Filling in the Gaps in Plain Language Best Practices

Tanielle Price, MS, CHES; Tina Moore, MEd, EdS; Kristie Hadden, PhD

Center for Health Literacy, University of Arkansas for Medical Sciences, Little Rock, AR

BACKGROUND

Health literacy is a common problem in the U.S., affecting over 80 million people[1]. While health literacy is a complex concept that includes multiple factors, prose literacy (narrative, continuous text such as articles or handouts) and document literacy (non-narrative texts such as maps, tables, drug labels) are two major components that affect patient's understanding of written health information[2]. Written health information can be found in all areas of health including medical instructions; prescription medication information; patient education about diseases, behaviors, and/or treatment options; patient history and admission forms; and informed consent materials. Results from the NAAL show that approximately 43% of all U.S. adults tested at basic or below basic for prose literacy and 34% in those levels for document literacy[3]. Basic health literacy level tasks included understanding a simple patient education handout and below basic level tasks included being able to circle a date on an appointment slip[1].

A common approach to lowering literacy demands on patients is through the use of plain language. Plain language has been defined as "communication your audience can understand the first time they read or hear it."[4] Best practices for the use of plain language have been established through research over the past several years; however, gaps still exist. This project seeks to detail the established best practices for plain language, provide evidence-based solutions, and shed light on the remaining gray areas from professional, plain language expert consensus.

The Plain Language Standards Committee (PLSC) consists of plain language experts with expertise in several areas including readability, formatting, and numeracy. The purpose of the committee is to establish standards and procedures for plain language assessment and editing best practices at the UAMS Center for Health Literacy (CHL).

PROJECT DESCRIPTION

The scope of this project includes a review of the literature related to established best practices in plain language editing and formatting, identification of gaps in best practices, and recommendations for solutions to improve established best practices. The best practice solutions described in this poster have been established by the Plain Language Standards Committee at the University of Arkansas for Medical Sciences, Center for Health Literacy.

METHODS

The best practices reviewed by the PLSC were as follows: using periods after bullets, capitalizing after bullets, assessing forms and questionnaires, using serif vs. non serifs fonts, and cleaning documents for accurate, reliable and valid readability assessment.

Although plain language work includes some level of subjectivity, it was the goal of the PLSC to determine consistent methods based on research and/or current practices of reputable, government organizations. Each practice was reviewed and a standard was created based on evidence in the literature. Guidelines and samples of plain language work from the Centers for Disease Control, Centers for Medicare and Medicaid Services, and the Plain Language Action and Information Network were examined to guide decisions for inconclusive topics.

RESULTS

UAMS Center for Health Literacy Best Practices for Plain Language Writing and Readability Assessment

Topic	Best Practice	Committee Consensus/ Evidence-Based
Bullets	• Avoid periods after bullets unless required due to multiple sentences • Capitalize the first word following a bullet unless it is the continuation of a sentence	Committee Consensus
Serif vs sans serif	• There is no conclusive research to support the use of serif vs sans serif • Standard serif (i.e. Times New Roman) or sans serif (i.e. Arial or Calibri) may be used	Committee Consensus
Assessment of forms	• Due to the varying content in forms, multiple readability formulas should be included in the assessment of forms • The most appropriate readability tools are FRY and FLESCH-KINCAID for the narrative portion only (complete sentences in the form) and FORECAST for the overall document	Committee Consensus
Cleaning documents for readability assessment	• Remove bullets, numbers, and symbols from the beginning of lists • Insert a period at the end of bulleted/numbered items or headings that are 4+ words in length (not including this text skews the results of the readability formulas) • Remove all punctuation that does not denote the end of a sentence (i.e. Remove the period in "Dr.") • Exclude email addresses and hyperlinks • Exclude bulleted/numbered items or headings that are <4 words (including this text skews the results of the readability formulas)	Committee Consensus
Tone/Word choice	• Use Active Voice[5-7] • Use personal pronouns[5-7] • Use common, everyday words and not jargon[5-7] • If you use a technical word, define it[5,7]	Evidence-based
Messaging	• Makes sentences direct, simple, and short[5-7] • Delete unnecessary information[5-7] • Place the main message at the beginning, most important information first[5-7] • "Chunk" information[5-7]	Evidence-based
Formatting	• Use simple fonts[5,7] • Use headings to guide readers[5-7] • Use bullets/numbered lists or tables instead of large blocks of text[5-7] • Use ample white space[5,7]	Evidence-based

OUTCOMES/IMPACT

The outcome of this project was the establishment of standardized practices for plain language writing and editing. Through this project, the Center for Health Literacy developed a training manual that reflects the current, evidence-based best practices for plain language writing and editing as well as definitive guidelines for subjective topics not well-established in the literature. Having such standards has increased the efficiency in which new professionals can be trained in plain language by improving the training resources and processes. In addition, this project has created a baseline for testing new best practices with end users and patients.

IMPLICATIONS FOR PRACTICE

Broadening the scope of plain language best practices through a review of the literature and establishment of new guidelines for subjective topics enables plain language writers to create materials that audiences will more easily understand. Simply said, the standardization of plain language best practices in health documents will aid in improving readability and usability, reducing health literacy demands on readers. Having such standards also increases the efficiency in which new professionals can be trained in plain language by standardizing the training resources and processes. Lastly, it ensures the consistency of plain language writing and allows for more targeted field testing of documents.

Original text:

We are not able to complete your eligibility redetermination at this time because we need proof of your income. You must provide verification of your current income such as your most recent paycheck stubs, employment statements or award letters by Jul-17-2015, or your case will be closed and you will have to reapply.

Text after UAMS Center for Health Literacy editing using plain language best practices:

We need proof of your income to decide if you can keep your insurance. You must send us proof of your current income by **July 17, 2015**. If you do not send these items by **July 17, 2015**, you will lose your insurance and will have to reapply for it. The proof can be:

- your most recent paycheck stubs
- employment statements
- award letters

REFERENCES

1. Kutner M, Greenberg E, Jin Y, & Paulsen, C. The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006–483). Washington, DC: U.S. Department of Education: National Center for Education Statistics; 2006.
2. Baker DW. The meaning and the measure of health literacy. J Gen Intern Med 2006; 21:878-83.
3. National Center for Education Statistics. National Assessment of Adult Literacy: Percentage of adults in each prose, document, and quantitative literacy level. Washington, DC: U.S. Department of Education; 2006. Retrieved from http://nces.ed.gov/naal/kf_demographics.asp
4. The Plain Language Action and Information Network (PLAIN). What is Plain Language? PlainLanguage.gov. http://www.plainlanguage.gov/whatisPL/. Published 1994. Updated 2004. Accessed March 3, 2016
5. National Institutes of Health. Plain language: Getting started or brushing up. *Bethesda, MD: U S Department of Health and Human Services* 2013;Available at: URL: http://www.nih.gov/clearcommunication/plainlanguage/gettingstarted/index.htm.
6. Centers for Disease Control and Prevention. Plain language resources. *Atlanta, GA: U S Department of Health and Human Services* 2015;Available at: URL: http://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html.
7. Centers for Medicare and Medicaid Services. Toolkit for making written material clear and effective. *Bethesda, MD: U S Department of Health and Human Services* 2016;Available at: URL: https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/.