Style Guide: Tips for Creating and Choosing Easy-to-Read Materials

L.A. Care Health Plan
Health Education, Cultural and Linguistic Services
Department

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Introduction

The Health Education, Cultural and Linguistic Services Department at L.A. Care Health Plan is pleased to present this style guide. It is meant to serve as a resource for you to refer to as you create materials to distribute to the public.

The information contained in this style guide is not comprehensive, but it will make it easier for you to understand how to present your information to your audience in the most effective way.

Low literacy is a problem that affects many Americans, and low health literacy[1] can have serious physical consequences. Things such as: incorrect dosing of medications, missed appointments, and difficulty following treatment instructions can all result from low health literacy. Creating easy-to-read health education materials is just one step in the process of reducing the adverse effects of low health literacy.

It is important to note, however, that creating easy-to-read materials is not just for patients with low literacy skills. Most people, regardless of reading skills or education level, prefer to have material presented to them in a clear and concise way. Creating easy-to-read materials is not "dumbing down" materials; it is streamlining your materials to be clear to your reader, regardless of literacy skills.

This style guide contains four sections: Content, Organization, Appearance, and Resources. It also contains appendices with additional information for creating and testing your materials. We hope you will find this information useful and incorporate it into your communication plan when creating materials.

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[1] Health Literacy is defined in *Healthy People 2010* as: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Section 1: Content

Limit the number of messages

Stick to only two or three concepts per panel for brochures, four concepts per 1-page handout or fact sheet, and two concepts per page for pamphlets or booklets. To keep your reader's interest, state the most important idea first, and then go on to the next topic. Complete each idea before moving on to another one. Do not skip back and forth to other ideas. If a detail is not necessary, do not include it. Avoid using long lists. Keep lists to six items or less.

Be clear about what you want the reader to do

Use active voice and state clearly what actions readers should take.

> → Do: "I ate the apple."
>   Don't: "The apple was eaten by me"

Use positive terms, try to tell readers what to do rather than what not to do. A more encouraging tone will allow the reader to feel empowered and focus on the positive instead of feeling upset about the behaviors that they should not be doing. It will also help to make your materials clear about what to do and what not to do.

> → Do: "Eat a piece of fruit instead of a cookie."
>   Don't: "Don't eat cookies."

> → Do: "Seniors can exercise."
>   Don't: "Many people mistakenly believe that seniors can't exercise."

Tell readers what they will gain from reading the material

When writing, try to answer the question "what's in it for me?" Make the material relevant to the reader by letting them know why they will benefit from reading it.

Choose words carefully

Keep your narrative short by using words with one or two syllables whenever possible. Use eight to ten words per sentence, and keep your paragraphs to three to five sentences.

Use conversational style – write as if you were talking to a friend. Avoid "talking down" to your reader. Use personal pronouns such as "you" or "we" instead of unfamiliar ones such as "one."

Limit jargon as much as possible and use words that people are familiar with. If you must use technical jargon, give a definition immediately after you use the technical term.

Choose words with a single definition that can be defined without context and won't get mixed up with other words.
→ For example, the term "poor workers" could refer to workers who do not have a lot of money, or workers who do not have strong working skills. A proficient reader may be able to figure out the meaning from the context, but a reader with low literacy skills may have a hard time with these kinds of phrases.

Be consistent with word use – use the same term throughout the document.

Use analogies that your audience is familiar with. Remember that some analogies might not translate well or be familiar to other cultures.

Be culturally sensitive

Whenever possible, tailor messages to the cultural or ethnic group or subgroup. Even within ethnic groups, there are subgroups that may have different cultural beliefs and practices that may affect how they react to your message.

Use terms that your audience recognizes, is familiar with, and is comfortable with. Examples such as food and exercise habits may vary depending on the ethnic group. When using race or ethnicity terms to identify a group, use the term that the group is most comfortable with. Make sure words and visuals are not offensive and does not reinforce stereotypes.

Create interactive materials

Use audience interaction to make your materials more effective. Whenever possible, include sections for readers to write in any notes, questions, or goals they have.
→ For example, if you are writing a pamphlet about nutrition, leave space for the reader to write a daily food diary, or write three goals for healthier eating.

Making your materials interactive gives your reader a chance to think about how they will apply the information to their everyday lives.

Summary: Content

-
- Limit number of concepts/messages to 2-3 per page
- Use active voice and tell the reader what they should do
- Use conversational style and familiar words
- Keep words and sentences short
- Define technical terms
- Tailor messages for different cultures
- Use interactive materials

Section 2: Organization

Put the most important information first

When choosing how to organize your piece, put the most important information to the reader first, then elaborate and explain after. In many cases, what you think is most important might not be most important for the reader.

→ For example, someone who is just diagnosed with a disease may not be interested in the history of the disease. They will be more interested in the prognosis and treatment of the disease. It always helps if you put yourself in the readers' shoes when you decide what the most important information is.

Use bulleted lists to highlight information

It is easier on the eyes to read a bulleted list than it is to read a list that is included within a paragraph. Readers will find it easier to get the information they need if you use lists in your material.

Use headings that explain the body of the text

Many times, readers will skim the piece by reading the headings and deciding which sections are relevant to them. By using descriptive headings, you can help your reader get the information they need from the piece.

Start with a clear topic sentence

Start each paragraph with a clear and direct topic sentence. Use the following sentences to explain and expand upon the topic sentence.

→ For example, use the statement "Eat 5 to 7 servings of fruits and vegetables each day" as your topic sentence. In the next few sentences, explain what a serving is and how to eat more fruits and vegetables.

Summary: Organization

- Put yourself in the reader's shoes when deciding what information is most important
- Put the most important information first
- Use bullets for lists instead of including lists in paragraphs
- Use descriptive headings so readers can skim your material

Section 3: Appearance

Make text easy on the eyes

Font size is important – help your readers reduce eye strain by keeping font at a 12 point minimum. Use 14-point font for senior specific materials. For headings, use all capital letters and a font size that is two points larger than the body.

This is 12 point font

This is 14 point font

This is 16 point font

This is 10 point font (too small!)

Keep your font simple and easy to read – use serif[2] fonts, such as Times New Roman, for the body of the text. You may use a sans serif font such as **Arial** for headings.

Do not use fancy or script (*Script*) lettering – these fonts can be hard to read.

Use upper and lower case letters together, do not use ALL CAPS. All caps lettering is hard on the eyes and in e-mail communication is considered yelling.

If you want to draw attention to words or phrases, use **boldface**, and limit use of italics – they can be hard to read.

Keep layout simple

Try to make your document look as simple as possible, while still looking professional.

Use white space to allow your readers eyes to rest, and to keep your materials from looking overwhelming to readers. Aim for 30% white space for all materials. Keep margins at a minimum of one inch. If you're using columns, maintain at least ½ inch of white space between the columns.

In general, columns are easier to read than dense text that goes all the way across the page. However, do not use columns if they are less than 40-50 characters long – about half an 8 ½ by 11 page.

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[2] The word "serif" refers to the lines on the end of the letters in typography. Fonts such as Times New Roman are called "serif" fonts because they have strokes (or feet) at the edges of the letters. Fonts such as Arial are called "sans serif" because they do not have strokes at the edges of the letters. Generally speaking, serif fonts are easier to read.

Justify only the left margin, keep the right margin ragged so that the reader can keep track of where they are in the document. Readers use visual cues to keep their place as they read. If you justify the right margin, the reader will lose one of their visual cues and have a hard time keeping their place in a document – especially if the font is small and the text is dense.

Use text boxes and bullet points to highlight key information, but be careful to use them consistently and sparingly. This means that if you are using bullet points when you write out a list, do so for the entire document. Don't use bullets for other parts of the document, such as at the beginning of each paragraph. Use text boxes for only key information to avoid cluttering up the page too much.

Use simple tables to help readers understand materials. When using tables, make sure they are easy to navigate so that the reader doesn't have to jump around a lot to get the information he or she needs. Table A is an example of a table that is easy to read and use. In this example, the reader can look down the column on the left and see if any of the symptoms apply to her. She can then choose if she needs to continue reading the entire table.

What Is It?	How Does It Feel?	What Can I Do About It?
Morning Sickness	You may feel sick to your stomach and/or throw up.	Eat small meals. Plain foods like crackers, eggs, toast and applesauce may help.
Heartburn	You may feel a burning in your upper stomach and chest.	Eat small meals and avoid spicy/greasy foods. Ask your doctor if you can take antacids.
Backache	You may feel pain in your back.	Do not stand or sit for long periods of time. Lay on your side with a pillow between your legs.
Constipation	You may have hard, dry bowel movements (BMs) that are hard to push out.	Eat high fiber foods. Drink lots of water. Do not take any medicine to help you have a BM.
Hemorrhoids	You may have swollen, painful veins around the rectum (part of the body where BM comes out). They may itch or bleed.	Avoid constipation and straining when having a BM. A warm bath followed by an ice pack may help.
Swollen Feet	You may have extra fluid in your feet and ankles.	Sit with your legs up. Eat foods low in salt (sodium).
Fatigue	You may feel very tired.	Get more rest and try to take naps. Let someone help you with chores around the house.
Mood Swings	You may feel very happy one minute and very sad or scared the next.	Talk to your friends, family and doctor about how you feel.

Table A. Example of an easy-to-read table

Use the right visuals

Limit the number of visuals on the page. Too many pictures or illustrations on one page make the page look busy and cluttered. Use enough to keep your audience interested but not so many that they get overwhelmed by the number of things on the page.

Use visuals that are appropriate to your target audience. Look at your materials through the eyes of your target audience. Different cultures, ages, and groups have different ideas of what is appropriate. Make sure your visuals do not offend someone and are relevant to your target population.

→ For example, a pamphlet about senior exercise should have a picture of a senior walking on it, not a picture of a young man playing basketball.

Display visuals in context. This is especially important when using visuals of body parts. This will make your visuals clear and reduce confusion.

→ For example, instead of just showing a picture of lungs, show a picture of the entire body, with the lungs displayed within the body. You can even write the word "lungs" with an arrow pointing to the lungs within the body.

Use relevant images. Make sure that your images aren't too abstract, and that your readers can figure out the meaning by just looking at them.

→ For example, if you are writing a brochure about dental hygiene, Image A below shows dental hygiene tools, but patients might not be able to relate to these tools, especially if they haven't been to the dentist many times. Image B shows a man brushing his teeth. This is more recognizable and relevant to the general population. Use Image B to be clear about what the brochure is about and what readers should do with the material.
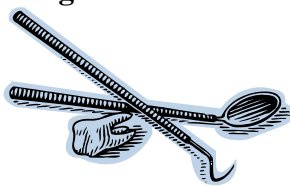
Image A.

Image B.

Use professional-looking drawings and photographs. The more clean and polished a piece looks, the more attractive it will be to readers.

Use captions on your visuals explaining what they are and how they relate to the material being presented. Use the captions to relate the visual to the material; do not introduce new information in the caption. Image B (to the right) shows an example of how to use a caption with a visual. In this case, the theme "brush your teeth twice each day" should be included in the body of the educational piece.

Image B.

Brush your teeth twice each day

Relate each visual to one message, and place visuals appropriately next to the text they relate to. For example, in the "Use captions" section above, the visual is placed directly next to the text and illustrates the message conveyed in the text.

Use contrasting colors

While colors can make an educational piece look attractive, they can also be distracting. Avoid using too many different colors on one piece – use just enough to draw attention, but not so many that the reader is overwhelmed.

Make sure your text color stands out from the background color. Black text on a white background is easiest to read, but you may also use a different dark colored text on a light background.

White text on a dark background can be difficult to read – try to use a light colored background as often as possible.

When you write materials for elderly patients, avoid using green, yellow, and blue close together on a document. As the eyes age, it becomes more difficult to tell the difference between these colors and materials with green, yellow, and blue may be too hard to read.

Summary: Appearance

- Keep your document look simple
- Use white space
- Use columns, but only if they can be at least 40-50 characters in length
- Justify the left margin, keep the right margin "ragged"
- Use text boxes, bullet points, and tables to highlight key information, but do not use them if they make your document more complicated or busy.
- Use a few, professional, yet simple visuals to illustrate your point.

Section 4: Choosing materials

Sometimes there is not enough time to create your own materials. You may need to choose materials that are already written. It is important that the materials you choose to hand out are easy-to-read and follow the rules mentioned in this manual. Sometimes you might have to use your best judgment when deciding which materials to use. Remember that your reader may not have any background at all in the subject. Some materials may look nice at first glance, but not all materials that look nice are easy-to-read.

You can use the checklist on the following page as a starting point to help you decide if the materials you have found are suitable for handing out. You can also use the checklist as you create materials to make sure that the materials you create are acceptable.

Checklist for Creating or Choosing Easy-to-Read Materials

Content:

☐ Has a limited number of messages (two concepts per panel or page for brochures, pamphlets, and booklets; four concepts per one-page handout or fact sheet)

☐ Tells the reader what to do

☐ Uses active voice

☐ Uses personal pronouns such as "you" or "we"

☐ Uses short words - one or two syllables

☐ Keeps sentences short - eight to ten words

☐ Is written at 6th grade reading level or below (see Appendix B for reading level test)

☐ Defines technical words and jargon, if any

☐ Is interactive

Organization:

☐ Puts most important information to the reader first

☐ Uses bulleted lists to highlight information

☐ Uses headings that explain the body of the text

Appearance:

☐ Uses 12-point font **minimum**

☐ Avoids use of fancy script fonts

☐ Uses dark text on a light background

☐ Leaves plenty of white space on the page

☐ Keeps a "ragged" right margin

☐ Uses appropriate, professional-looking visuals that relate to the message

☐ Uses captions with visuals

Section 5: Resources

Where to go for more information

There are many resources available about writing easy-to-read materials. Use this list and refer to the appendices to gather more information:

<u>**Literacy Resources:**</u>

Federal Plain Language Guidelines
http://www.plainlanguage.gov

Health Resources and Services Administration
http://www.hrsa.gov/healthliteracy/

Health Research for Action – UC Berkeley
 http://www.healthresearchforaction.org/health-literacy-communications

American Medical Association Foundation – Health Literacy Tools
http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program.page
American College of Physicians Foundation Health Literacy Solutions
http://foundation.acponline.org/health_lit.htm

Clear Language Group
http://www.clearlanguagegroup.com

Teaching Patients with Low Literacy Skills, 2nd Ed.
http://www.hsph.harvard.edu/healthliteracy/resources/doak-book/
Centers for Disease Control and Prevention
http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
http://www.cdc.gov/healthliteracy/GetTrainingCE.html

Medline Plus
http://www.nlm.nih.gov/medlineplus/etr.html

<u>**Readability Software:**</u>

Readability Plus Software

http://www.micropowerandlight.com/rdplus.html

Readability Calculations
http://www.micropowerandlight.com/rd.html

Health Literacy Advisor
http://www.healthliteracyinnovations.com/home

Readability Studio
http://oleandersolutions.com/readabilitystudio.html

Readability Formulas
http://www.readabilityformulas.com/

Appendix A

A handy guide for writing to Medi-Cal Beneficiaries

A handy guide for writing to Medi-Cal Beneficiaries

Keep it simple
- Large amounts of text can be intimidating.
- Avoid fancy print styles like designer fonts (Allegro, Matisse, etc.). Use "tried and true" fonts like Times Roman for the best readability. For headlines or subheads, either "bold" the font or use a contrasting font like Arial.
- Avoid using italics or all capitals.

Make it easy
- Only include information directly related to the action you want the reader to take.
- Get rid of ideas that are not critical.
- Avoid complicated or jargon words: instead of "discontinuance of benefits" use "benefits will stop."

Be concise
Example: Members or their families are welcome to serve on the committee. The full term for a member on the committee is 2 years. (23 words)

Combine sentences and use adjectives to say the same thing with fewer words.

Alternative: Members or their families may serve 2-year terms on the committee. (11 words)

Replace prepositional phrases with adjectives and adverbs
Example: A member of your household

Shorten and simplify your writing by using adjectives and adverbs instead of prepositional phrases (for the, of the, in a, etc.) to describe things.

Alternative: A household member

Use clear headings and subheadings that are readable at a glance
Example from MC 239I (07/03):

        Medi-Cal Notice of Action
        Discontinuance of Benefits
        Status Report Not Received or Not Completed

This headline is written at a reading level too high for most beneficiaries. Say the same thing with words the reader will understand.

Alternative: Your Medi-Cal Benefits will stop soon!
        You are losing your Medi-Cal benefits because we did not receive your completed Medi-Cal Midyear Status Report.

Be friendly and positive
Example from SAWS 1 Coversheet (3/00) CA 1/DFA 285-A1:

        You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you will not be able to get cash aid or food stamps.

This Example assumes guilt and seems to threaten the reader into compliance. A softer approach might yield better results.

Alternative: We need your SSN, or proof that you're applying for a SSN, before we can give you cash aid or food stamps. If you are applying for someone else, we will need that person's SSN.

Be clear and direct; focus on the required action

Example from MC 214 (10/99) :

> Medi-Cal applicants who have one of the items listed below **MUST** provide it as evidence of residency. Medi-Cal applicants who **DO NOT** have one of the items listed below must sign this page **AND** provide other evidence of residency. **DO NOT SIGN THIS PAGE IF YOU HAVE ONE OF THE ITEMS LISTED BELOW.**

It is unclear whether the listed items are required, preferred, or if any proof will do.
Also, avoid mixing instructions for two sections of the document. Keep specific instructions near the sections to which they apply.

Alternative: To apply for Medi-Cal, you must prove that you live in California. If you have one of the items below, you **must** submit it as proof that you are a California resident. The welfare department will look at other types of proof **only if you do not have one of the following items.**

> (then at bottom of list, before signature area)
> **If you do not have one of these items, please sign below.**
> "I declare under penalty of perjury…"

Use common words; clearly define necessary technical terms

Example from MC Information Notice 004 (4/99):

> Physician prescribed durable medical equipment which is custom-made or modified to meet a patient's special medical needs which are expected to continue indefinitely, if authorized by a Medi-Cal consultant.

Not only is this sentence long and complicated (29 words and 4 clauses), but also the reader may not know what "durable medical equipment" means. Below, the sentence is broken down into two, smaller sentences and the technical term is defined. Also, what is a "Medi-Cal Consultant"? Does that refer to the caseworker or someone else?

Alternative: Medi-Cal pays for durable medical equipment (medical supplies)
- Ordered by your doctor
- That you will need for a long time
- Approved by a Medi-Cal consultant

Use bullet points

Example from SAWS 1 Coversheet (3/00) CA 1/DFA 285-A1:

> If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for Cal WORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts on item 12.

This is a long paragraph that is difficult to understand. Several points are unclear: What happens if your current doctor does not accept PE? What happens to your PE if your Medi-Cal is denied? Is PE only allowed if you intend to apply for Medi-Cal? Could the requirements for Presumptive Eligibility (PE) be summed up in bullet points, such as:
- Who can qualify
- What types of Doctors accept PE
- How to get PE
- How long PE lasts

Avoid making your reader "jump around" from one page to another

Example from SAWS 1 Coversheet (3/00) CA 1/DFA 285-A1:

> All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19).

By the time the reader flips the page not once, but twice, he will forget what he just read. Simply referring to the application is sufficient with a reminder to sign it.

Alternative: To apply for food stamps, give us your name and address. Tell us you want food stamps on the application and remember to sign the application form.

Be specific about getting help

Example from SAWS 1 Coversheet (3/00) CA 1/DFA 285-A1:

If you have a disability and need help to apply for or keep getting cash aid, benefits and services, tell the county.

Offering additional help is always nice, but who at the county should be contacted? Supplying a specific phone number and giving the TTY for people with disabilities is more useful.

Alternative: Do you have a disability? Do you need help applying for or help keeping your cash aid or other services? Call the county office at 1-800-555-5555/TTY 1-888-555-5555 and tell us how we can help.

Translation tips

- Start with a clear, concise original document.
- Don't translate. <u>Do</u> "transcreate." Translate the meaning and the actions, not each word.
- Use a certified translator with experience writing to your target audience.
- Use a translator who is sensitive to the local dialect and whose native language is the translated language, not English.
- Ask someone with a similar background and education as your target audience to translate back to English. Do the meanings and actions match?

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Appendix B

Readability Tests for Material Review

The Fry Graph Readability Formula

**Step 1**: Select 3 samples of 100-word passages randomly (eliminate the numbers from word count).

Step 2: Count the number of sentences in all three 100-word passages, estimating the fraction of the last sentence to the nearest 1/10th.

Step 3: Count the number of syllables in all three 100-word passages. Make a table as follows:

	Number of Sentences	**Number of Syllables**
First 100 words		
Second 100 words		
Third 100 words		
Total		
Average		

Step 4: Enter the graph with Average Sentence Length and Number of Syllables. Plot dot where the two lines intersect. Area where dot is plotted signifies the approximate reading grade level of the content.

Step 5: If you find a great deal of variability, you can put more sample counts into the average.
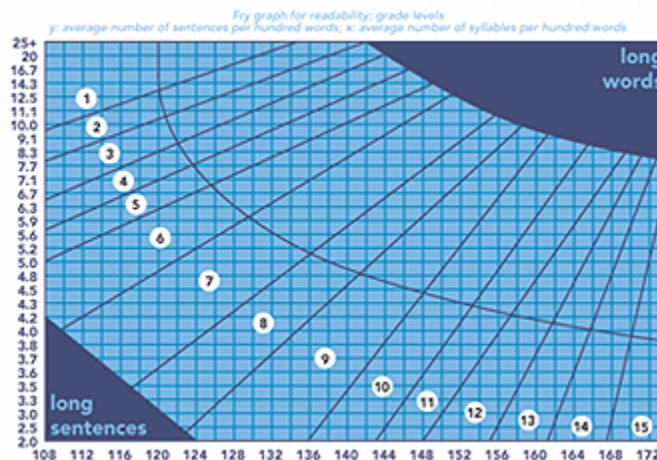
Scores that appear in the dark area (long sentences and long words) are invalid.

Source: ReadabilityFormulas.com

The SMOG Readability Formula

Step 1: Take the entire text to be assessed.

Step 2: Count 10 sentences in a row near the beginning, 10 in the middle, and 10 in the end for a total of 30 sentences.

Step 3: Count every word with three or more syllables in each group of sentences, even if the same word appears more than once.

Step 4: Calculate the square root of the number arrived at in Step 3 and round it off to nearest 10.

Step 4: Add 3 to the figure arrived at in Step 4 to know the SMOG Grade, i.e., the reading grade that a person must have reached if he is to understand fully the text assessed.

SMOG grade = 3 + Square Root of Polysyllable Count

The SMOG Formula is considered appropriate for secondary age (4th grade to college level) readers.

The premises of McLaughlin's SMOG Formula are:

1. A sentence is defined as a string of words punctuated with a period, an exclamation mark, or a question mark.

2. Consider long sentences with a semi-colon as two sentences.

3. Words with hyphen are considered as a single word.

4. Proper nouns, if polysyllabic should be counted.

5. Numbers that are written should be counted. If written in numeric form, they should be pronounced to determine if they are polysyllabic.

6. Abbreviations should be read as though unabbreviated to determine if they are polysyllabic. However, abbreviations should be avoided unless commonly known.

7. If the text being graded is shorter than 30 sentences, follow the steps below:

    A. Count all the polysyllabic words in the text
    B. Count the number of sentences in the text.
    C. Divide the figures obtained in A. by the figure obtained in B. to arrive at Average Polysyllabic Words per sentence.

D. Multiply the figure obtained in C. with the average number of sentences short of 30.

E. Add the figure obtained in D. to the total number of polysyllabic words.

F. Compare the number of polysyllabic words in the SMOG Conversion Table.

SMOG Conversion Table	
Total Polysyllabic Word Count	**Approximate Grade Level (+1.5 Grades)**
1 - 6	5
7 - 12	6
13 - 20	7
21 - 30	8
31 - 42	9
43 - 56	10
57 - 72	11
73 - 90	12
91 - 110	13
111 - 132	14
133 - 156	15
157 - 182	16
183 - 210	17
211 - 240	18

Source: ReadabilityFormulas.com

Appendix C

Substitute Word List

Substitute Word List

Since health writing usually uses technical terms, it is helpful to the reader to use shorter words whenever possible. Here is a list of words that are commonly found in health literature. Using the substitute word instead of the technical word will help lower the readability level of your material. This list was adapted from:

Hilts, L. & Krilyk B. J. (1991). Write readable information to educate. Hamilton, Ontario: Chedoke--McMaster Hospitals and Hamilton Civic Hospitals.

University of Wisconsin Hospital and Clinics. (1996). Developing Health Facts for You: An author's guide. Madison, WI: Author.

ability--skill
accomplish--carry out
alternative--choice
ambulate--walk
annually--yearly
apply--put on, use
approximately--about
assist--help
attempt--try
available--ready
bacteria--germs
cell culture--tissue study
cerebral hemorrhage--stroke
cessation--stop, pause
chorionic villi--tissue
cognizant--aware
communicate--talk
compassion--pity
competent--able
completion--end, finish
conclusive--final
contact--call
contraceptive--birth control
encourage--urge
endeavor--try
excessive--too much
experience--feel
facilitate--help, ease
guarantee--backing, promise
hazardous--risky
humid--damp
humorous--funny

contusion--bruise
conversion--change
coronary thrombosis--heart attack
correspond--agree
decrease--make less, reduce, lower
deficit--shortage
delete--strike out
demonstrate--show
detect--find
detrimental--harmful
develop--arise, occur
diagnosis--problem, condition
difficulties--problems, trouble
diminish--get less, slow down
discoloration--change in color
disconnect--undo
discontinue--stop
dressing--bandage
due to the fact that--because
dyspepsia--indigestion
elevate--raise
eliminate--get rid of
embolism--lump of blood, clot
feasible--can be done
frequently--often
fundamental--basic
generate--produce

identical--same
illustration--picture
impair--harm
inadvertent--careless

inadvisable--unwise
incision--cut
incorrect--wrong
independent--free
indication--sign
ineffectual--useless
inform--tell
inhibit--check, hinder
initial--first
initiate--begin, start
injection--shot
innovation--change
instrument--tool
institute--set up
intention--aim
interrupt--stop
laceration--cut, tear
lenient--mild
locality--place
manifest--clear, plain
minimal--smallest
modification--change
nebulous--hazy, vague
notification--notice
numerate--count
nutrient--food
obligation--duty
observation--remark
observe--note
obvious--plain
occurrence--event
opportunity--chance
option--choice
palatable--pleasing
penetrate--pierce
perforation--hole
permission--consent
physician--doctor
present--give

principal--main, chief
project--plan
qualified--suited
recognize--know, accept
recuperate--get well
rehabilitate--restore
saturate--soak
scarlatina--scarlet fever
segment--part
sensation--feeling
several--many
severity--how bad
similar to--like
similarity--likeness
similar--like
situated--placed
status--state
stimulate--excite
sufficient--enough
sustenance--support
sutures--stitches
tear of ligament--sprain
technicality--detail
telephone—phone
termination--end
therapy----treatment
ultimate--last, final
uncommonly--rarely
understand--know
unequivocal--clear
unfounded--groundless
unnecessary--needless
until such time--until
utilize--use
varicella--chicken pox
visualize--picture
voluminous--bulky

Appendix D

Examples of Easy-to-Read
Patient Education Materials

Quick Information for Your Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • FOOD AND DRUG ADMINISTRATION
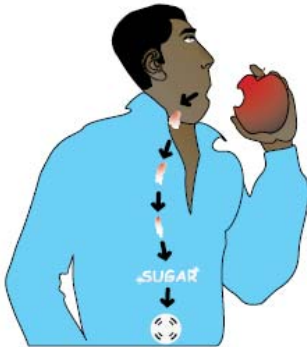
Diabetes

Headers in sans serif font, body of text in serif font

Do You Have Diabetes?

Millions of people have *diabetes mellitus*, commonly called diabetes. You may be surprised to know that many of these people don't even know they have it.

Diabetes is a serious disease and should not be ignored. If you have it, correct treatment can help you live a long and healthy life.

What Is Diabetes?

If you have diabetes, your body can't make or use insulin. Insulin helps change sugar into energy to keep you alive.

There are different kinds of diabetes. The main ones are type 1 and type 2.

Type 1 Diabetes

This type of diabetes is mostly found in children and young adults. If you have type 1 diabetes, your body does not make insulin and you must inject insulin daily.

You May:
- urinate often
- be very hungry
- be very tired
- have blurred vision
- be very thirsty
- lose a lot of weight
- be irritable
- have trouble seeing.

Use of bulleted lists

Type 2 Diabetes

Most people with diabetes have this form of the disease. Type 2 is usually found in people over 45, who have diabetes in their family, who are overweight, who don't exercise, and who have cholesterol problems. It is also common in certain racial and ethnic groups (blacks, American Indians, and Hispanics) and in women who had diabetes when they were pregnant. If you have type 2 diabetes, your body cannot make enough insulin or correctly use it. Treatment is diabetes pills and sometimes insulin injections, as well as diet and exercise.

You May Have:
- any of the symptoms of type 1 diabetes
- a lot of infections
- cuts or bruises that heal slowly
- tingling or numbness in the hands or feet
- skin, gum, or bladder infections that keep coming back.

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Controlling Diabetes

Daily monitoring and careful control of blood sugar levels are the most important steps to take for people with diabetes. If not treated, diabetes can cause:

- High blood sugar (which could make you thirsty, tired, lose weight, urinate often, or give you infections that won't go away)
- Many serious health problems (which could hurt your eyes, kidneys, nerves, or heart).

Warning: Low Blood Sugar

People with diabetes may develop low blood sugar because their blood has too much insulin or other blood sugar-lowering medication or from not eating enough food. It is important to follow the eating and medication schedule your doctor has prescribed to avoid low blood sugar. Low blood sugar could make you shaky, dizzy, sweaty, hungry, have a headache, have pale skin color, have sudden mood or behavior changes, have clumsy or jerky movements, have difficulty paying attention, feel confused, or have tingling sensations around the mouth.

Avoids jargon – uses the term "low blood sugar" instead of "hypoglycemia"

Taking Care of Your Diabetes

The best way to take care of your diabetes is to make sure the levels or amount of sugar in your blood are near the normal range. This will make you feel better and help you stay healthy.

Your doctor will tell you how often to check your blood sugar level. To do this, you will need to take a drop of your blood and place it on a special test strip. Then a device, called a blood glucose meter, reads the strip. This device measures the amount of sugar in your blood.

Writing down this level, along with the time and date, will help you see how well your treatment plan is working.

Remember:

A person's blood sugar level rises after eating any meal that contains carbohydrates or protein. Table sugar (also called sucrose) counts as a carbohydrate. Artificial sweeteners, such as saccharin, aspartame (NutraSweet), and sucralose (Splenda), do not count as carbohydrates or fats. They make food taste sweet. But they do not raise blood sugar levels and have little or no calories.

Tells patient what to do

What Else Can You Do?

Eat well-balanced meals. The right amount of healthy food will keep your weight under control and help manage your diabetes.

Your body needs food from the four main food groups every day:

- Fruits and vegetables (oranges, apples, bananas, carrots, and spinach)
- Whole grains, cereals, and bread (wheat, rice, oats, bran, and barley)
- Dairy products (milk, cheese, and yogurt)
- Meats, fish, poultry, eggs, dried beans, and nuts.

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What should my blood glucose numbers be?

5th Grade Reading Level

Keeping your blood glucose on target can prevent or delay diabetes problems. The chart below shows target blood glucose levels for most people with diabetes.

Simple table

Target Blood Glucose Levels for People with Diabetes

Before meals	70 to 130
1 to 2 hours after the start of a meal	less than 180

Talk with your health care provider about what **your** blood glucose numbers should be and write them here:

Interactive – gives patients space to write their numbers

My Target Blood Glucose Levels

Before meals	_____ to _____
1 to 2 hours after the start of a meal	less than _____

Use of the familiar "you"

Talk with your health care provider about when you need to check your blood glucose using a blood glucose meter. You will do the checks yourself. Your health care provider can teach you how to use your meter.

Appendix E

Readability and Suitability Checklist

Readability and Suitability of Written Health Education Materials

The State of California-Health and Human Services Agency Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (MMCD) allows Medi-Cal managed care plans to approve and use written health education materials without obtaining MMCD approval as long as all requirements set forth in MMCD All Plan Letter 11-018 are met. Plans must meet all the "Required" elements in the following Readability and Suitability Checklist (RSC) for the material to be used with Medi-Cal Managed Care members. The RSC helps identify easy to read materials and addresses the following criteria:

- Publication Description (title, target audience, development date, etc.)
- Content and Key Messages
- Layout
- Visuals
- Cultural Appropriateness
- Language Translations
- Field Testing
- Medical Content
- Approval Signatures(s)

Attachment A: Readability and Suitability Checklist

This Checklist Applies to Health Education Materials Only (See Attachment B for definition)

Title of Material: Main Topic:

Key Message(s):

Target Audience: Date Last Reviewed:

Developed By: Date Developed:

Material Format: ☐ **Flyer** ☐ **Brochure** ☐ **Booklet** ☐ **Poster** ☐ **Other:**

READING LEVEL (6th GRADE READING LEVEL OR LOWER)

Date Assessed: **Reading Level:**   **Method Used:**

List medical /technical term(s) that were scored only once:

A. CONTENT   ☐ APPROVED

Required: (All required items must be met in order to approve the material.)   **Met**

1. Content is accurate and up-to-date   ☐
2. Number of concepts/messages is limited to 2-3 per page   ☐
3. Sentences are simple   ☐
4. Technical terms are defined   ☐
5. Material is written in an active voice   ☐

Recommended: (Items follow best practice guidelines, but are not required for approval.)

6. Material has a positive tone   ☐
7. Material explains how and where to get help or more information   ☐

B. LAYOUT   ☐ APPROVED

Required: (All required items must be met in order to approve the material.)   **Met**

1. Font size is at least 12-point; senior-specific materials are at least 14-point   ☐
2. Serif font styles are used for blocks of text   ☐
3. All capital letters are used only for headings and when grammatically correct   ☐
4. There is an adequate amount of white space (aim for 30%)   ☐
5. The layout guides the reader appropriately   ☐
6. Headings and subheadings are used to organize and separate ideas   ☐
7. Main points are emphasized using bold, italics, boxes or increased font size   ☐
8. Bullets or numbers are used for lists   ☐
9. There is adequate contrast between the print color and the background color   ☐

Recommended: (Items follow best practice guidelines, but are not required for approval.)

10. Left margin is justified (text is aligned on the left)   ☐
11. Right margin is unjustified (text is not aligned on the right)   ☐

Page 1 of 3

C. VISUALS   ☐ APPROVED

Required: (All items in this section must be met in order to approve the material.)   **Met**

  1. Visuals are relevant to accompanying text   ☐

  2. Visuals are simple and uncluttered   ☐

  3. People and activities are representative of the intended audience   ☐

  4. Phone numbers are bolded if they appear in the text document   ☐

Recommended: (Items follow best practice guidelines, but are not required for approval.)

  5. Visuals have captions, if needed   ☐

  6. Graphs and charts only used when absolutely necessary   ☐

  7. Material is printed on non-glossy paper   ☐

D. CULTURAL APPROPRIATENESS   ☐ APPROVED

Required: (All required items be met in order to approve the material.)   **Met**

  1. Visuals are culturally appropriate for the intended audience (material is not offensive, does not reinforce stereotypes, and is inclusive in representation)   ☐

  2. Content is culturally appropriate for the intended audience (provides culturally meaningful information such as "how to" advice and examples)   ☐

  3. Topic-specific cultural relevance is reflected where applicable (such as food and exercise habits of the intended audience)   ☐

  4. Plan-produced materials are available in alternative formats upon request ☐ **N/A**   ☐

E. TRANSLATED/NON-ENGLISH MATERIALS ONLY (Complete this section, if applicable.)   ☐ APPROVED

This material is available in the following languages, in addition to English:

☐ Arabic   ☐ Armenian   ☐ Cantonese   ☐ Farsi   ☐ Hmong

☐ Khmer   ☐ Korean   ☐ Mandarin   ☐ Russian   ☐ Spanish

☐ Tagalog   ☐ Vietnamese   ☐ Other (specify) _____

Required: (All items in this section must be met in order to approve the material.)   **Met**

  1. Translation accurately conveys all the information found in the English version   ☐

  2. Translation is based on meaning (not a literal translation)   ☐

  3. Word and phrase usage is consistent   ☐

  4. Material is sensitive to local language (phrases, words, expressions)   ☐

  5. Translation was reviewed by at least one person in addition to the translator   ☐

F. FIELD TESTING (The Plan's health educator will determine field testing methodology and/or whether field testing is needed for this material.)   ☐ APPROVED   ☐ N/A

Was this material field tested? ☐ Yes ☐ No   If no, please explain:

Type of field testing conducted: Total # of participants:_____

☐ Focus Groups: # of Focus Groups: _____   ☐ Individual Member Interviews

☐ Community Advisory Committee (CAC) Review   ☐ Other: _____

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Brief Summary of Field Testing Results:

G. MEDICAL CONTENT REVIEW (The Plan's health educator will determine whether the material requires clinical review to verify medical accuracy. Check "N/A" if not applicable to material.)	☐ **APPROVED** ☐ **N/A**

Required: (All items in this section must be met, unless "N/A" is checked above.)   **Met**

1. Content is medically accurate   ☐
2. Content is up-to-date   ☐

Primary Medical Content Reviewer:

Reviewed by: ☐ Physician   ☐ NP, PA, RN   ☐ Pharmacist   ☐ Other (describe):

Print Name: Title:

Signature: Date:

Secondary Medical Content Reviewer (optional)

Reviewed by: ☐ Physician   ☐ NP, PA, RN   ☐ Pharmacist   ☐ Other (describe):

Print Name: Title:

Signature: Date:

H. HEALTH EDUCATOR CERTIFICATION & SIGNATURE (Leave blank if submitting to MMCD for approval)

My signature below certifies that this material has been reviewed as stated and, if approved, meets the criteria outlined in MMCD All Plan Letter 11-018. **Materials must be reviewed and re-certified every 3 years.**

Initial Material Review & Certification	☐ **APPROVED**
If not approved, describe reason(s):	☐ **NOT APPROVED**

Print Name: Title:

Signature: Date:

Subsequent (3-year) Material Review & Certification	☐ **APPROVED**
If not approved, describe reason(s):	☐ **NO LONGER APPROVED**

Print Name: Title:

Signature: Date:

Subsequent (6-year) Material Review & Certification	☐ **APPROVED**
If not approved, describe reason(s):	☐ **NO LONGER APPROVED**

Print Name: Title:

Signature: Date:

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