholders with tools/resources to address health literacy challenges
- ▶ Promote language simplification so that Aetna communicates health information in a manner that is understood by all audiences

What are the key elements?

Our cross-functional group contains representatives from:

- ▶ Health care management
- ▶ Quality management
- ▶ Pharmacy and dental operations
- ▶ Product and program development
- ▶ Marketing and communications
- ▶ Claims and customer service
- ▶ Sales

The team has three subgroups. Each addresses one of our three primary audiences: consumers/members, health care professionals and internal Aetna employees. We use the company intranet to communicate with employees. And we have an employee newsletter—*In Plain Language* (simply said, easily read)—that serves as a “how to” guide to simplify how we speak and write. (There are currently about 3,000 subscribers.)

What does the program do?

Since 2005, we’ve worked to:

SPREAD THE WORD

We speak about the cause to Aetna employees, industry trade groups, professional associations and other health literacy groups. We’ve invited experts in the field to speak to our employees. These experts include Drs. Darren Dewalt, Bob Like, and Barry Weiss, as well as plain language and cross-cultural communications expert Janet Ohene-Frempong.

ENGAGE EMPLOYEES

Employee “champions” weave the concepts of health literacy and plain language into the fabric of the organization. This increases the value of our brand, reputation and business success. Every Aetna employee receives annual awareness training about health literacy and plain language. We also have an online health literacy awareness course for all employees.

Permanent features of our employee intranet include Jargon Alerts and Because You Asked. (These both

help employees figure out better ways to convey information.)

During national Health Literacy Month, we sponsor contests to engage employees. One asked entrants to rewrite a paragraph to reduce its reading grade level and enhance its clarity.

REACH OUT TO CLINICIANS

We talk to doctors and nurses about their role in helping patients better understand their health and health care. We have created awareness activities for doctors, including:

- ▶ Health literacy messaging via ePocrates
- ▶ Features about health literacy in our physician newsletter
- ▶ A health literacy reference tool on our provider education website
- ▶ A cultural competency course for clinicians

CONDUCT RESEARCH

We research and analyze the effect of health literacy on consumer understanding of health information and its impact on health outcomes. Examples include:

▶ Asthma Health Literacy Study

The goal of our first study was to have a positive impact on the health outcomes of members with poor asthma control by giving them asthma educational materials written in plain language. The Institute for Healthcare Advancement named us a winner of its 2008 Health Literacy Award in the research category for the study. The study was funded in part by GlaxoSmithKline.

In 2011, we launched an asthma pilot program for Medicaid members in Delaware. This program aims to improve health outcomes of Hispanic and African American patients who struggle with the disease. The goals of the year-long initiative are to better control asthma and reduce the need for emergency room visits through:

- Culturally appropriate educational materials written in plain language
- Disease management programs
- Environmental assessments of homes

▶ Migraine Health Literacy Study

The goal was to determine whether clinical information about emergency room visits for migraines could:

- Improve compliance with discharge instructions
- Improve the quality of member health
- Reduce return visits to the emergency room

WALK THE TALK

Aetna writers are focusing on plain language. This helps the people who read our materials better understand and act on them. The Center for Plain Language recognized us for our efforts in 2010 and 2011.

CERTIFY WRITERS

Our training program aims to make sure that our communicators:

- Inform, educate and engage our consumers
- Follow Aetna writing guidelines
- Write in plain language

Plain language is part of Aetna's brand standards. We support it with information on the topic on both our brand standards and health literacy/plain language websites.

IMPROVE COMMUNICATIONS

We used plain language to simplify more than 200 codes for our explanation of benefits statements; to improve understanding and satisfaction, we also simplified more than 70 member letters. In addition, we produce *Navigating Your Health Benefits for Dummies*, a book that breaks down the complex health benefits system into easily digestible pieces and helps consumers navigate their way.

Aetna, Inc.

Health Literacy Initiative (continued)

COLLABORATE WITH OTHERS

One of our medical directors serves on the programs committee of the American College of Physicians Foundation. An Aetna vice president is an active member of the Institute of Medicine's Round Table on Health Literacy, as well as chair of AHIP's Health Literacy Taskforce. We also collaborate with the American Medical Association Foundation to distribute their continuing medical education course on health literacy to clinicians.

We work with the Financial Planning Association to sponsor "Plan for Your Health," a public education website that gives consumers the tools and information they need to make smart health benefit decisions to protect their health and financial future. The site, which is also available in Spanish, focuses on life stages such as changing jobs, getting married, starting a family and planning for retirement.

In 2008, we partnered with the Greater Hartford Coalition on Health Care to sponsor their 2nd Annual Medical Management Conference. This featured a Forum on Health Literacy and Racial Disparities. The keynote speaker was Dr. Joxel Garcia, Assistant Secretary for Health at the U.S. Department of Health and Human Services.

RECOGNIZE CHAMPIONS

Each month we name a Health Literacy Champion. At the end of the year, we select a winner from all nominees to receive the Judy Langley Health Literacy Award. Judy, a former Aetna nurse educator, was an early and invaluable supporter of health literacy. She passed away in the midst of getting this program off the ground. The award honors her and her legacy.

What lessons have you learned?

- ▶ Health literacy is more than whether you can read and understand medical terms. It is also whether you can understand the language of health care and health care benefits.
- ▶ Awareness is good, but it's not enough. We need to be eternal advocates for health literacy, plain language and member empowerment.
- ▶ Health literacy and plain language do not "dumb down" communications. We insist that the only thing "dumb" is to continue to give people information they can't understand.
- ▶ Everyone can benefit from health literacy strategies. (Busy people value the simple, clear approach, too.) This is why we advocate for a universal health literacy approach.
- ▶ Educating doctors to have a health literate office means educating the entire office staff, both clinical and non-clinical.
- ▶ Low health literacy effects spoken and electronic communications as well as written materials.
- ▶ Find the people in your organization with passion for this work and empower them to drive your program forward. Provide them with recognition and support.

Contact:

Jill Griffiths
Vice President, Market and Clinical
Communications
GriffithsJB@aetna.com

AmeriHealth Mercy Health Plan/Keystone Mercy Health Plan Engagement, Education, Empowerment Program



What was the impetus for this program or project? What are its goals?

A fundamental goal for AmeriHealth Mercy/Keystone Mercy is to encourage patients to adopt healthy behaviors. The plan focus is called “Engagement, Education, Empowerment.” Solid, health literate patient information is a building block for the overall efforts.

What are the key elements?

The company’s policy on member materials requires that these documents go through the member communication department and are subject to legal and editorial review committee approval. The policy details how materials are prepared, reviewed, and approved, and are required by the PA Dept. of Public Welfare to be at a 4th grade reading level. One aim of the work is for the medical affairs area of the company to use member communications as a resource in developing materials that engage members in their own health.

A lot of the work at Keystone Mercy emerges from the company’s focus on Cultural and Linguistically Appropriate Standards (CLAS). Health literacy training, for example, is folded into the CLAS work.

Those who prepare materials use a communications toolkit that includes a checklist of style elements such as font size, white space, active voice, avoiding jargon, etc., and a “words to watch” list borrowed from the Partnership for Clear Health Communication.

Keystone Mercy staff were able to make the case for health literacy more strongly after participating in a 2009 pilot of the Emory/AHIP Assessment tool. Portions of the assessment were disseminated to various departments to complete, and this exercise served to increase awareness about what needed to be done. In particular, it brought to light the issue

of training. A new training module is in place for all staff with direct member interaction. It has been well-received. Specific issues were identified that are associated with navigation skills and health literacy levels, including the high level of no-shows for appointments. Keystone Mercy found a simple example to help address this issue, i.e., that often dates for appointments were written in calendar numbers, e.g., 8/9/11, even for individuals who grew up in countries where that is not the custom. They have converted to use of a format that includes the day of the week and word date and month: Tuesday, August 9, 2011.

Keystone Mercy has earned the NCOA Multicultural Health Care distinction, and believes that one factor that contributes to this is the emphasis on the quality of its translated documents. The company believes that documents can be translated into clear, actionable documents more easily if the original English versions are already clear and actionable.

Other elements:

The company is in the process of bringing health literacy and health literacy training to all areas and all levels in the company, including medical affairs and member services, focusing on functions as different as outreach reminders and medical information. The company is also in the process of reworking its web sites to make them easier to access and navigate from a health literacy perspective.

What lessons have you learned?

In advocating for health literacy, it is important to understand how clinicians and other professionals are trained. One pharmacist at AmeriHealth Mercy, a proponent of health literacy work, explained that in pharmacy school, points were deducted on tests if the student did not use technical language. That is hard to unlearn.

AmeriHealth Mercy Health Plan/Keystone Mercy Health Plan Engagement, Education, Empowerment Program (continued)

What are the results?

One result is the training of a wide range of employees. Another result is that clinicians are beginning to recognize the value of having the patient information in clearer, easier to use language and formats. One clinician recently commented that information on autism she had prepared was better for members after it was edited to conform to principles of clear health communication.

Contact:

Patricia Rossley
Sr. Communications Specialist
patricia.rossley@AmeriHealthMercy.com

American Specialty Health, Inc. Consumer Health Information Health Literacy Project



What was the impetus for this program or project? What are its goals?

The Consumer Health Information/Health Literacy Project began at American Specialty Health (ASH) in 2006 after a request from a client for a coaching program guide at the 6th grade reading level. At the time, the company was also looking carefully at available health services research relative to the extent and effects of low health literacy, and at accreditation standards linked to health literacy.

URAC, an independent, non-profit healthcare accreditation organization, included health literacy in its core standards for the first time in 2008. At that time Douglas Metz, DC, chairman of URAC's Health Standards Committee and chief health services officer for ASH, stated, "The new standards both advance the consumer focus in health care management and continue to raise the bar on organizational quality improvement efforts." ASH participated in the beta testing of those standards.

The goals of the health literacy initiative are to provide health content for a consumer audience that can be easily read, understood, and acted upon; lower the reading level of health information as much as possible while clearly and accurately communicating the content; and develop staff competency in writing health content for individuals with low health literacy.

What are the key elements?

Corporately, ASH's executive management team supports the efforts toward increasing health literacy of its members. The Corporate Quality Oversight Committee has developed or revised policies to support company-wide authorship of lower reading level content and—starting in 2007—implemented usability testing. ASH believes in the importance of testing materials and is expanding its use of materials testing.

At ASH all of the writers and editors whose work is aimed at consumers are now within one Consumer Health Information (CHI) unit. Over time, core editorial principles were developed by the CHI team to inform the writing and editing processes and to meet the needs of clients and members.

The CHI team strives to adhere to these principles when creating all content to support ASH programs and products: 1) serve the member; 2) support ASH goals; 3) be correct; and 4) be credible. As a result, Consumer Health Information Writing Guidelines were created to support training of staff in writing evidence-based, accurate health content for an audience with low health literacy and to provide staff with resources for further education and assistance. Prior to employment and periodically thereafter, these writers and editors are evaluated on their ability to write and recognize material that is at the appropriate reading level.

ASH has purchased the Health Literacy Advisor software to help staff evaluate and produce clear health content. The company is engaged in a multi-year initiative to rewrite to a lower reading level all adult coaching program guides and supplemental guides, and a multi-year initiative to rewrite to a lower reading level all proprietary online articles and website tools and trackers. The company also plans to develop a white paper about their health content communications approach.

The initiative has been aided by good support from company leadership. The trained writers are beginning to be seen as a good source of assistance throughout the organization, and their work is seen as differentiating the company from competitors.

American Specialty Health, Inc.

Consumer Health Information (continued)

What lessons have you learned?

Staff training and development:

- ▶ Provide staff with training (webinars, etc.) that help them understand the social impact of health literacy (i.e., how individuals can be affected).
- ▶ Develop guidelines that help staff build health literacy communication skills.
 - Writing at a low reading level
 - Other aspects of health literacy (e.g., white space, organization of information, numeracy issues, etc.)
 - Consider modifications to accepted style conventions to make materials more accessible to low literacy readers
 - For consistency, keep a style sheet or other guidelines document of specific word preferences, modified guidelines, etc.
- ▶ Attend conferences for new developments and techniques.
- ▶ Look at information/guidelines that are already out there in open source form and borrow/build on them if possible (e.g., CMS toolkit, Usability.gov, etc.).
- ▶ As everything becomes digital and interactive, know that health literacy principles apply to all types of health information materials, including websites, interactive online tools, etc.
- ▶ Even when reading level comes in at the desired level, test materials to find out how non-reading level aspects of health literacy and other unforeseen issues may be impacting readers/users.

In terms of lessons learned, it is easier to translate documents that are already at a lower reading level and compliant with principles of clear health communication.

What are the results?

The health literacy work has actually opened up a new line of business because clients have been interested in content from the publications that are at an appropriate reading level, in line with principles of clear communication, and tested.

Contact:

Wendy Fluckiger-Brown, RN, LAc
Director, Consumer Health Information
WendyB@ashn.com
800-848-3555 (extension 3412)

Tools or documents to share:

Consumer Health Information Writing Guidelines.pdf
The link for the tool is:
<http://www.ahip.org/healthliteracy/ASHConsumerHealthInformationWritingGuide>

Blue Cross and Blue Shield of Minnesota “Health Literacy Ambassadors”



“Health literacy touches Blue Cross and Blue Shield of Minnesota at many levels. As a system, we strive to make our access points easy to use and understandable by all. As employees of a health company, we seek to provide clear and simple communications that inspire our members to stay or get healthy. And as consumers of health care services, our employees can be empowered to ask questions and take charge of their health care by being engaged and prepared patients. Our health literacy program works at addressing each of these levels.”

Blue Cross Blue Shield of Minnesota’s health literacy program began in 2005. Initial efforts focused solely on increasing awareness of the issues and impact of low health literacy. By 2007, it was clear that more needed to be done. A new innovative approach was started to engage employees from across the company. This program is called the Health Literacy Ambassadors. Today the program has representation within every division in the company. The ambassador name was used to set it apart from other work groups and focus on generating good will across the company, exporting through peer participation and learning.

The goal of the ambassador program is to create a culture of health literacy across the organization. The ambassador program is one component of a larger program; it aims to increase awareness, identify resources and best practices, educate employees across the company and align with the corporate strategy and brand identity.

What are the key elements and accomplishments?

The ambassadors hold quarterly meetings where information is shared on resources, trends in the field, and current health literacy activities. The ambassadors help identify opportunities for the overall health literacy program of the company.

Many ambassadors also have individual goals which are included in their annual performance review. This helps bring legitimacy to the program by institutionalizing the work and making leadership more aware of each individual’s efforts.

Ambassadors play a key role in building an effective health literacy program at Blue Cross. Ambassadors are trained in health literacy best practices and serve as advocates and resources throughout the company. They developed a tool for review of materials, including both a checklist and user’s guide and helped train staff responsible for writing member materials. A health literacy writing course was also developed, based on the tool and piloted with several employees. Plans are to include this in the learning and development suite of courses at Blue Cross.

Ambassadors also help create and distribute a monthly newsletter. It is published on the intranet and is available to all employees. The newsletter includes information about what is happening in the health literacy program, ambassador activities, tips on how to take charge of your health care, tools and resources for employees working with members, and overall communication strategies.

Ambassadors also serve as key contributors and organizers for the annual health literacy corporate campaign. For several years Blue Cross has engaged in an awareness building campaign during health literacy month–October. This campaign may include posters, presentations and education sessions, quizzes and prizes, and stories about how health literacy is being incorporated into work across the organization.

Other accomplishments of ambassadors over the years include:

- ▶ Health literacy best practice training for care coordinators working with older adults

Blue Cross Blue Shield of Minnesota

“Health Literacy Ambassadors” (continued)

- ▶ Completion of AHIP’s health literacy assessment tool
- ▶ Addition of health literacy considerations to case studies reviewed by clinical staff
- ▶ Formation of a team to look at opportunities to improve understanding of medical policies
- ▶ Presentation aligning customer service soft skills with health literacy best practices
- ▶ Several reviews of member focused materials using the health literacy checklist
- ▶ Incorporation of health literacy into quality improvement projects
- ▶ Community involvement, such as membership in Minnesota Health Literacy Partnership and The Multilingual Health Resource Exchange.
- ▶ Training provider groups interested in learning more about health literacy and starting up their own health literacy programs.

Lessons learned

Starting small is OK, growth takes time.

Collaboration is key. It is important for others to be involved in health literacy efforts and see the importance of striving towards clear communication and improved understanding. Remind others that it’s not about adding more work but adjusting the way they do the work. Many areas are already doing work that aligns with health literacy best practices and it can be helpful to point those out first and then add where there are opportunities for growth.

Contact:

Alisha Ellwood, MA, LMFT
Sr. Health Management Business Project
Manager | Quality Improvement &
Health Management
651-662-0986
Alisha_F_Ellwood@bluecrossmn.com

Blue Cross Blue Shield of Tennessee Simplified Language Project



What was the impetus for this program or project? What are its goals?

The company's Integrated Health Management Initiative, designed to transform BCBST into a total health solutions enterprise, assumes a critical role for consumers in engaging in their own health and health care. One of the goals of the initiative is to actually improve the member's healthcare experience. The Simplified Language Project is part of the work being done under that initiative by the Member Experience Excellence Workgroup.

The Simplified Language Project aims to eliminate jargon and acronyms from member materials and conversations and to replace them with preferred terms or explanations that make it easier for members to understand and use their benefits.

What are the key elements? What does the program or project do?

The Member Experience Excellence Workgroup includes professionals across the company who represent every member touchpoint, i.e., every unit that touches the consumer via the spoken or written word.

1. The Workgroup met to identify and compile benefits language to avoid. They worked with legal and compliance professionals and got these terms to their most basic either by substituting other words, or by using a clear explanation where there is no other word that is synonymous. The result was a "words to avoid" list with alternative approaches. In addition, the company is making use of Health Literacy Advisor software that helps to identify jargon and substitute for it in the medical realm.
2. Next, the Workgroup began to raise awareness of the issue through articles on the web site and a video called "Acronym Soup." This video highlighted employees trying to guess

what various acronyms in use elsewhere in the company mean. Many could not guess the meaning, and in some instances the same acronym had two different meanings depending on the department that employs it. One example is HIT which can mean either "home infusion therapy," or "health information technology."

3. Following the awareness campaign, the Workgroup began training employees. The training about simplified language was made available to every employee who touches a member either via the spoken or written word. Trainees were provided the "words to avoid" list and tips on writing and speaking simply. The company adopted a 6th grade reading level standard.
4. The next step in the campaign involved a version of the "\$25,000 Pyramid" game that was called "The Simplified Language Pyramid." Employees worked in teams of two to guess as quickly as possible the complicated word that was on the pyramid board using simplified terms. The winners were awarded a prize.
5. The Workgroup produced a new business glossary to ensure ongoing compliance with the new simplified language after collecting all the various glossaries previously in use.
6. The Workgroup now meets quarterly for ongoing maintenance of the effort.
7. As part of the company's quality review work, phone calls are now reviewed for plain language.

What lessons have you learned?

We learned that we are immune to the effects of language we use every day and that we forget how hard it was to learn that complicated language in the first place.

Blue Cross Blue Shield of Tennessee Simplified Language Project (continued)

What are the results?

An initiative to improve First Call Resolution is underway. This measure is designed to make sure that the member's issues and concerns are resolved the first time they contact our service center. Going forward, we are measuring the impact of our simplified language project in terms of ensuring members understand what we are telling them. A focus group of employees from the customer service area has already shown that they believe that members are experiencing less confusion as a result of the customer service focus on plain language.

Other initiatives:

BCBST has a Health Literacy Innovations Group that will build on the work of the Simplified Language Project.

Contact:

Monica Cramer
Supervisor, Government Programs
Communications
monica_cramer@BCBST.com

Blue Cross of Idaho “The Top Ten”



What was the impetus for your program or project? What are its goals?

Blue Cross of Idaho looks at their work in benefits literacy—“The Top Ten Things You Need to Know”—as a way to improve customer satisfaction and the customer experience. An analysis of data suggested that consumer understanding of health insurance drives overall satisfaction and experience, and that the more consumers understand, the happier they are with their plans. Blue Cross of Idaho has seen a ten percent increase in satisfaction since implementing the program five years ago, an increase that tracks directly with improvements in consumer understanding of their benefits.

Blue Cross of Idaho’s analysis of questions directed to customer service indicates that 80 percent of the questions received relate to a small number of issues, and so the focus of their consumer materials has been on a “top ten” approach, i.e., not providing all information at once, but focusing on the task at hand and the most critical areas, defining them and helping consumers understand how to navigate the health care system and use their benefits through a focus on a select number of components.

First the company defined the key insurance terms that often confuse consumers, and developed “The Top Ten Things You Need to Know about Health Insurance.” These definitions were included in wallet size cards, in newsletter articles, and with any mailings sent for any reason, e.g., with Explanation of Benefits (EOBs). The focus on the simple definitions was followed up by a series of articles in monthly member newsletters that highlighted how members could navigate the health care system by understanding how to use their benefits. These articles were based primarily on the same concepts that were highlighted in the “top ten things.” The final component of this project built on the previous elements that outlined “Ten Things You Can Do to Reduce your Health Care Costs.”

What lessons have you learned?

Blue Cross of Idaho believes that a key to success lies in understanding your goal and conducting research to back up what you do.

Contact:

Karen Early
Director, Corporate Communications
Blue Cross of Idaho
208-387-6920
kearly@bcidaho.com

What was the impetus for this program or project?

Centene serves 900,000 children. Centene developed the Children's Book Series because there weren't good materials available to teach kids about their diseases, and children need to be part of the solution in managing/preventing disease conditions. Dr. Mary Mason met a children's author who helped develop the series.

What are its key elements?

The first book in the series focuses on obesity. Centene didn't just send out the book, but tried to bring it to life. They brought the author to schools with mascots to make the learning fun, and they also used the author's visits as opportunities for children to ask her questions about her career. Children typically took the book home with a parents' guide. It was well-received, and has been in great demand.

Many of the children served by Centene have breakfast, lunch, and an afternoon snack at school. The book includes information about how to make choices because in these school settings, the children are making choices on their own, often without guidance, and it is important for them to understand the importance of food choices.

In addition to the book on obesity, Centene has produced an eight minute DVD on asthma, and a book for 5-9 year olds on the ills of smoking cigarettes. A new book, "Smokey Yuckpack," launches this fall, telling children in that age group why they should not start smoking. The first in-school programs featuring the new book are scheduled for October 2011. Centene is working on a diabetes book and is starting a series of teen books.

What lessons have you learned?

Buy in for these programs takes time. It takes time for organizations to understand what you are trying to do. We believe (and this is our goal) that changing behavior early on through education that resonates will have an impact throughout the lives of children and their families.

Packaging matters, and that argues for different formats to reach different people. Centene is having success with making information available in a variety of formats.

It is important for a program such as this to have a long-term plan so that we have a sense of where we want to be in three to five years and keep moving to advance it in that direction, not getting bogged down by all that could potentially be done, but moving forward by setting priorities.

Contact:

Mary Mason, MD
Senior Vice President & Chief Medical Officer,
Centene Corporation
(314) 725-4477; mmason@centene.com

Tools or information to share:

"Thumbs Up Johnnie Health Initiatives for Children"
The link for the tool is:
<http://www.ahip.org/healthliteracy/CenteneScan>



What was the impetus for your project or program? What are its goals?

Cigna is committed to being a health services organization that puts the customer at the center of everything we do. One way we meet that commitment is by communicating to our customers in a way that makes sense to them. Our research tells us that 70 percent of the vocabulary in health plans is so difficult for customers to understand that they often don't use their benefits or they misunderstand them and pay the consequences down the road. Customers also assume that the industry is purposely trying to deceive them, fuelling mistrust. So, we're getting rid of industry jargon and communicating in a way that makes sense to customers. By speaking to them clearly, without jargon, we can earn their trust, and help them understand and use their benefits to better their health and well-being.

Cigna is one of the companies whose program isn't called a "health literacy" program but rather a "clear communication" effort that the company sees as a key component of its customer experience work and the goal of delivering an experience that is easy, helpful and gratifying with every contact. When we started the program in 2006, it was initially focused on medical information and the clinical areas of Cigna, but then it was formalized and expanded across the entire company in 2008.

What are its key elements?

Seven individuals in the company whose work focuses on clear and culturally competent communications teach others within the company to adopt guidelines and encourage the ability to produce materials themselves. While this approach is not a governance structure, these seven individuals will review information and materials if asked, and sometimes review many documents in any given month. The ability to communicate

clearly to customers is being increasingly viewed as a core component of what every employee needs to do. The program has evolved to a point where company attorneys and physicians are some of the biggest proponents of the work, and they, too, believe this is part of what every employee should do. As part of the customer experience work, clear communication from everyone in the company is designed to have customers interact with Cigna in a way that they understand, which helps them feel good about themselves and the health decisions they are making, and trust that Cigna values them as customers.

"Words We Use," a glossary of words that was launched in 2008 to substitute for complex terms, jargon, and acronyms, helps to guide the clear communication work. It is available in Spanish and Chinese as well as English, and includes culturally appropriate translations. The company computer screensaver is now tied to "Words We Use." Thousands of Cigna employees have had clear language training, and the program is being converted to an online offering in preparation for making it mandatory.

Guidelines and training for writers that develop customer materials involve more than words. They provide direction on the tone and tenor of documents, and on all customer interactions. Every touch point, every document, provides the opportunity for an interaction that is personal, helpful, and easy for the customer. For example, letters are written to be personal and helpful, and include an individual's name in the "addressee" line. Design concepts are also included in the guidelines and training. Cultural competency is a priority and is built into our guidelines. We also have employees from diverse backgrounds who offer cultural and language reviews.

Cigna

Initiative: Customer Experience (continued)

Access is very important. We offer customer service 24 hours, seven days a week, 365 days a year for all our customers.

In 2008, we also trained all of our front line employees—nurses, customer service professionals—on how to clearly communicate on the phone to everyone.

Cigna relaunched myCigna.com after spending more than a year to rewrite and reform content to conform to guidelines, including better design, e.g., more white space. The company Explanation of Benefits (EOB) has been completely revamped to resemble a typical retail receipt, and the enrollment materials that numbered in the thousands have been entirely reworked so that they now include just a few pieces of paper that can be customized as well as an easy-to-use checklist of the steps that customers need to complete during the enrollment process.

One of the objectives of Cigna’s program is to contribute to the tools and information in the public domain. For more information, go to Cigna.com and click on the “Let’s Be Clear” button.

What lessons have you learned?

- ▶ Researching the needs and preferences of customers is important and it should drive decisions.
- ▶ Always design products, solutions and communications, based not only on what customers tell you what they want, but how they behave – not what you think they want.
- ▶ Everyone in an organization impacts the experience customers have with a company – whether they work directly with customers, support those who do “behind the scenes,” or develop products and solutions that customers will use. Take the time to help employees understand how they can positively influence the customer experience.

- ▶ Have fun and think outside the box. For example, our employees really enjoyed a cartoon campaign that we recently used to reinforce the use of simple language. It was a fun way to make the point that we should never use industry jargon when speaking or writing.
- ▶ Recognize our differences with customers and ask questions to gain understanding. Also acknowledge our similarities. Always consider how we’d want our own family members to be receiving communications or programs.

What are the results?

- ▶ Improved usefulness of print information received in the mail
- ▶ Increased clarity of pre-enrollment materials
- ▶ Increased engagement in Chronic Condition Support Program
- ▶ Increase in customers who learned something new from their disease management programs to help them better manage their health

Contact:

Ingrid Lindberg, Customer Experience Officer
Ingrid.Lindberg@cigna.com

Tools or documents to share:

See the **Let’s Be Clear** section of our website at www.cigna.com

Fallon Community Health Plan (FCHP) Plain Language & Simplification Initiative



What was the impetus for the program or project? What are its goals?

An FCHP colleague who recently attended an AHIP conference brought back material on health literacy, and an FCHP representative joined the AHIP Task Force as a result. The concepts of health literacy tie nicely into Fallon Community Health Plan's mission of making communities healthy. Based on information and learnings from Task Force participation, this representative prepared a presentation that defined health literacy and the extent of the problem, and laid out what the company can be doing to address it.

What are the key elements?

The first step was to create awareness and get organizational support for the effort. The FCHP representative to the AHIP Task Force gave individual presentations to more than 20 different senior leaders in the company, asked for, and got their support in moving forward. The next step was to incorporate plain language principles into all member materials. At FCHP, a mechanism already existed to centralize member materials for this purpose because all are routed through the communications department, which has oversight of the initiative.

A style guide used in the development of all materials addresses areas such as clarity, the member perspective, font size, and grade level. A checklist is also in the works, and a formal training program in plain language was just launched in August.

The initiative plans to expand beyond the communications area into customer service, and thus into the realm of verbal communications. In May, Fallon began testing ideas and materials with an on-line community of 300 individuals in the area, getting valuable feedback on what they find clear

and easy to use versus what they find confusing. The company is in the process of testing and reformatting key member materials, in part based on what they have learned from this innovative process.

What lessons have you learned?

As health insurance becomes increasingly complicated, individuals of all education and backgrounds require simple, easy to understand information. Keep moving forward and incorporate health literacy principles into communications as they need to be updated. Small changes can make a big difference. Test content and language. Hold people accountable. Training has been very important for those who are creating communications and had made a positive impact on the materials.

Contact:

Melissa Cordial
Director, Sales and Service Communications
1-800-333-2535
Melissa.cordial@fchp.org

Group Health Plain Language Initiative



What was the impetus for your program or project? What are its goals?

In 2006, Group Health’s patient education team became increasingly aware of the problems related to limited health literacy in the U.S. and embarked on an awareness campaign with employees and leaders at Group Health. They were also concerned that the organization lacked a strategy for assessing or eliminating health literacy barriers based within their system. The team talked about launching a program—they were excited by the prospect—and then talked to a colleague at the Group Health Research Institute, Jessica Ridpath, (see below) about the “Program for Readability in Science and Medicine” (PRISM).

Jessica led a subsequent brown bag for that team and other staff from communications and web services that got people fired up. In the discussion that followed, participants realized that they were missing opportunities to collaborate and share resources. A group of participants in the brown bag then formed a cross-functional network. The first network meeting drew 30 participants from across the organization.

They brainstormed the question: “What can we do to improve health literacy at Group Health?” and made a long list of potential tactics in response. They recognized that they would get much more support if they could frame the issue as a solution that was relevant to all areas of the organization, rather than a problem that didn’t have a clear solution or clear accountability. As a result, like a number of other companies, Group Health chose to frame their health literacy work as “plain language.”

One of the first key steps to developing a formal organization-wide approach was getting leaders to sponsor an initiative to adopt a plain language communication culture at Group Health. Leaders

recognized the potential to improve many aspects of patient care and communications: patient safety, adherence to medicines and treatment plans, reducing follow-up calls to clarify information, and patient preparation for surgery. Ultimately, it would improve health outcomes and overall patient satisfaction.

What are its key elements? What does the program or project do?

The multi-disciplinary team began to meet quarterly to set priorities and organize the work. A first goal was to develop and implement an awareness-raising campaign that would be launched in October, which is health literacy month. Another key goal was to identify plain language champions in various departments throughout the organization. One of the strengths of the initiative is that it has involved every discipline from communications professionals to pharmacists to physicians.

While Group Health’s plain language work has focused primarily on written communications, it has also promoted use of plain language in oral communication. A subgroup of the network developed a toolkit that includes alternative words to use for jargon and complicated terms, and offers examples of patient-friendly documents.

Another goal of the program was to build individuals’ skills in communicating in plain language. Members of the network provided training for champions and groups from other departments so that they would raise awareness among their colleagues and use plain language in their own work.

Since the Group Health Plain Language Initiative was started in 2006, all printed and online patient education has been edited for plain language, outreach and pharmacy letters are in plain language,

plain language is included in the organization’s communication standards, and plain language has become a core communication value in the organization. These successes appear to be deeply ingrained and sustained. The Network no longer meets quarterly, but members share information through a listserv and collaborate on specific projects as needed. Members of the network are currently involved in work to promote use of plain language in consent forms.

What lessons have you learned?

Getting senior leaders buy-in was essential. Building awareness through a network of champions worked. Creating tools (toolkit and training) helped people apply what they learned. Framing the issue as a solution that was relevant to all departments was critical to getting support.

Contact:

Kimberly Wicklund
Manager, Health Information and Promotion
Wicklund.k@ghc.org

Group Health Research Institute, Program for Readability in Science & Medicine (PRISM)

What was the impetus for the program or project? What are its goals?

Staff at Group Health Research Institute (GHRI)—the organization’s public-interest research center—realized that informed consent documents and other study participant materials were at too high a reading level to meet the needs of patients enrolling in clinical trials and other health care research studies. This led to the development of the work called “Program for Readability in Science and Medicine” (PRISM) in 2005. Before PRISM, documents that optimally should be at the 6th to

8th grade level were sometimes scored as high as college level. PRISM was created to help overcome this problem by providing researchers with plain language training, tools, and editing services tailored for the research community.

What have you done?

PRISM started as a 6-month project focused on internal training. As the work gained acceptance and was shared with collaborating institutions, the scope of the project increased and requests for training and editing began coming from outside organizations. GHRI responded by promoting PRISM from a short-term project to an ongoing program.

PRISM’s centerpiece is a public-domain readability toolkit that illustrates how to use plain language in consent forms and other research materials. Supported by a grant from the National Institutes of Health (NIH), the project leader was able to evaluate how well the toolkit was meeting the needs of users, and this analysis informed development of the next version of the toolkit, which doubled in size based on what was learned. A corresponding training module based on the principles in the toolkit has been presented by PRISM staff at nearly 20 workshops for researchers, institutional review board (IRB) members, and other health care professionals across the country.

In October of 2010, a free on-line plain language training module was launched to make PRISM training available to a wider audience. Development of the hour-long training was supported by a grant from NIH.

What are the results?

- ▶ Before PRISM, research consent forms averaged near a college reading level. Of more than 40 consents edited since 2005, the average reading level is below 8th grade.

continued▶

Group Health

Plain Language Initiative (continued)

- ▶ A 2007 grant-funded toolkit evaluation showed that 88% of respondents rated it as “useful” or “very useful.” More than 10,000 toolkits were downloaded from the GHRI public website the following year.
- ▶ Six months after its launch in October 2010, more than 400 people had registered for or completed PRISM Online Training. Of 129 users who answered the built-in evaluation, more than 95% say they learned helpful plain language strategies and would recommend the course to others. Users include researchers, clinicians, students, health educators, writers, and others.

What lessons have you learned?

PRISM has succeeded because it provided a solution to a problem, as IRB requirements came into play, and the teams started our work in partnership with the IRB. Subject matter experts who often advocated for more complicated language were convinced there was a regulatory reason to adopt plain language.

The PRISM team also attributes the program’s success to three other factors:

- ▶ PRISM builds a trusting partnership between plain language experts and subject matter experts—meaning readability edits are expected and welcomed.
- ▶ It provides a range of complementary resources: training to build skills, a toolkit to support post-training success, and expert editing advice.
- ▶ The team was able to demonstrate how PRISM aligns well with existing organizational priorities and initiatives related to patient-centered care, health literacy, and ethical research.

What’s next?

The PRISM team is planning to further expand the readability toolkit to include modules on numeracy and problematic words such as “risk,” “screening,” and “prevent.” A 2.0 version of PRISM online training is also in the works.

Contact:

Jessica Ridpath
Research Communications Coordinator
206-287-2032
ridpath.j@ghc.org

Tools or documents to share:

PRISM Readability Toolkit:
<http://www.tinyurl.com/prismtoolkit>
PRISM Online Training:
<http://prism.grouphealthresearch.org>

What was the impetus for this program or project? What are its goals?

Harvard Pilgrim began its efforts in health literacy as a way to reduce observed disparities in health care. As part of Harvard Pilgrim's disparities work, it monitors for differences in quality measure results by race/ethnicity, education, and income. Educational attainment is not collected directly from members, but instead is imputed to member based census data. Harvard Pilgrim compares quality results among members who live in neighborhoods where at least 25 percent of residents have less than a high school degree with those for members living in neighborhoods where at least 50 percent of residents have a college degree and those in neighborhoods that fall in between. While low educational attainment and low health literacy are not the same, Harvard Pilgrim believes that disparities in educational attainment can be an important marker for potential health literacy issues.

Clinical program managers at Harvard Pilgrim needed to gain organizational support for launching a health literacy initiative as a complement to its disparities reduction efforts. Fortunately, around that same time, AHIP was working on the development of a health literacy self assessment tool for health plans with Emory University. Harvard Pilgrim volunteered to participate in the pilot testing of that tool. They used the self assessment tool as a way to document their problem areas, and the results were brought to their Medical Management and Quality Committee to get organizational backing for an initiative to address health literacy issues among their members. A health literacy team was formed and the results from the pilot helped the team to prioritize what needed to be done and how they were going to get there.

While the initial focus of Harvard Pilgrim's health literacy initiative was on outreach messaging and

health education information to support its internal clinical programs, the health literacy initiative has recently been expanded to include health benefits information. To help support these efforts, Harvard Pilgrim applied and was recently selected as one of three pilot sites to test a new health literacy module for the health plan CAHPS survey. The pilot will be conducted this fall and the results should help provide further impetus and focus for the health literacy initiative, including its potential expansion to educate and assist the provider network in 2012.

What does the program or project do?

In late 2009, Harvard Pilgrim provided health literacy awareness training for a group of twenty-seven managers from all areas of the company that communicate with current or potential members, either verbally or via written materials. Those who participated indicated that they needed both targeted skills training and easy-to-use tools to help them conform to principles of clear health communication. In February of 2010 a skills workshop was piloted for staff that have primary responsibility for assessing or developing written health education materials for members.

Using a bibliography of resources provided by the trainer and others identified through web searches, Harvard Pilgrim spent the remainder of 2010 documenting the principles and recommendations for clear communication that had been proposed by various health literacy experts and/or included in guides developed by various federal agencies. No fewer than five different health literacy guides published by different federal agencies, were identified, including new a 700+ page guide developed for the Centers for Medicare and Medicaid Services in October 2010. The Harvard Pilgrim health literacy team then distilled the principles and guidelines that were held in common by the majority of tools, guides and

Harvard Pilgrim Health Care Health Literacy Initiative (continued)

recommendations they had identified. These became the basis for a two page checklist and scoring tool.

The tool was designed for use by staff writers to guide their development of new written materials and by staff reviewers as a way to “score” written materials that were developed either by Harvard Pilgrim writers or by external organizations. The scored sections of the checklist are: content, literacy level, layout and typography, and cultural appropriateness. There is also a section for additional considerations, such as visuals, translation, and the need for field testing, that may not apply to every document. The checklist/scoring tool was piloted in March/April of 2011 and the writers and reviewers embraced it. A companion document provides instructions on how to use the checklist and how to score a document. It also includes a reference guide that provides examples of how to implement each of the guidelines. They are currently soliciting Harvard Pilgrim staff volunteers of diverse sociodemographic backgrounds, who work in business areas that are not engaged directly with these types of materials, to serve as an internal sounding board for documents that may not rise to the level of requiring outside testing. The current tools focus on health-related materials, but adapted versions for health insurance-related materials are planned.

Harvard Pilgrim has a tradition of publishing a weekly compilation of news about the company that is emailed to all staff. In May of 2011, information on the health literacy initiative, including the new checklist/scoring tool, was included in a weekly email and posted on the Harvard Pilgrim Intranet site for future reference. A monthly column of tips for clear communication will be launched as part of Health Literacy Month in October 2011. Topics for these columns have been assigned for the next twelve months and include tips on

clarity of purpose, using simple sentences, word substitutions, and assuring cultural appropriateness, among others.

Harvard Pilgrim is in the process of adopting a company-wide policy on health literacy that is adapted from the model policy provided by the AHIP Health Literacy Task Force. The policy is currently viewed as aspirational, rather than as reflective of current practice, but managers are expected to bring their business areas into compliance by the end of 2012.

What are the results?

Results are being measured three ways:

- ▶ A process measure based on the percentage of outreach and educational materials that attain “Superior” scores on the checklist and scoring tool
- ▶ An outcome measure of reductions in educational disparities in care in areas where new written or verbal (e.g., telephonic scripts) materials for members were introduced as part of a quality improvement or disparities reduction initiative
- ▶ An outcome measure based on members’ experiences with written and verbal communication with Harvard Pilgrim as measured by CAHPS 4.0H.

As an example, disparities among Hispanic members and those who lived in neighborhoods with lower educational attainment were first observed in 2003. An intervention consisting of telephonic outreach and education using interactive voice response (IVR) technology was conducted annually from 2004 through 2008. It was hoped that the verbal presentation of educational content via IVR would increase access to this information among those with limited reading skills, but only a small decline in the educational disparity was observed between 2004 and 2006. An intervention

focused on expanding the availability of IVR outreach and educational information in both English and Spanish began in June 2006. At the conclusion of the 2006 calls, members were asked if they would like written material in either English or Spanish. Beginning in June 2007, members receiving a call could elect to hear the telephonic messaging in English or Spanish as well. These IVR enhancements significantly reduced the racial/ethnic disparity in screening, but disparities by educational attainment again declined only slightly. The IVR discussion around the various screening options available for colorectal cancer was lengthy and complex and many members left the call before the written information was offered. The IVR outreach was discontinued in mid-2009 and replaced by written reminders and educational brochures. In the reminder letters the messaging was simplified by focusing on four key points: (1) you are overdue for an important screening test for colon cancer; (2) why this screening is important; (3) different types of screening tests are available; and (4) contact your physician to discuss the best screening option for you. The brochure provided additional information on the value of screening and the various screening options. Both the reminder letters and brochures were written using plain language and are available in both English and Spanish. Beginning in 2011, the reminder letters include a message emphasizing that all of the screening tests are provided at no cost to the member. Analysis of screening disparities in 2010 is currently underway.

What lessons have you learned?

Harvard Pilgrim credits its ability to move forward to prioritization of efforts, a logical progression from one initiative to another rather than trying to do everything at once, piloting new processes/tools before disseminating them widely within the organization and evaluating the impact of each intervention.

Other initiatives:

Harvard Pilgrim is now turning its attention to developing new training programs to support implementation of the new corporate health literacy policy. These will include a health literacy awareness online learner module, a skills workshop and train-the-trainer module in clear written communication, and a skills workshop and train-the-trainer module in clear verbal communication. Each workshop will include materials and examples tailored to the activities of the targeted business area (e.g., clinical examples for nurse care managers and health education writers and health insurance examples for sales staff and benefits specialists).

Contact:

Kathryn Coltin
Director, External Quality Data Initiatives
Kathy_Coltin@harvardpilgrim.org
617-509-7287

Lydia Bernstein
Director, Clinical Programs
Lydia_Bernstein@harvardpilgrim.org
617-507-7702

Mailing address:
Harvard Pilgrim Health Care
93 Worcester Street
Wellesley, MA 02481

Tools or information to share:

Health Literacy Checklist Final April 2011.pdf
The link for the tool is:
<http://www.ahip.org/healthliteracy/Harvard-PilgrimHealthLiteracyChecklist>

Health Literacy Checklist Instructions and Resource Guide.pdf
The link for the tool is:
<http://www.ahip.org/healthliteracy/HarvardPilgrimChecklistInstructionsResourceGuide>

Health Alliance Plan Organizational Transition toward Plain Language and Health Literacy



What was the impetus for this program or project? What are its goals?

Efforts to address health literacy and plain language are emerging in many areas at Health Alliance Plan (HAP), and the goals are varied. The company's approach has been to try to integrate health literacy and plain language into everything the company is doing rather than to see it as a separate effort.

What are the key elements?

A health literacy and plain language guide, developed by key communicators, is in widespread use at HAP. The company began to see that customer satisfaction, customer service, and complaint levels were being compromised by lack of clarity in communication, and especially in brochures and letters to consumers, which were less member friendly and readable than desirable. Consumers were confused about programs such as health risk assessments.

After word use, the company asked what else needed to be changed, and focused also on acronyms and terms that had been coined by the company where there were simpler, plainer words to substitute. Technical jargon, medical terms, and terms coined by HAP were increasingly in use and have now been replaced as the result of proofreading standards that are employed by those who review documents. These are designed to ensure simplicity, standardization, and clarity.

All those who play a role in member materials have been trained in use of the plain language guide. In addition, the Health Literacy Advisor software is being used more broadly within the organization as time goes on.

HAP's Member Communications Advisory Board completed the AHIP/Emory Health Literacy Assessment Tool in early 2011. A newly-formed Communication Advisory Review Board led by

writers in marketing and communications and representing key communicators from all areas of the company is also engaged in increasing awareness of health literacy and use of the health literacy and plain language guide. These efforts involve posting the guide on the staff intranet with instructions, including health literacy as a "spotlight feature" twice per month in the HAP daily employee e-newsletter, and reviewing all written materials prior to printing or distribution.

Work is expanding to include verbal communication. Health literacy has been featured in a newsletter involving those who work directly with consumers, including the personal advocates who interact with consumers during their initial time with HAP. The manager of that unit has taken a class about health literacy and writing effectively, and the entire department is slated to do so in the near future. Other professionals who interact with members over the phone, including health coaches and pharmacists, are embracing concepts related to health literacy such as the "teach back" method. Overall, there are indications throughout the organization that health literacy is taking hold, as the trained writers and those with a knowledge of health literacy principles are being sought out more and more.

What are the results?

In terms of measurement, HAP plans to look at the readability scores given to its member newsletter this year, and measure next year to determine if the focus on plain language moves the needle.

HAP also expects these collective efforts to contribute to overall customer satisfaction, which the organization continuously monitors, forging areas for improvement and aggressively pursuing actions using sources such as surveys and focus groups, national benchmarks, call center data, claims performance, website navigation and satisfaction surveys.

What lessons have you learned?

In terms of lessons learned, HAP found that there was more work going on in the organization than they knew when they did the overall organizational assessment. As is the case in many other organizations, health literacy efforts have initially focused on written communications.

Contact:

Karen Cashin
Senior Client Communications Associate
(313) 664-8464; kcashin@hap.org

Tiffany Baker
Public Relations Specialist
(248) 443-1072; tbaker3@hap.org

Tools or information to share:

HAP's "Health Literacy and Plain Language Guide"

The link for the tool is:

<http://www.ahip.org/healthliteracy/HAPPlain-LanguageGuideLogo>

Health Care Service Corporation (HCSC) Health Literacy Initiative



What was the impetus for your program or project? What are its goals?

HCSC's formal health literacy initiative began in 2009 as part of its vision to provide health care coverage that is simpler, more affordable, and more accessible. When this vision is applied to communications, messages need to be made as simple and easy to understand as possible. But when communications are created in numerous departments throughout an organization, the challenge is finding and influencing member touchpoints that could make the most impact whether through Explanation of Benefits (EOBs), ID cards, customer service scripts, letters, direct mail, online content, email or social media.

The Marketing Communications Department has worked to become a credible business partner with other areas and committees throughout the organization to assist with message development. "We help with editing and evaluating messaging, using tools such as software and checklists, to ensure communications are simple and understandable before being posted, printed or distributed," says Jo Poorman, Senior Director of Print and Digital Media.

Additionally, we focus on providing communications in a variety of formats (such as video, electronic, print and email) so that our audiences have different ways to receive and act on the messages. Some people understand and remember a print message, others receive and remember the message better if it is visual. Multiple formats reinforce the learning process.

What have you done?

In order to streamline messaging and make it engaging, HCSC focuses on the content, layout and the media (email, video, print, online, etc.).

Writers are trained in plain language approaches.

Health Literacy Advisor software is used to challenge writers to take a second look at health care-related words and phrases that might be simplified. The glossary of the software has been customized for specific requirements at HCSC.

Company health literacy guidelines apply to online, print and electronic messaging and address areas such as design, layout, typeface, and white space. The right photography and design elements complement the content and help to visually tell the story in a way that is interesting to the reader. Messaging and graphic design go through several levels of review and approvals before publication, and must conform to health literacy guidelines.

But beyond the message and layout, the overall packaging of the message, or alternative media, is just as critical to the health literacy program because the availability of smart phones, social media and electronic tablets has given consumers many choices to receive messages.

We've found that different people want to receive messaging in different ways. Variety is the best approach to reach more audiences with health and wellness information. "Studies show that multi-modal learning (using multiple methods of learning such as videos, personal coaching, verbal instruction and written brochures) is more effective than using only one medium such as a brochure," says Susan Zimny, Manager of Web Communications at HCSC. "Additionally, video has been shown to be more effective than a brochure alone."

► Our BeSmartBeWell.com website uses simple, understandable language and video to tell real stories about everyday people, educating visitors on topics such as childhood obesity, mental health, sexually transmitted diseases, domestic violence and high-risk pregnancies. HCSC serves as a conduit between subject matter experts and the general public to provide information

on these topics. There is also a parallel site called BeSmartBeWell.com/works, which gives employers resources to help them communicate with their employees on these topics. BSBW has had over 155,557 visitors since its inception.

- ▶ HCSC's health plans use social media, including Twitter and Facebook, to offer insurance education, health tips, games, videos, community activities and feedback opportunities. HCSC has seen its Facebook fan base grow from just over 4,000 fans at the end of 2009 to nearly 32,000 today. And our plans now have 5,613 followers on Twitter.
- ▶ Research shows that healthy changes in behavior most frequently take place in small steps, which is why we created eCardsforHealth.com. This is a website where visitors can choose from a number of healthful actions including walking more, eating fewer desserts, taking medication correctly, stopping smoking and more. Users choose a card that speaks to their new commitment and email it to a friend or loved one. The cards are created to appeal to all age groups from children to adults, and to relatives, friends or co-workers, married or single. Screensavers with wellness tips and reminders, added to the site in early 2011, can also be downloaded. The 72,734 visits to the site and 11,136 eCards sent since the launch in October 2009, and 451 screensavers downloaded since March 2011, demonstrate that alternate media are reaching people in new ways.
- ▶ For employer groups, the BlueResource library of health and wellness communications was developed to help inform employees about health issues and wellness tips. More than 1,200 files containing tips on prevention, health observances, health care common sense, nutrition and walking are provided online for employers to download, post online and/or print. These files

represent fliers, postcards, paycheck stuffers, email campaigns, newsletter articles, and other communications pre-formatted and ready to use in a variety of media to help employers communicate about health and wellness with their employees.

What lessons have you learned?

It takes a combination of the right content, layout, and media to create successful communications. A continual review of communications and of our delivery processes is required to ensure that we're challenging ourselves to do the best job of educating and informing our members.

What's next?

The public health insurance exchanges will bring new consumers into the health insurance arena, many of whom may need assistance understanding insurance products. We're determining what additional communications and media will be required to support their health information needs.

Contact:

Jo Poorman
Sr. Director, Print and Digital Media
jo_poorman@bcbstx.com
972-766-5261

What was the impetus for your program or project? What are its goals?

At Health Dialog, two factors were the impetus to make health literacy a priority: 1) internal demand from staff trained in the principles of clear language and 2) a desire to be more competitive in the marketplace when responding to requests for proposals that inquired about the reading level of materials. It was at that point that the company realized it had to improve from the existing level of about 8th grade. The case was easily made, and Health Dialog then launched a two year project to overhaul all of its standard outreach mailings to health plan members and to achieve a 6th grade or lower reading level.

Health Dialog's outreach materials were revised in order to be Clear Language Certified in January 2010. As part of that process, Health Dialog worked with an independent health literacy consultant who evaluated materials and made recommendations. Health Dialog applied an aggressive readability instrument– the Suitability Assessment of Materials Test (SAM) – for determining that a document meets criteria for clear language certification. Health Dialog developed an extensive Health Literacy Style Guide to standardize its approach to developing clear communications. The guide provides clear language standard rules regarding how to appeal to a specific target audience to provide clear, action-oriented materials that empower members to better manage their health. The rules include instructions regarding simple wording including: tonality (positive), active voice, and appropriate reading levels (5th-6th grade). There are also clear recommendations on layout design, and a checklist to ensure that content, formatting, graphics, and clear language are applied. The member communications team has had formal training, and has trained others in the company, ensuring that all have a clear understanding why they are doing what they are doing to improve the clarity of materials. This has generated extensive

support for the health literacy work led by the company's communications professionals.

Health Dialog has also revamped its bilingual materials, integrating health literacy and cultural sensitivity efforts, and has tested the materials to make certain that the language, visuals, and general design are all effective.

Health Dialog's writers have won awards for several major new clear language documents, including a 2009 Institute for Healthcare Advancement award for their Weight Loss Toolkit, a 2010 gold award from the New England Society for Healthcare Communications for their Living Tobacco Free Toolkit, and a 2010 silver Lamplighter award for biometric screening flyers. They were also finalists for a 2010 Center of Plain Language Clearmark award for chronic condition materials.

Health Dialog believes that this public recognition is important because it brings understanding and visibility to the issue of health literacy. To further this goal, Health Dialog testified in July of 2010 before the Employee Retirement Income Security Act (ERISA) Industry Council about the problem of health literacy and the cost implications of poor health literacy.

Health Dialog is now in the process of incorporating what the company has learned from its work in print, to digital communications including Web and mobile communications. They are engaged in laying the foundation with education and training in health literacy before going to clients with new products that incorporate principles of clear health communication. By addressing health literacy through these efforts, Health Dialog is ensuring that they are reaching and engaging as many members as possible.

Contact:

Megan Hand
Outreach Communication Specialist
mhand@healthdialog.com

Health Net, Inc.

Clear and Simple: Health Net's Plain Language Initiative



What was the impetus for this program or project? What are its goals?

For over a decade, Health Net has focused on a targeted 6th-grade reading level and ensuring culturally and linguistically appropriate member communication as part of its contract with Medi-Cal. But the results of research done in conjunction with UC Berkley and California's Office of Patient Advocate (OPA) in 2008 found that health plan materials and instructions about how to navigate their benefits were unclear, and the company realized that it needed a broader initiative to focus more concertedly on plain language. Health Net refers to the work as "plain language" rather than "health literacy" so that associates within the organization immediately understand the goal of the work.

What are the key elements?

An ad hoc group was formed to address the issue, and "Clear and Simple" was promoted during Health Literacy Month in 2010 in order to increase awareness of the effort and draw the most attention.

The ad hoc group is focused on increasing the skill sets of Health Net associates and has produced tip sheets on plain language, developed a glossary focused on the use of plain language, and participated on a webinar on health literacy. The group of 20-30 individuals has met monthly over the past six months to review materials, work on preparations for Health Literacy Month, and to consolidate the various policies and procedures that exist in different departments into a unified corporate policy on plain language. The group envisions a newsletter, a monthly tip sheet, and extended webinar training.

What are the results?

Health Literacy Month is a major focus of the group,

and efforts have been very successful at engaging associates across the company. Last October, Health Net conducted a contest that involved rewriting complex paragraphs, and 200 associates took part. Since then, more inquiries about writing in plain language have come in, as well as requests for assistance on rewriting complex letters for members.

What lessons have you learned?

In terms of lessons learned, Health Net cites the use of "plain language" rather than "health literacy" initially to make it easier for associates to understand and begin to engage in the work. It takes a while to ramp up, so start where you are and take the first step. Things may go slowly, but momentum and excitement will build. Both the UC Berkley/OPA research and the UCLA research described below are important contributions to the field, and have helped make the case at Health Net for a focus on health literacy.

"Teen2Xtreme"

Under grant # 5R01HD059756-02 from the National Institutes of Health, Health Net, in collaboration with the UCLA School of Public Health, is testing whether a social media health literacy intervention will encourage adolescents aged 13-17 to better use their health insurance benefits. The social network site, Teen2Xtreme, includes forming a community of users, developing teen- and professionally produced content, storytelling formats, competitions, games, quizzes, blogs, video sharing, Facebook integration, and other interactive and participatory communication methods. The project's objectives are to increase teens' capacity to access and use their insurance, become more engaged in their health care and health behavior decisions, and develop pro-health attitudes. Domains include annual well-care visit; the patient-doctor

Health Net, Inc.

Clear and Simple: Health Net's Plain Language Initiative (continued)

relationship; navigating the healthcare system; benefits, rights and responsibilities; and healthcare-information seeking.

The site is available to all adolescents and currently has more than 700 users. One facet of the site, involving a teen theater group and storytelling that is posted on YouTube.com as well as on the teen2xtreme.net website, includes a pre-test among users. The post-test showed that participation in this facet of the program had increased teens' knowledge of the subject matter. Results from the overall research will be available in late 2011.

Contact:

Vinia Pangan
Senior Cultural & Linguistics Specialist
cultural.and.linguistic.services@healthnet.com

Nancy Wongvipat Kalev
Director, Health Education/Cultural & Linguistics
nancy.wongvipat@healthnet.com

Diana Carr
Manager, Cultural & Linguistics Specialist
Diana.m.carr@healthnet.com

Tools or information to share:

About HN_Clear-and-Simple.pdf

The link for the tool is:

<http://www.ahip.org/healthliteracy/AboutHN-ClearandSimple>

Tipsheet: Clear and Simple_1.pdf

The link for the tool is:

http://www.ahip.org/healthliteracy/Tipsheet-ClearandSimple_1

Tipsheet: Clear and Simple_2.pdf

The link for the tool is:

http://www.ahip.org/healthliteracy/Tipsheet-ClearandSimple_2

"Teen2Xtreme Initiative"

Teen2Xtreme_user_interfaces.pdf

The link for the tool is:

<http://www.ahip.org/healthliteracy/Teen2xtremeUserInterfaces>

T2X_UsingSocialMedia_to_Improve_Adolescents_Health_Literacy.pdf

The link for the tool is:

<http://www.ahip.org/healthliteracy/UsingSocialMediaImproveAdolescentsHealthLiteracy>

What was the impetus for this program or project: What are its goals?

HealthPartners' "Consumer Friendly Communications Checklist" started out as a facet of the organization's overall consumer engagement effort designed to close the gap between current reality and the ideal consumer experience. One element of the gap was identified as an information gap; member information was not clear or easy to use.

What are the key elements?

A cross-functional team, representing many areas of the health plan including product management, legal, quality improvement, customer service and more, created the checklist. The checklist took nine months to develop and was completed in the summer of 2010. It's designed to help create a standard for readability and exceptional experience for members. The checklist includes the elements known to have an effect on readability and ease of use, such as grade level, absence of jargon, etc. An accompanying style guide outlines words to avoid and words to substitute in their place, as well as examples of communications "before" and "after" the checklist has been used.

Last year, HealthPartners revamped open enrollment materials with an eye toward providing information in a way that helps members easily and confidently choose their health insurance. So, instead of including all the details of the products, programs and services that are offered, HealthPartners asked this question: what information does the member actually need at this point in time? The goal is to provide consumers with just the right type and amount of information (with an easy path to more details). For example, instead of providing a long list of customer service and member support phone numbers, HealthPartners created a simple chart that started with the reasons why a member would

call for help, and then listed the phone number they could use.

While there was pushback internally from those who subscribe to the idea that the member needs to be told everything all at once and in one place, research conducted with members helped to make the case for the consumer-centric approach. HealthPartners has also spent time sharing with employers and brokers the evolving approach to member communications, providing focus group results and tips/resources for purchasers in their own employee communications.

HealthPartners has built into their work not only traditional market research but also feedback from a patient council that works with them on an ongoing basis.

Training is a key component of providing consumer friendly communications. Many of the individuals who produce member materials have been trained in writing for clarity and ease of use. The organization is in the process of making this a requirement and extending the training throughout all business areas.

What lessons have you learned?

In terms of lessons learned, the professionals who work on the program indicate that it is important to understand it takes time to alter the culture, and it takes constant reinforcement of the concepts and rationale. The more feedback from members, the better. And, before and after examples of the communications are powerful.

"Medication Boot Camp"

Working with managers in the HealthPartners health plan, Regions Hospital has designed a "medication boot camp" program that is designed to reduce preventable hospital admissions for individuals with congestive heart failure by determining prior to discharge whether or not an individual patient is

HealthPartners

Health Literacy Initiative (continued)

able to follow medication instructions.

The program involves administering a test to patients during which they are asked to fill a pill box with “pills” (colored beads) to demonstrate how they would take the medications during the following week. The pharmacy technician is then able to determine if the individual patient is able to follow the directions s/he was given about taking medication. The test, which is administered to patients who themselves will be setting up their medications, was piloted on a group of 50 patients in March of 2011. Patients are screened, and those who would otherwise already be identified as needing assistance are not included in the program.

The pilot showed that seven of the 50 patients made mistakes in setting up the medications for the week. These patients were referred to care management. Preliminary results, yet to be validated for statistical significance, do demonstrate a reduction in 30 day readmission rates.

Regions indicates that this is a no budget approach. In terms of lessons learned, a primary lesson is that you cannot tell from looking at a patient whether or not he or she will be able to set up and comply with medications. An occasional patient finds the test annoying or insulting, and an occasional patient will refuse to take part.

Contact:

Haivy Thompson
Manager, Direct-to-Consumer Marketing
and Engagement
haivy.n.thompson@healthpartners.com
952-883-7465

Highmark Inc. Health Literacy Initiatives



Highmark Inc., an affiliate of the Blue Cross Blue Shield Association, seeks to improve health literacy among health care providers, Highmark employees, Highmark members and the community at large. Highmark launched its health literacy initiative in 2009.

What was the impetus for this program or project? What are its goals?

Through Highmark's Health Equity & Quality Services (HEQS), Highmark works to reduce health disparities among its health plan members. HEQS's programs focus on cultural competency, health literacy and health interventions and involve Highmark employees, its network providers and health plan members themselves. Health literacy is an integral part of HEQS's mission to lead Highmark in achieving health equity for their members through targeted programs that improve health and wellness.

What are the key elements?

TRAINING AND AWARENESS

Highmark has focused on building awareness through educational outreach to members, the community at large, providers and staff. Specific examples of outreach to the community at large include articles that were published in six local and regional minority-serving publications addressing how to prepare for a visit to the doctor and what questions to ask the doctor. Flyers such as "Ask Me 3" and "Getting the Most Out of Your Doctor's Visit – Follow These Four Steps," are distributed at community events and the company has hosted health literacy focused workshops at its annual Fun Fit and Fabulous women's conference for the past two years.

Highmark is educating members and physicians about the relationship of health literacy and improved health outcomes through member and provider newsletter articles, physician forums and

on its websites.

The website for Highmark members features all sorts of patient information, including how to prepare for a visit to the doctor and what questions to ask the doctor.

The website for Highmark providers features articles about health literacy in general, "Ask Me 3," and the AHRQ Health Literacy Universal Precautions Toolkit. A training module summarizes the AHRQ toolkit and highlights practical information on how to get started with one tool, such as the "teach back method." The provider website also features a downloadable health literacy brochure that can be distributed through various channels.

INVESTMENT IN READABILITY SOFTWARE AND OTHER TOOLS FOR USE WITHIN TARGETED BUSINESS AREAS

The company has invested in electronic readability tools and staff training on the use of the Fry method for evaluating reading level for the purposes of improving member facing communications.

HIGHMARK'S HEALTH LITERACY TASK FORCE

The goals of the Task Force are to increase awareness of health literacy and plain language and to provide tools that will allow the company to integrate plain language throughout the organization. Twelve functional areas are represented on the Task Force, including marketing communications, consumer outreach, training, law, senior products, care/case management, diversity and inclusion, health care reform, community health, web development, quality management, and health promotion/wellness.

The Task Force has focused on the development of a health literacy style guide; the creation and adoption of a policy on health literacy/materials development and review; and the acquisition, demonstration

Highmark Inc.

Health Literacy Initiatives *(continued)*

and implementation of software programs that assess readability. The Task Force will next focus on expanding participation, training, and further implementing both the electronic and manual readability tools.

Other initiatives:

Highmark added two questions to its CAHPS® survey, even before the full health literacy item set was released: “Did your provider give you easy to understand instructions about taking care of your health problems or concerns?” and “How often did your provider ask you to describe how you were going to follow these instructions?” A disparity was identified among minority patients with respect to the first question. Interventions targeting minority members are developed with cultural competency and health literacy concepts in mind.

In addition, Highmark added a question on education level to its online data collection process that allows members to register language preferences and provide information on race and ethnicity. Although education is not an exact proxy for health literacy, this information will be useful nonetheless.

What lessons have you learned?

We have learned that it is okay to start small, get your feet wet, and build from there.

We are excited about our efforts to date and look forward to enhancing and expanding our health literacy efforts to achieve better and more effective communication with our members. We plan to continue efforts to integrate a health literacy focus with our provider initiatives that address pay for performance and patient centered medical homes.

Contact:

Ellen Kuntz
Health Equity & Quality Consultant
ellen.kuntz@highmark.com
412.544.2622

Visit the Health Literacy section of Highmark’s Provider Resource Center:

<https://prc.highmarkblueshield.com/rscprc/hbs/pub?document=/documents/health-literacy.html>

Visit the Press Kit:

<https://www.highmark.com/hmk2/about/newsroom/presskits/costquality.shtml>

Horizon Blue Cross Blue Shield of New Jersey

Health Literacy Initiative



What was the impetus for this program or project? What are its goals?

The Health Literacy Initiative began in December 2010. This statewide health care literacy initiative, designed to incorporate different stakeholders in the state of New Jersey, is a collaboration between Horizon BCBSNJ; Rutgers University; and various pharmaceutical companies. The goal of this statewide initiative is to increase awareness of health care literacy, improve member outcomes, and increase the accessibility of resources to health care providers and patients.

What are the key elements? What does the program or project do?

There are several key elements to our program. Five workgroups were created, each with a different focus to improve health care literacy. There is a general workgroup to improve overall awareness and to raise the level of health literacy. The subsequent four groups will be targeting health care literacy associated with specific disease states: diabetes, hypertension, hyperlipidemia and asthma. In addition to these groups are those with provider and consumer focuses. Other key elements of our program includes health provider targeted lectures to increase the awareness of health literacy; health literacy community outreach to improve outcomes of our members; a health literacy website for easy access to resources and materials; presentations at national conference of studies conducted around health literacy; and active participation in various national conferences.

What lessons have you learned?

Health literacy is a real issue that requires immediate and on-going attention. Literacy skill is the strongest predictor of an individual's health status. There is an abundance of materials and resources currently available and it is not necessary to reinvent the

wheel. These materials can be turned into programs and initiatives to address this issue. Together through a working partnership, we are making a difference for our members and the overall well being of residents in the State of New Jersey.

Health care provider awareness of health literacy is crucial and through motivational interviewing, adherence kits and various tools, we can help providers improve health outcomes.

What are the results?

We have developed podcasts, webinars, and/or written materials in various languages for students, physicians and faculties to help members to read and understand prescription labels. These tools help increase levels of literacy with pre and post surveys that measure outcomes. Health literacy lectures and training by health literacy experts are currently conducted at Horizon BCBSNJ for employees including case managers, nurses, and pharmacists. Several community outreach events have been conducted in collaboration with Rutgers University. Presentations around health literacy and our initiative were incorporated into Rutgers Day. Pharmacists and students were at the all-day event to promote health literacy, hand out information and discuss health literacy with students and their families. A health literacy website is currently under development at Horizon BCBSNJ. A study conducted by Horizon BCBSNJ identifying barriers around health literacy was presented at an Academy of Managed Care Pharmacy national conference. We are also looking to participate in various national conferences and programs to promote awareness of health literacy.

For the past few years, the Horizon BCBSNJ Medicaid business unit has been involved with the New Jersey Health Coalition to develop appropriate initiatives.

Horizon Blue Cross Blue Shield of New Jersey Health Literacy Initiative (continued)

What other programs or projects might we highlight?

Several programs are being developed around diabetes, hypertension/cholesterol and asthma to deliver targeted health literacy interventions to a specific population with a measurable outcome.

Contact:

Keri A. Farber, CPhT
Pharmacy Coordinator II
973-466-8995
Keri_Farber@horizonblue.com

Humana Health Literacy Program



Humana's health literacy program is a unique model, a partnership between the company and its philanthropy arm, The Humana Foundation. The work focuses on providing the consumer with tools and resources to make better health decisions. The program involves collaboration across Humana Inc. and the staff of The Humana Foundation.

The Humana Foundation was the front-runner, making health literacy a priority in 2006. By 2007, the foundation had created a website that connects the consumer to reliable health information in everyday language. In 2009, Humana and the Foundation combined efforts for greater impact.

What was the impetus for your project or program? What are its goals?

The impetus for the program came as a result of a consumer mapping exercise that identified health literacy issues in the company's written materials. The grade level of materials was too high – sometimes at the 12th grade or college level – the use of esoteric words and abbreviations was common, with inconsistencies in language.

Findings from the mapping exercise were presented, and the marketing department was asked to improve the literacy level and effectiveness of the materials.

The goals of the Humana Health Literacy program have evolved over time. The initial goal was to simplify all member communications, making them more engaging and improving members' responses to materials. However, the goals now include reducing Customer Service calls through clear communications, building the provider relationship, and improving health outcomes.

What are its elements?

In 2009, Humana formed a team of individuals from across the company, including professionals in marketing, compliance, the quality enterprise, customer service, and The Humana Foundation.

The team began meeting biweekly and formed subcommittees to perform specific assignments.

1. Simplification with consistent standards and review

One of the team's first projects was to conduct research into the various methods for assessing readability and bringing materials down to grade level. Based on research findings, the team chose one assessment tool to use across the company. Humana also developed:

- a. Thesaurus of clear words to substitute for more complex terms
- b. Standards for written documents that apply across the company
- c. A review process that applies to documents across the company.

2. Local, state, and national support of the health literacy community

From the beginning, Humana has taken a key role in regional and national health literacy efforts, and has been instrumental in the development of Health Literacy Kentucky, a coalition that includes major healthcare stakeholders in the state from academe, government, business, and nonprofits.

Humana is a primary sponsor of Health Literacy Kentucky's health literacy summits. In fact, Humana showed support at the highest level by having Humana CEO Mike McCallister share the keynote and kickoff with the then-President of the University of Kentucky.

Mr. McCallister also endorsed the company's health literacy efforts in one of his corporate-wide webinars. Humana's health literacy efforts have broad-based, top-down support within the company.

Most recently, Humana sponsored a high school challenge in its home town of Louisville, KY. The program is a competition of high school teams that develop a marketing effort directed at their peers

Humana

Health Literacy Program (continued)

—to bring awareness to the issue of adolescent obesity and offer solutions.

3. Education

Working with a health literacy consultant, Humana conducted awareness training for more than 200 individuals that included anyone who touched consumers in some way. The next year, Humana built on that education with writing skills training for those who created consumer materials.

Subsequently, the company's in-house education developer used the awareness training as a model to create a new computer-based training module. The module allows anyone who joins the company to be educated about health literacy and the efforts Humana is pursuing to address it.

4. Research

In 2010, Humana conducted primary research to obtain consumer input on three documents to determine whether the company's health literacy work was making a difference. Respondents were a mix of current Humana members and members of other health plans.

In testing "before" and "after" versions, it was found that some changes actually were not beneficial. For example, a glossary was removed from one document and replaced with definitions of terms in the body of the document. However, consumers liked having access to the glossary in addition to the definitions that were provided in the copy. Overall, consumers preferred simpler versions that included more white space, with photos and other visuals that related to the individual culturally, as well as augmented the content of the materials.

What lessons have you learned?

The Humana Foundation has sponsored events that encouraged seniors to talk about health literacy. The takeaway is that you must engage consumers before they will learn. Presenters asked seniors to

share stories and offer solutions to health problems. Seniors also received brochures to help direct them to information resources and services.

The company's health literacy work has highlighted the importance of establishing a clear process and standards for materials development and review – the goal is for any and all members to understand Humana's communications.

Also, Humana stresses the importance of following standard safety procedures and guidelines, a fact that was highlighted in an address by the medical director in the Kentucky region at the 2011 Health Literacy Kentucky Summit.

Finally, and most important, Humana recognizes that simplifying written materials is only the first step in addressing health literacy. Every interaction – whether in writing, over the phone, or in person – must be engaging, clear, and culturally sensitive. And ultimately, members must understand how to take control of their own health. In other words, to have true health literacy, members must

- ▶ Be able to understand and use information they receive
- ▶ Navigate the healthcare system effectively, which includes using health benefits and building a relationship with providers
- ▶ Take steps to prevent illness where possible, as well as manage chronic conditions they already have.

That last step is where Humana is now directing much of its efforts in health literacy. By focusing its health literacy efforts going forward on prevention and management of chronic conditions, Humana can improve health outcomes and reduce costs.

Contact:

Betsy Shirey
Communications Consultant
Proactive Care Strategies
bshirey@humana.com

Health literacy activities at Kaiser Permanente are conducted within their individual regions. What follows is a sample of activities from two regions—Mid-Atlantic and Northern California—as well as a unique contribution from the Colorado region in the form of major research, recently published in JAMA, relating to low health literacy and patients with congestive heart failure.

Northern California, Kaiser Permanente Health Literacy Activities

What was the impetus for your activities? How did they begin?

As part of our professional responsibilities, we regularly monitor medical and public health journals and literature, and over time health literacy was emerging as an issue to pay attention to. So we attended a health literacy conference at IHA to look at what we are doing that conforms to health literacy principles, and what we could be doing to advance our work. We had the opportunity to see what others are doing, and saw that some of the approaches we use with written materials—user friendly, simple language, “chunking” of information in documents, and multiple formats—were those being advocated by others in the health literacy community. Now we had a name for some of what we were already doing.

What are the elements of your work?

We focused from the beginning on both verbal and written communications. Our health educators design curricula and materials; they conduct patient education directly with members, and they help other professionals who do similar training. The goal is to factor health literacy concepts into all of the curricula and materials, and to help content experts to do the same.

The health education staff developed a 40 minute presentation on health literacy that was initially targeted to their colleagues in the department. This presentation has subsequently been given to specialty departments that include the Elder Care Department, and our intention is to deliver the presentation to units throughout our region of Kaiser Permanente.

During past Health Literacy Months, we have conducted campaigns to raise awareness of the issue, and have developed a series of tip sheets that offer simple, easy ideas for providers to incorporate into their practices. Our national style/brand guide includes standards for how we say things (in a positive way, which is easier and more engaging for consumers), what we say in terms of language (plain language, avoiding jargon), and a target reading level for both marketing materials (8th grade or below), and educational materials (5th grade or below).

Kaiser Permanente, Mid-Atlantic Region Health Education and Health Literacy Activities

What was the impetus for beginning to address health literacy?

Several years ago, the Institute of Medicine produced a report that encouraged greater focus on health literacy. That coupled with research that showed that the Mid-Atlantic region was a part of the country with very low literacy in general prompted the Health Education Department to increase its activity in developing educational materials that are low literacy and understandable to all members of the plan.

What are the key elements of the work?

Professionals hired in health education, including nutritionists, nurse educators, subject matter experts, and nurses—everyone who helps support educational efforts in Kaiser Permanente medical centers—are required to complete health literacy orientation. Those with responsibility for written materials are given time to develop and practice low literacy writing skills, and to apply the Flesch-Kincaid test of literacy levels to the documents they draft.

All educational materials at Kaiser Permanente Mid-Atlantic go through a review at least once every two

Kaiser Permanente Health Literacy Initiatives (continued)

years, and are brought into low literacy range in the process.

In addition, those professionals who are conducting classes at Kaiser Permanente medical centers for the first time are provided with presentations at a low literacy level, and conference with the regional office to practice and go over the materials. As a result of this process, some class materials, e.g., high blood pressure class materials, have been entirely modified. Key concepts in verbal communication, e.g., the “teach back,” are taught and emphasized as instructors walk through their presentations after they are evaluated and changed.

A style guide serves as an aid to those developing written materials and oral presentations. It emphasizes key concepts in clear health communication such as cutting back on jargon, using words with fewer syllables, and using active voice. The guide emphasizes all aspects of the presentations, including their tone.

What have you learned?

Incorporating and embedding health literacy into everything takes time, patience, and an understanding of a greater need for some populations. It also takes time for the health care teams to understand the individual needs of members/patients and find ways to incorporate this type of instruction and guidance into care—considering that much of the medical terminology is created at a level higher than the average person can understand. In addition, it takes time to sell the importance of health literacy, simply because professionals are taught to use technical language and have become accustomed to doing things a certain way, and this is not unlearned overnight. Despite the challenges, we are making good progress with this paradigm shift and can definitely see the results.

Kaiser Permanente, Colorado Region

A unique contribution to health literacy comes from

the Kaiser Permanente Colorado Region, the site for a study that appeared in the April 27, 2011 issue of the *Journal of the American Medical Association*. The authors, representing the Denver Health Medical Center, Kaiser Colorado Institute for Health Research, and the University of Colorado Denver, found patients with congestive heart failure and low health literacy were more likely to be hospitalized, and were almost three times as likely to die in a given year as those with better health literacy skills.

Health literacy levels were assessed using a three part questionnaire that asked: 1) how often do you have someone help you read hospital materials? 2) how confident are you filling out forms by yourself?, and 3) how often do you have problems learning about your medical condition because of difficulty reading hospital materials? The three questions are scored on a five point scale, making it easy to score and therefore easier to implement in practice.

In a presentation to the AHIP Health Literacy Task Force, the authors indicated that these findings point to the need for a targeted intervention to improve patient outcomes. The presentation, attached below, furthers our quest to make the case for health literacy.

Contact:

Lisa K. Carpenter, MPH, CHES
Project Manager, Regional Health Education,
Kaiser Permanente
Lisa.K.Carpenter@kp.org

Marcy J. Nichols, MS, CHES
Assistant Manager, Patient Education, Kaiser
Permanente
Marcy.J.Nichols@kp.org

Pamela N Peterson, MD MSPH
Assistant Professor of Medicine
University of Colorado, Denver
pamela.peterson@ucdenver.edu

Tools or information to share:

Health Literacy and Heart Failure Study
Presentation

The link for the tool is:

<http://www.ahip.org/healthliteracy/AHIPHealth-LiteracyandHF>

L.A. Care Health Plan Health Literacy Initiative



What was the impetus for this project or program? What are its goals?

L.A. Care’s involvement in health literacy dates back to 1999, but has evolved from traditional approaches to the unique. The impetus came from the state of California as health plans were preparing to serve Medi-Cal beneficiaries. After meeting with other health educators about readability and the need to increase member understanding of health issues, L.A. Care conducted an extensive literature review of current health literacy practices. As a result of this research, L.A. Care developed a material review form based on known concepts of effective communication. This review form assesses materials for readability, cultural sensitivity and linguistic appropriateness, and medical accuracy. L.A. Care policies and procedures were also adopted to promote these important concepts throughout the organization.

At the time, the state of California had in place a requirement that every document—every piece of paper—given to Medi-Cal beneficiaries be reviewed and approved by the state of California Department of Health Care Services (DHCS). Recognizing the time and labor involved in meeting this requirement, L.A. Care proposed to DHCS that its internally developed policies and material review form be accepted as an alternative way of assuring clear, effective communication with beneficiaries. This proposal was accepted.

Initially, L.A. Care’s focus was on health education materials, but the approach applies to all member materials including letters, health reminders, and other forms of written communication. While L.A. Care’s Health Education Department was originally responsible for ensuring the completion of the material review form, this responsibility was ultimately transferred to LA Care’s compliance unit, thus assuring a level of authority needed for organization-wide adherence.

In addition to providing health literacy awareness and skills training to the entire organization, L.A. Care has also offered customized training to units that interact directly with members. A key component of this training is the use of readability software which assesses reading ease for materials in English. Given the level of training and acceptance of health literacy standards, as well as the tools available throughout the organization, L.A. Care has now decentralized responsibility for adherence and review of member materials, and many units are self-sufficient in developing and implementing their own patient materials.

L.A. Care provides a glossary to interpreting and translation vendors and member services representatives. The more recent development of an electronic database builds upon this effort and houses thousands of linguist-approved translated terms. Available in Chinese and Spanish, the database is accessed by all L.A. Care translation vendors to ensure quality and consistency in translation across all member materials. L.A. Care plans to incorporate an additional seven languages into the database over the next year, and to continue to update it as the languages evolve.

What lessons have you learned?

Things don’t happen overnight. It is important to be consistent and ever vigilant.

What other efforts can we highlight?

L.A. Care has continued to look for innovative ways to address health literacy and cultural competency. Please see the attached description of “Using Fotonovelas to Address Health Literacy.” (See next page.)

Using Fotonovelas to Address Health Literacy: A Collaborative Effort between L.A. Care Health Plan and the USC School of Pharmacy

Introduction

Fotonovelas are a media messaging strategy common in Latin America and are very popular with Latinos. Similar to comic books, fotonovelas tell dramatic stories using photographs and simple dialogue. Fotonovelas are unique, culturally-informed health literacy tools because they embed engaging visual elements and health messaging within the context of an entertaining, sensational story. As the story plays out, the reader identifies with like-minded characters who find themselves struggling with, and ultimately overcoming, common everyday situations. The goal of health-related fotonovelas is to empower Latino community members by providing them with the knowledge, skills, and motivation to make informed decisions about disease prevention, treatment choices and compliance, and appropriate help-seeking behaviors. Prior research shows it is not sufficient to solely produce health information in the language of the target population—educational messaging must also address low health literacy.

In an effort to improve health messaging and communication strategies with Medi-Cal members, L.A. Care Health Plan partnered with the University of Southern California School of Pharmacy to produce four fotonovelas over a 5-year period: “Sweet Temptations” (diabetes), “Secret Feelings” (depression), “Oscar and The Giant” (pediatric asthma) and pediatric obesity (title pending). These fotonovelas incorporate cultural norms and myths related to their respective health topics while explaining pathophysiology without the medical jargon or confusing terminology. To ensure appropriate messaging, not only were photo sequences shot in urban Los Angeles using actors native to the community, the fotonovelas were field tested with individuals representative of the target population(s) and are dual-language English/Spanish pieces.

Using Fotonovelas in Real-World Situations

In addition to distributing the fotonovelas over the past five years to its provider network, L.A. Care Health Plan used them with members during health education group appointments, regional member meetings, and as part of a peer-to-peer outreach campaign. Approximately 200,000 fotonovelas were distributed to community clinics, pharmacies, and other health plans by the USC School of Pharmacy.

Measuring Fotonovela Effectiveness

Standardized, knowledge-based pre- and post-tests were administered by the USC School of Pharmacy to determine whether these culturally sensitive, linguistically appropriate educational tools reduced health literacy as a barrier. Change in knowledge was assessed by comparing answers given before and after reading the fotonovelas. Results from the diabetes fotonovela, “Sweet Temptations,” demonstrated an increase in participant knowledge from 66% to 86%.

Conclusions

In addition to providing health information in the language of the target population, educational messaging must also be adapted to accommodate potentially low health literacy levels. Fotonovelas are one example of the implementation of this insight, and have proven to be an effective educational tool.

Contact:

Nai Kasick
Director, Health Promotion and Cultural and
Linguistics Services
nkasick@lacare.org

What was the impetus for this program or project? What are its goals?

SWHP serves a diverse population and it was noted that members did not always understand their benefits and member materials were sometimes confusing and not easily understood.

SWHP identified the need to develop a vision and strategies for a communications structure that delivered consistent messages and was always available when and wherever needed. Consistent, effective communication strategies would enhance our excellence distinction among current members, potential members and our community.

SWHP identified that members were calling into customer service for a verbal explanation of mailed/delivered material. They were not utilizing either online programs or 24-hour nurse assistance programs.

The goal was to create Corporate standards for all communications that are adhered to by all SWHP staff, to include measurable improvement in a readability index of external communication material as well as development of an onboarding tool for new members to engage them in the SWHP experience both online and by telecommunications.

What are the key elements?

In 2010 Scott and White formed a cross functional team that included a medical director, sales and marketing professionals, customer service representatives, provider relations staff, and individuals involved in the quality enterprise such as employees whose work is focused on chronic disease management. The team produced a tool that helps those who develop materials to make them more readable by focusing on the font, the format, the feel (friendly but not chatty), and the filler (content). The tools available include a list of words not to use and words to substitute, whether in written documents or in conversation with members, and the use of acronyms is held to a minimum.

Company policy requires that the communications teams review all documents to ensure that they are

in compliance with standards. Training has been conducted for all those who interact with consumers via the written word or the spoken word. Verbal communications training involves both techniques to employ and a style to aim for that is short but not brusque, and friendly but not condescending. Staff have responded well and are asking for refresher courses.

Key elements included the collection of all current written member material (397), analysis of the material (109) and re-write of 18 high volume and high impact pieces of communication.

SWHP surveyed new members to investigate what they were missing in the onboarding experience (within 30 days of becoming an SWHP member). It identified 6 key items new members are looking for. SWHP developed and implemented a New Member Kit to introduce new members to SWHP, educate and engage them in our online tools, and educate and engage them in our 24-hour nurse advice line.

What are the results?

- ▶ Three months into distribution of the New Member Kit SWHP saw a rise in online MyPlan registration of over 28%.
- ▶ Improvement in 2011 CAHPs scores for “Forms Easy To Fill Out”
- ▶ Customer service advocates report positive member feedback about written materials being easier to read and understand.

What lessons have you learned?

Clearer communication from SWHP coupled with member engagement within the first 30 days of enrollment leads to improved health outcomes, lower healthcare costs and better quality of care.

Contact:

Gel Detrick
gdetrick@swmail.sw.org

Tools or information to share:

SWHP Readability Evaluation Form
The link for the tool is:
<http://www.ahip.org/healthliteracy/SWHPReadabilityEvaluationForm>

Select Health of South Carolina Health Literacy Program



What was the impetus for this program or project? What are its goals?

The impetus for Select Health of South Carolina's health literacy program was data showing that one in four adults in South Carolina lack basic literacy skills. Select Health began a health literacy program as a way to better communicate important health information with health plan members who have limited health literacy skills while striving to reduce healthcare disparities. The goals of the initiative are to promote an understanding of health literacy, enhance member outreach efforts, improve the content and design of member materials and educate health plan members on the importance of communication between healthcare providers and patients.

Since it began in 2010, the program has gradually expanded into an integrated health literacy/cultural competency program within Select Health's Communications department.

What are the key elements? What does the program or project do?

The key elements of our program are conducting staff training on health literacy guidelines, developing and disseminating health literacy resources, ensuring organizational compliance with health literacy guidelines, and educating providers on basic health literacy principles.

This program ensures that member materials are easy to read, culturally appropriate, and are at or below a fourth grade reading level, a requirement in South Carolina, a state with low literacy rates, that is more challenging than the 5th or 6th grade reading level requirements elsewhere.

Select Health trains new associates who develop member materials. Recently, we introduced a new process for developing written member materials that is coordinated by a senior writer. It requires use

and submission of a health literacy checklist. Initially, only 18 percent of documents submitted for review were at or below the fourth grade reading level. Six months after training staff, the number increased to 74 percent, with documents submitted in 2011 averaging a reading level of 4.16.

Select Health trains nurses to help guide members through physician and pharmacy interaction. Additionally, Select Health educates members on the importance of communication with healthcare providers through articles in member newsletters that address health literacy topics such as preparing for medical visits, outlining questions to ask the pharmacist, and understanding member rights and responsibilities.

Select Health also requires that contracted translation services comply with internal standards.

What lessons have you learned?

Start now. Don't wait until you are required to comply with health literacy standards to begin. Take baby steps. Conduct an organizational assessment and use the results as a guide, but don't overwhelm yourself trying to immediately create a comprehensive program. Choose a few areas you'd like to improve and master them. As a member of AHIP's Health Literacy Task Force, we were given the opportunity to be one of the first health plans in the nation to pilot AHIP's health literacy assessment tool. Select Health enhanced its program based on the recommendations received.

In-depth and hands-on health literacy training are critical. Provide staff with the proper tools and demonstrate the link between each individual's position and health literacy. Provide examples of how they can improve communication to members.

Formalize the process and hold people accountable. Create guidelines, policies and procedures. Identify a key person to coordinate and oversee each element

of your health literacy program to ensure that health literacy requirements are being met.

Be familiar with the population(s) you serve; integrate health literacy and cultural competency.

What are the results?

Recently, we sponsored a flu shot event at our community center and found that a large number of individuals were resistant to receiving the flu shot because of a fear of getting the flu. We revised our immunization materials and in turn increased our Healthcare Effectiveness Data and Information Set (HEDIS®) childhood immunizations by 21.4%.

In 2009, we evaluated disparities in comprehensive diabetes care. Our goal was to improve diabetes care among Black/African-American female members over the age of 30. Before implementing a diabetes disease management pilot program, we conducted a pre-assessment survey to gain a better understanding of the cultural barriers that Black/African-American female members face; trained clinical care staff; and enhanced our member mailings with culturally appropriate images.

The post-assessment results revealed that the design of the materials caught the members' attention, was easy to read and the member could relate to the images, which matched their own culture. The program also increased rates for LDL and A1C testing among the pilot group members. It also linked hard to reach, high-risk members with a diabetes nurse and targeted case management resources.

What other programs or projects might we highlight?

Through a focus group of members, parents of members, and potential members, we assessed our Online Provider Directory to evaluate whether the directory is useful and understandable. We

asked focus group participants to give feedback on preferred language, font size, reading level, content organization, and ease of navigation.

This process helped identify a need for increased font size, simplified language for section headings and a more user-friendly process for finding driving directions. Focus group findings were shared with the internal provider directory workgroup and are being incorporated into the next phase of the directory's redesign.

We recently noticed a low HEDIS® score for cervical cancer screenings among our health plan members. We created targeted cervical cancer educational materials to increase the rate of cervical cancer screenings among members in different racial and ethnic groups.

The goal was to examine and identify any cultural and linguistic barriers that exist and to develop interventions to address these disparities. Each mailing was designed with culturally appropriate materials, in compliance with our internal health literacy guidelines and written at the fourth grade reading level. We are excited to receive the quantitative and qualitative results of this initiative's ability to increase cervical cancer screening rates among our members.

Contact:

Jill Lemay
Senior Cultural Competency Coordinator
jillian.lemay@selecthealthofsc.com

Tools or information to share:

Health Literacy Checklist.pdf
The link for the tool is:
<http://www.ahip.org/healthliteracy/SelectHealthHealthLiteracyChecklist>

Health Literacy Tips.pdf
The link for the tool is:
<http://www.ahip.org/healthliteracy/SelectHealthHealthLiteracyTips>

Tufts Health Plan Plain Language Initiative



What was the impetus for the program or project? What are its goals?

Tufts Health Plan's plain language initiative is focused on individuals enrolled in complex plans, such as high deductible and limited network plans. Research showed that these members have difficulty understanding these newer forms of coverage that are not as familiar as traditional plans. According to consumer research, such as that from J.D. Power, consumers who receive information in plain language and understand their coverage are more highly satisfied. This kicked-off an ongoing program to deliver plan information in plain language and in formats that are more easily digested such as videos and webinars.

What is included in the initiative?

A two-hour training course on how to evaluate documents and transform them into material that is easier to understand is now required for all employees who communicate directly or indirectly with consumers. Additional tools are made available to Tufts Health Plan employees responsible for written communications, including Health Literacy Advisor software, and a glossary of definitions that are both legally accurate and in plain language.

Initially the work has focused on improving materials that are the most egregious in terms of complicated language and format, and those that are highly utilized by members. Focus groups and online surveys are used to test draft language and formats to further refine the approach.

Key to the success of the initiative is to gain support from the legal department and the operational business owners. Once they were made aware of the research results, and saw that plan materials were rated at a college-level by the literacy software, they were fully supportive. In fact, plain language training has been extended to our legal department reviewers and member services training and support staff.

One of our key deliverables for the initiative is a new award-winning web resource center called "How Your Plan Works" where members can find videos, webcasts, and other content in easy-to-understand language and fun animated formats.

Contact:

Rebecca Levanduski
Marketing Director
Rebecca_Levanduski@tufts-health.com

What was the impetus for the program or project? What are the goals?

“Ours is a deeply understood commitment, a priority, part and parcel of serving the underserved, an underpinning of our culture that is deeply woven into the tapestry of the organization.” Thus began the interview with UCare, a nonprofit health plan that is focused on the quality of the information it provides to members, and engaged in activities that we commonly think of as “health literacy,” but a company that does not have a program with that name.

Rather, UCare’s work in the realm of health literacy is an offshoot of UCare’s Diversity and Cultural Competency Council and efforts to promote Culturally and Linguistically Appropriate Standards (CLAS). CLAS standard #7 requires that materials be easily understood and patient focused; this new work in the area of health literacy is introduced, and new goals set, through the Council.

As an organization whose members are covered by public programs, UCare complies with state requirements that all materials must be written at the 7th grade level or lower, and that it submit a Flesch-Kincaid test with every member and consumer document. The organization serves large numbers of Hmong and Somali individuals and has found that translations are easier if the underlying document is already clear, simple, and easy to use.

The plan’s written materials take a visual approach with graphic displays of the concepts that illuminate what the material is intended to be used for and to say rather than to make the document more visually interesting or friendly alone. The content also breaks down complex health care information into simple terms or simple steps. UCare’s work force is diverse and mirrors the member population that it serves, and materials are often tested with a product team of employees who are used as a sounding board.

In addition, a Member Advisory Committee serves as an informal focus group for testing. UCare also conducts usability testing of its web site (www.ucare.org) on a regular basis to ensure its online information is easy to understand and access by site visitors.

An organization champion of health literacy has developed a PowerPoint presentation and training to raise awareness of the concepts underpinning health literacy and to promote skills in writing simply and clearly. This is given several times a year to clinical staff, health promotion, disease management, and marketing professionals – any unit that touches consumers via the written or spoken word.

A guide to writing style emphasizes the typical elements of such guides—“use active voice,” “use the simpler word” (“use” instead of “utilize”), “use readable font sizes”—and is focused on looking at the material through the eyes of consumers. Twice a year, a writing style class is offered to all UCare staff.

The organization participates in a state health literacy partnership with health plans and provider groups, as well as AHIP’s health literacy task force. One of UCare’s priorities is to learn about best practices through market research and interactions with other organizations.

Contact:

Wendy Wicks
Communications Manager
wwicks@ucare.org
612-676-3567

Tools or information to share:

UCare Health Literacy Presentation.ppt

The link for the tool is:

<http://www.ahip.org/healthliteracy/UCare-HealthLiteracyPresentation>

UCare Writing Style Guide

The link for the tool is:

<http://www.ahip.org/healthliteracy/UCareWritingStyleClass>

UnitedHealth Group Health Literacy Initiative



UnitedHealth Group®

What was the impetus for your project or program? What are its goals?

UnitedHealth Group's (UNH's) health literacy program has its origins in a desire to communicate with Medicare beneficiaries using plain language and appropriate design principles. Today's enterprise-wide, Health Literacy Innovations Program (HLIP) focuses on making written, spoken and web-based health and wellness communications simple, understandable and actionable. UNH believes that understanding the language of health is a key to living a healthier life.

Our goals include:

- ▶ Facilitating the development of accessible, understandable and actionable consumer engaging health and wellness communications
- ▶ Identifying, encouraging and/or supporting research that focuses on the impact of health literacy on the quality, safety, efficacy and efficiency of health care
- ▶ Demonstrating UnitedHealth Group's commitment to being the industry's health literacy thought and action leader

What are its key elements?

UNH has a full-time HLIP Director. The program also includes a corporate executive sponsor, executive clinical sponsor, Advisors Group (composed of marketing officers from the business segments), at least one health literacy champion who leads health literacy activities with participating business segments and coordinates activities of business segment health literacy coordinators. Health literacy champions and coordinators are volunteers who have a passion for enhancing communications.

HLIP key elements include: training, development and implementation of tools and resources and research.

Training

Working in conjunction with health literacy representatives from UNH's business segments, the HLIP has developed a range of health literacy awareness and skills training programs. To date more than 10,000 individuals within UNH as well as more than 1,000 external to UNH have been trained.

Tools and Resources

UNH created the **Bluebook**, a guide for writing in plain language using design principles, which promote understanding and usability. The **Bluebook** contains 10 Big Ideas, case studies, a clarity checklist and resources for helping diverse populations understand. UNH believes strongly that health literacy and cultural sensitivity must be intertwined in order for communication to be effective. The **Bluebook** has been adopted as the UnitedHealthcare brand standard.

UNH also created the **Just Plain Clear Glossary**, an internal wiki-based glossary that includes approximately 2000 complex terms and alternative terms or definitions. An editorial work group has been established to review recommendations for addition or modification of the glossary. An English and Spanish version of the glossary has just been launched. UNH participated in the creation of the glossary developed by the National Association of Insurance Commissioners that was submitted to the Department of Health and Human Services.

Doc Scrub is an internal tool developed to help UNH companies determine the reading grade level of written communications. **Doc Scrub** removes mandatory language from a document and then calculates the reading grade level using the Flesch-Kincaid formula. Powered by the **Just Plain Clear Glossary**, **Doc Scrub** suggests alternative words that can be used to decrease the reading grade level. **Doc Scrub** also highlights sentences which

may be written to improve readability. **Doc Scrub** is increasingly being used throughout UNH companies to help improve written communications.

Research

UNH leaders believe that it is important for their members/consumers to be able to understand health and wellness communications, so that they can make appropriate health care decisions and then take action on these decisions. To this end, the HLIP has been creating systems to determine the “accessibility, understandability and actionability” of our communications. They brought in health literacy researchers and thought leaders to help guide their work. In addition, UNH research has been presented in peer-reviewed journals and at research conferences. They found that people with lower health literacy access care later in the life cycle of their medical condition; thereby incurring more services and more costly services than people with higher health literacy. In addition, they found that complex written communication was associated with higher call center volume and costs. Further, they were able to demonstrate that if people understood written communications better, they more frequently accessed care and preventive services.

National and regional health literacy leadership

A HLIP goal is to participate in health literacy work nationally and regionally and to contribute resources and knowledge to the public domain. To this end:

- ▶ UNH has shared the **Bluebook** and associated icons with CMS. In addition, they provided CMS with recommendations for plain language models of mandatory language.
- ▶ OPTUMHealth, a UNH company, has sponsored access to a special issue of the *Journal of Health Communications* focusing health literacy.

▶ The UNH HLIP has participated in:

- The development of the Emory/AHIP organizational assessment of health literacy tool and National Action Plan to Improve Health Literacy
- Meetings of Institute of Medicine Roundtable on Health Literacy (Steven Rush, HLIP Director was an outside reviewer for a workshop summary)
- Institute for Healthcare Advancement Meeting
- Health Literacy Annual Research Conference (HARC)
- The ACP Foundation meeting on Health Literacy and Health Care Quality

What lessons have you learned?

Overall, we found that our employees are very interested and willing to ensure that our health and wellness communications are accessible, understandable and actionable. UNH is a very large and diverse group of companies. As with other parts of the health care industry, we know that changing the way we have communicated can be very challenging. However, over the past two years that the UNH HLIP has existed, we have made tremendous progress and look forward to achieving our program goals. We continue to see great examples of enhanced communications with our members/ consumers. We feel confident that achieving our goals will help ensure that our members/consumers get high quality, safe, effective and efficient care.

“Understanding the Language of Health is a Key to Living a Healthier Life”

Contact:

Steve Rush
Director, Health Literacy Innovation Project
stephen_r_rush@uhc.com

Kate Tollefson
Kate_Tollefson@uhc.com

WellPoint, Inc. Plain Language Initiative



What was the impetus for this program or project? What are its goals?

Health plan members tell us that how we communicate is most critical to their satisfaction with health plans. They want information to be clear, easy to find, and easy to use. Employers also indicate that their trust level is increased with clear and straightforward information. Now government has signaled—especially with the National Action Plan—that there will be greater attention to the clarity of the information we provide consumers. But the real impetus came from our health plan members themselves.

What are the key elements?

The formal program includes both benefits and medical information and is called the Plain Language Initiative. It began in 2010, and has strong support and sponsorship from our company executives. Corporate policy about plain language is built into brand guidelines.

Even before the formal program began, there was concerted activity around health literacy within the company. A group who called themselves the “Plain Language Squad” helped others with their documents. Those who advocated strongly for this work petitioned executives, and a formal program was created. The formal program allowed WellPoint to identify who was already involved, put a structure around the work, and reach more people within the company.

Training is a very important part of the overall effort. Case managers are required to complete three training modules within a year, one of which has to do with health literacy. They must demonstrate that they can speak to members in a way that members understand.

Training is encouraged for every employee of the company; all 40,000 associates were asked to take a basic plain language course. There is a more intense training for writers. Three hundred legal professionals—those involved with contracts and other legal matters—recently completed a health literacy webinar. The company has more than 400 licenses for Health Literacy Advisor software.

The reasoning behind requiring everyone in the company to be on board is straightforward: it does no good for the overall customer experience if just some of the information—an “up front brochure” but not the Explanation of Benefits (EOB), for example—is clear and easy to understand. Our goal is to improve all aspects of the customer’s experience through better information. WellPoint also believes that members will be healthier and use their benefits more wisely if the information they get from us is clear and easy to use and understand.

In addition to training, associates have tools and resources (including the software) such as a periodic newsletter with tips on writing in plain language, and a glossary of “words to use” and “words not to use.”

What are the results?

Consumer testing of “before and after” materials indicates that 100% prefer the plain language versions of materials, and that there is a bump of 20-30% in confidence and trust when plain language is used.

What comes next?

We will continue to update all communications with plain language. A goal for the work in 2012 is to give providers tools, e.g., “AskMe3” materials—so that they are better able to actively engage patients.

Contact:

Jamie Brocki, Staff Vice President,
Marketing Communications
Jamie.Brocki@wellpoint.com
or 513-336-3701



America's Health
Insurance Plans

601 Pennsylvania Ave., NW
South Building
Suite Five Hundred
Washington, D.C. 20004

202.778.3200
www.ahip.org