

# Learned Lessons From Implementation of California's State Policy on Readability and Suitability of Written Health Education Materials in a Managed Care Setting

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## About CalOptima:

CalOptima is a county organized health system that administers health insurance programs for low-income families, children, seniors and persons with disabilities in Orange County. Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner.

## Target Population:

CalOptima serves more than 420,000 members in Orange County, California, 380,000 of whom belong to the Medi-Cal program (federally known as Medicaid).

## Background:

The California Department of Health Care Services (DHCS) instituted a readability and suitability checklist for review of all health education materials used by all health plans serving Medi-Cal members. The goal of the checklist is to improve health literacy so people are better informed to make decisions about their health. The checklist covers the material's reading level, content, layout, visuals, cultural appropriateness, and translation in addition to field testing and medical content review. Our implementation of a checklist impacts all health education materials provided to all Medi-Cal members.

## Definitions:

- **Readability** pertains to how easily written material can be understood.
- **Suitability** refers to how adaptable the material is for the audience.

## Purpose:

To establish and define the review process for all written health education materials created internally, adapted, purchased or used with CalOptima Medi-Cal members, in accordance with DHCS and federal guidelines.

## Project Description:

The planning stages of this project required developing internal processes for gathering an inventory of materials, training staff, creating a field testing tool and communicating to contracted health networks on work plans. We created work plans to review all materials developed before, and three years after, issuance of the policy. We developed a field testing assessment tool to assess ease of use and topic relevance with the targeted community audience. Our approach to the project involved prioritizing the most widely used pieces, both internally and externally, for review. Using the readability and suitability checklist, we assessed all written member health education materials created internally, adapted, purchased and utilized by health networks.

## Program Overview:

To create an efficient process for reviewing all written health education materials as directed by DHCS. Consistent messaging on project objectives and timelines to contracted health networks were vital to enforce the policy and sustain cooperation. Reviews were completed in stages, with health networks' reviews completed concurrently.

## Results:

Over a period of nine months, CalOptima health educators utilized the checklist to review more than 400 written health education materials – internally created, adapted, purchased or used by CalOptima internal staff, as well as from 11 contracted health networks. We created an internal system for materials submission, tracking, review, communication and archiving. In the beginning, all departments and health networks utilized an inventory log to illustrate the complete health education library. This log prioritized titles by popularity of use and also identified by high volume users. Upon application of the readability and suitability checklist, reviews revealed materials not approved for reasons such as outdated content, reading level above sixth grade or inappropriate layout. In order to cease the use of unapproved documents without hindering daily operations, we either created new documents or substituted documents using federal or state resources. Development of the field testing tool required multiple revisions to accommodate our target population. Use of the inventory log streamlines future plans to review materials.

## Conclusions:

CalOptima's Health Education department created an efficient internal process that supports our implementation of the checklist. With careful preparation focused on all end-users of the checklist, CalOptima has approved more than 400 written health education materials for members since 2011. The approval process formally documents reviews completed.

### Readability and Suitability Checklist

Plans with Health Educators can use this checklist to approve written member health education materials. Plans must keep this checklist on file.

### Health Network Forms

These forms were created to assist health networks track their submissions, understand checklist requirements and identify documents used.

### Samples: Before and After

Revisions:

- Visuals: relevant to accompanying text; uncluttered
- Layout: layout guides the reader appropriately
- Cultural appropriateness: appropriate for audience

### Redesigned Brochure Series & Factsheets

Revisions:

- Content: accurate and up-to-date; technical terms are defined; explains how to get help
- Visuals: relevant to accompanying text; simple and uncluttered
- Layout: heading and subheadings used to organize and separate ideas

### What Are These Feelings I'm Having?

Revisions:

- Visuals: People and activities representative of the intended audience
- Cultural appropriateness: appropriate for the intended audience

### Work with Your Doctor to Control Asthma

Revisions:

- Content: accurate and up-to-date; technical terms are defined; has positive tone
- Visuals: people and activities are representative of the intended audience
- Field testing: medical content review and focus group

### How to Live with Depression: A Guide for Young Adults

Revisions:

- Content: accurate and up-to-date; number of concepts is limited to 2-3 per page
- Visuals: people and activities are representative of the intended audience

### Living Well with High Blood Pressure: Questions to Ask Your Doctor

Revisions:

- Content: accurate and up-to-date; technical terms are defined
- Visuals: relevant to accompanying text
- Cultural appropriateness: plan-produced materials are available in alternative format

### Challenges and Solutions

**Challenge #1: There are so many documents to review. Where do we start?**  
**Solution:** Inventory. The first task was to gather a full inventory of all document titles in all formats and languages. We assembled titles used internally and from all contracted health networks using our Material Review Log. This turned out to be important because it identified which entities used a document, which version they used, and in what language. It helped prioritize reviews by usage and identified materials with low or no utilization. Going forward, we will notify departments or health networks of additions, revisions or rejection of these documents. We also added an approval date to the footer to distinguish approved versions.

**Challenge #2: What are health education materials and member informing materials?**  
**Solution:** We based this on the definition provided in the All Plan letter that defines health education materials as those "designed to assist members to modify personal behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including updates on health conditions, self-care, and management of health conditions." An attachment released with the All Plan Letter 11-018 listed terms and examples of written member health education material and written member informing material. This is a good reference tool to use.

**Challenge #3: What makes a reference source reliable?**  
**Solution:** The policy states all federal, state and city created documents are reliable sources. At CalOptima, we have expanded this list to include nationally recognized associations of health, such as the American Diabetes Association.

**Challenge #4: Which formula should be used to determine a reading level?**  
**Solution:** This answer depends on the amount of content in each document. The reviewer has discretion to determine the appropriate formula, based on material type and target audience.

**Challenge #5: How do you assess cultural appropriateness in content or imagery?**  
**Solution:** We chose to use tips and recommendations applicable across different ethnicities to assist writing culturally appropriate content. An example is replacing golf with swimming. Another example is revising food suggestions to include foods commonly consumed in our target population, such as tortillas. We chose to be conscientious when choosing images that depict our population. We also utilized drawings of people which are not specific to any ethnicity. When possible, we focused on images of materials, supplies, anatomy and actions, rather than people.

**Challenge #6: Translations: What about documents available only in English and Spanish?**  
**Solution:** We at CalOptima are grateful to have exceptional Cultural & Linguistics Services department staff who work diligently to translate all documents. Their support of the implementation of this project has allowed us to guarantee that all documents are available in all our mandatory languages. Currently, CalOptima provides materials in English, Spanish, Vietnamese, Farsi and Korean. The Health Education department works closely with Cultural & Linguistics to discuss meaningful translations and any revisions deemed necessary. This partnership generated two helpful tools that we now use to bolster readability reviews; the thesaurus of terms and a medical terminology spreadsheet.

**Challenge #7: Which field testing method is best? Which one is correct?**  
**Solution:** Finding an appropriate method depends on the population served. To ensure low literacy and ease of use with our population, we created a survey with five close-ended questions and one open-ended comment box. We administered these surveys in person with prospective and current CalOptima members in English, Spanish and Vietnamese.

**Challenge #8: How to determine 30% white space?**  
**Solution:** To answer this question required individual interpretation of the All Plan letter. There is no definitive method to measure white space, so we created a template with this in mind. The template creates a uniform format for all documents and illustrates distinctions between titles, headers, footers, body text, bullet points and numbered lists.

**Challenge #9: What is the most efficient process to work with contracted health networks?**  
**Solution:** To ensure efficiency and a uniform message about the Readability and Suitability Checklist, CalOptima trained internal staff and contracted health networks on how to apply the checklist. This required providing additional information on readability formulas, health literacy basics, and cultural competency training. These trainings provided opportunities to ensure that each person using the checklist was applying it the same way. For departments that are not responsible for checklist review, the trainings provided guidance on white space, image selection, translation and how to write at a low literacy level.