Implement health literacy informed strategies to enhance communication with families

Factors that drive aim

Verbal communication

• Use everyday “plain” language instead of medical terminology/jargon
• Speak more slowly, repeat key information
• Break down, or “chunk” information, organize into 2-3 main concepts
• Use teach back/Check for understanding (e.g. Ask patient how they will follow instructions at home)
• Demonstrate steps (e.g. Show parent appropriate dose amount for a medicine)
• Encourage questions
• Use AHRQ Universal Precautions Toolkit (related tools: Tool 4 (plain language) and/or Tool 5 (teachback))

Visual communication

• Distribute easy-to-read written materials
  • 6th-8th grade level for general population (3rd-5th for low literacy populations)
  • Focus on “need to know” information
  • Purposeful use of graphics, images, illustrations
  • Adequate white space
  • E.g. AAP ‘Plain Language Pediatric Patient Education: Handouts for Common Pediatric Topics’
• Use AHRQ Patient Education Materials Assessment Tool to assess understandability of patient education materials
  • Material clearly identifies at least one action the user can take
  • Material addresses the user directly when describing actions
  • Material breaks down any action into manageable, explicit steps
  • Material provides tangible tool (checklist, menu planner) whenever it could help user
  • Material provides simple instructions or examples of how to perform calculations or use any diagrams/models/clips to take action
• Use health education materials effectively during visit
  • Point to and read aloud key points
  • Highlight, circle, or underline key points
  • Use tools to demonstrate key points of understanding; e.g. models, diagrams, video clips, drawing pictures
• Use AHRQ Universal Precautions Toolkit (related tools: Tool 4 (pictures, drawings, models, video); Tool 11 (written materials))

Global aim

Proposed interventions