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 wills. The goal was to improve health literacy and ensure that materials are more relevant and usable for all members. CalOptima partnered with contracted health networks in order to streamline the process.

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 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.

Definitions:
- **Readability** refers 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 by CalOptima Medi-Cal members, in accordance with DHCS and federal guidelines.

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 network 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, review received materials not approved for reasons such as outdated content, reading level above sixth grade or inappropriate layout. In order to ensure 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 streamlined 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 materials, CalOptima served more than 420,000 written health education materials for members since 2011. The approval process formally documents reviews completed.

Learned Lessons From Implementation of California’s State Policy on Readability and Suitability of Written Health Education Materials in a Managed Care Setting
Thanh Mai Dinh, MPH, CHES; Jorge Castaneda, MPH; Reshma Thomas, MPH, MCHES

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 examined titles used internally and from all contracted health networks using our Material Review Log. This turned out to be important because it identified which entrants used a document, which version they used, and in what language. It helped prioritize reviews by usage and identified materials with low utilization. Going forward, we will notify departments or health networks of additions, reviews 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, select and maintain healthy lifestyles, and promote positive health outcomes, including updates on health conditions, self-care, and management of health conditions.” An attachment “Health Literacy and Suitability” states that “written 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 documents are reliable sources. All CalOptima, we have expanded the 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 content of 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, tennis with frisbee, and gardening with planting flowers. 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 skillfully translate all documents. Their support of the implementation of this project has allowed us to guarantee that all documents are available in our mandatory languages. Currently, CalOptima provides materials in English, Spanish, Vietnamese, Punjabi 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 question options. We administered these surveys to members 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 individual interpretation of the All Plan Letter. There is no definitive method to measure white space, so we created a template with a 30% ratio. This 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 training sessions provided opportunities to ensure that each reviewed the checklist was applied in the same way. For departments that are responsible for checklist review, the trainings provided guidance on white space, image selection, templates and how to write at a low literacy level.

Contact Information:
- Jorge Castaneda Health Educator jcastaneda@caloptima.org 1-714-347-0751
- Thanh Mai Dinh Health Educator thmaidinh@caloptima.org 1-714-858-0949
- Reshma Thomas Health Education Supervisor rthomas@caloptima.org 1-714-246-8005

**Readability and Suitability Checklist**
- **Revisions**:
  - Visuals: relevant to accompanying text, uncluttered
  - Layout: guides the reader appropriately
  - Cultural appropriateness: appropriate for audience

**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**

**Revised Brochure Series & Factsheets**
- **Revisions**:
  - Content: accurate and up-to-date; technical terms are defined; explain how to get help
  - Visuals: relevant to accompanying text, simple and uncluttered
  - Layout: heading and subheadings used to organize and separate ideas

**Redesigned Health Network Forms**
- **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

**Redesigned Brochure Series & Factsheets**
- **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 formats

**Eye and Dental Care**
- **Revisions**:
  - Content: accurate and up-to-date; technical terms are defined
  - Visuals: represent the intended audience

**Symptoms**
- **Revisions**:
  - Content: accurate and up-to-date; technical terms are defined
  - Visuals: people and activities are representative of the intended audience