

Literacy and Health:

Defining Links and Developing Partnerships

A Final Report to Population Health

by Charles Moody and Marg Rose

Literacy Partners of Manitoba



Literacy and Health:

Defining Links and Developing Partnerships

A Final Report

by

Charles Moody and Marg Rose

(2004). Winnipeg, MB: Literacy Partners of Manitoba

Funding provided by Population Health, Health Canada.
LPM hereby grants permission to reproduce this report to non-profit literacy and health organizations. Please contact us first.
Literacy Partners of Manitoba (literacy@mts.net)
1-204-947-5757.



Comments from Literacy and Health Workers

“It was excellent; one of the most useful sessions I have attended.”

“This workshop far exceeded my expectations. Should be widely distributed within the health care system, especially to RHA management and all their writers of forms. I will recommend this workshop to all my colleagues.”

“Excellent. Very worthwhile. We should all probably attend a workshop such as this annually. I took a similar workshop about 4 years ago, but have fallen back into my old habits.”

“Did not realize some of the things I am doing in my work that would be hard for some people to understand. Will try to use what I have learned today in the future.”

“We need more time! Come back again. Thank-you for your time and patience.”

“ I have learned so much today, thank-you: The library, Resource kits, Grants, etc.”

“The two manuals will be a wealth of information as well as the index card will keep me in tune to good rules.”



Background to the Project

Literacy Partners of Manitoba, the provincial umbrella group, is committed to raising literacy levels in this province. At the same time, it works with other organizations to make sure that vital information is accessible to people with low literacy skills.

In all our community outreach activities, we have emphasized the connection between literacy and health. Rob Sarginson had produced an earlier report on this topic. One of our successful ventures was a literacy and health workshop given in 2002 at the Primary Health Care Centre in Beausejour to the North Eastman Health Authority (NEHA). One of the doctors at that workshop also worked at South Eastman Health Authority (SEHA) in Steinbach and asked us to present a similar workshop there. Karen McDougall, the Wellness coordinator for NEHA suggested that LPM apply for funding from the Population Health Branch of Health Canada to include all the regional health authorities in Manitoba.

Project Activities

We began our planning in September 2002, and delivered 16 training sessions in 9 RHAs between January and September 2003. We followed up on requests from health workers to revise more documents. We then spent several months evaluating the short-term impact of the report using the following methods:

- A pre-workshop survey of learners to find out their attitudes towards and experiences with the health system
- A pre-workshop survey of health workers to find out their familiarity with plain language and their involvement with literacy programs
- A pre-workshop survey of literacy practitioners to find out to what extent they cover health topics in their classrooms
- A workshop evaluation sheet to find out whether the session had been useful to participants

(Continued on page 4)

Comments from Literacy and Health Workers

“It was very helpful in providing awareness. I feel I will be more sensitive, alert to people who may be hiding their lack of reading skills. Also I now have the names of who I can make referrals to. The complete knowledge was very interesting and new to me.”

“This workshop has really opened my eyes as to the language and format challenges that low literacy people face when dealing with health-related publications.”

“Wish I could get you to review all my work! Excellent suggestions/ideas. Monday will find me implementing many of the recommendations learned today. I’ll be reviewing/assessing workload/product from a different level.”

“Reminded me of the most important elements of communication: to use common sense, simple words, short sentences.”

“I will find this useful in my position as our unit produces a lot of resources. It would be useful to have our communication department involved as they produce/proof any info/resources, etc., released to our clients, etc.”



(Continued from page 3)

- A post workshop survey to find out what difference attending the workshop had made to their working tasks
- An extensive final survey and three focus groups, conducted approximately six months after the workshops, to find out in more detail, what impact we had on the literacy and health fields
- Document analysis of LPM lending library records

Organization of this Report

In this report, we restate our goals and objectives, and taking each in turn, discuss our activities and successes (or outcomes) of our project. The report concludes with a description of our products (or outputs) and discussion of our next steps.

Acknowledgements

We wish to acknowledge the help and support of the following people in this project:

Workshop Participants. During these training sessions we have met hundreds of intelligent, dedicated literacy and health professionals, passionate about the well being of their clients, many of whom they share. We thank them for their enthusiasm and commitment.

Pat Lachance was our project officer at Health Canada. She was responsive to every request, and came up with ingenious ways to solve problems. It was a pleasure to work with her.

National Adult Literacy Database (NALD) web development team for their expert technical assistance in developing the website (www.health.mb.literacy.ca)



Comments from Literacy and Health Workers

“This workshop was an excellent one and will improve my communication skills during my daily practice.”

“The interactive approach was great. I appreciated (liked) the many examples you gave as you presented the theory. Your knowledge and experience of your topic is very evident.”

“Makes me more aware of plain language when developing presentations for staff.”

“Very useful, will help a lot with the brochures I do with regards to audience and design.”

“Found this to be very relevant. I look forward to incorporate this in my work”

“Loved the review of English - Helps me to think again about readability and literacy.”

“I found this workshop to be very informative. I learned a lot that I would not normally think of. I can now take what I learned and use it to better my writing skills.”

“An effective workshop with a good balance of theory and practice.”



Project Goal

Our goal was to help health care providers and administrators overcome barriers to reaching low literacy clients, and conversely, to make it easier for low literacy people to benefit from health services.

Specific Objectives:

1. to give 15 literacy and health training sessions in RHAs across Manitoba
2. to demonstrate the link between low literacy and poor health
3. to teach health providers to recognize signs of low literacy in their clients
4. to teach literacy and health workers how to use plain language and clear design in their documents
5. to teach health providers sound teaching principles for oral communication
6. to encourage partnerships between literacy and health workers
7. To encourage literacy teachers to incorporate health topics into their curriculum



Comments from Literacy and Health Workers

“I will recommend this workshop to all my colleagues at the Inner City Agency Networking Group.”

“This workshop would be very good for anyone writing policies or documents that the public needs to understand.”

“Will definitely go back to work and critique what we use.”

“This has been an extremely worthwhile experience which I will put to work immediately”

“The handouts and discussion were very helpful. I like the references to websites and books, etc., for additional information. I enjoy discussing ways of making communication plain, simple, and to the point.”

“All health care providers including pharmaceutical companies and pharmacists should have the opportunity to attend.”

“Being able to look at actual materials used was great
Excellent information in handout material
It was great! Thank you.”

“Very useful having the opportunity to work through examples. Very applicable to our clients and work.”



Objective 1: To offer 15 literacy and health training sessions to RHAs across Manitoba Activities

Venue	Date	Health Workers	Literacy Workers	Adult Learners	Total
Winnipeg	January 28	16	5	1	22
Steinbach	February 7	19	3		22
Flin Flon	February 10	10	2	1	13
The Pas	February 11	12	2	1	15
Brandon	February 14	22	4	1	27
Arborg	February 19	26	5	1	32
Brandon	February 21	16	4	1	21
Souris	February 26	14	2	1	17
Neepeawa	February 27	14	4	video	18
Thompson	March 10	27	1	video	28
Winnipeg	March 20	17	5	2	24
Winnipeg	April 16	20	4	1	25
Brandon	June 13	14			14
Dauphin	September 22	26	3	video	29
Swan River	September 23	16	3	video	19
Carman	September 26	12	3	video	15
Total		281	50	10	341



Successes and Challenges

We held 16 training sessions, in all RHAs except Churchill, as shown in the table above.

- More than 300 people, including health workers, literacy practitioners, and adult learners attended the workshops
- Reports on each of these workshops can be found on our website at www.health.mb.literacy.ca

We were asked to hold an extra workshop in Brandon, which we funded with a surplus from other budget lines. We were unable to fulfil requests for additional workshops at Souris and Flin Flon.

Comments from Literacy and Health Workers

“Very helpful. I liked the link - literacy to health. Useful to look at pamphlets. Great workshop!”

“I may be more patient with staff that exhibit signs of low literacy, now that I may more easily recognize them. I now have resources I can refer staff to if they need to have help with literacy.”

“I’ll take the time to make sure clients are understanding the directions or medications they have been given and if I feel there is doubt, try to approach them and ask what they don’t understand and let them know how they can steps to help themselves if they wish to do so.”

“The self-confession of Lorna was very interesting, it broke the ice, so to speak, to open the floor for talk. Made me aware of a literacy group.”

“Having Tara speak of her experience was fantastic. How motivating! A girl with a bright future.”

“I will take a look at the brochures we are sending out to possible participants. I will take more time to help people with forms they may need to fill out and be more sensitive to why they should receive help.”



Objective 2: To demonstrate the link between low literacy and poor health

What We Did

In the opening session of the workshops we demonstrated the links between literacy and health, by

- Explaining the International Adult Literacy Survey (IALS), presenting the Canadian statistics
- Using the LPM Literacy Atlas (see website at www.health.mb.literacy.ca) to show literacy statistics in each RHA
- Referring to current research, especially Burt Perrin’s *How Does Literacy Affect the Health of Canadians* to show that literacy is a fundamental determinant of health
- Recounting field reports from our own literacy practitioners to bear out the research

The PowerPoint Presentation of this section of the workshop is attached on disk.

We did an extensive literature review, and designed a manual (*Literacy and Health: Defining Links and Developing Partnerships*) to reinforce the material of the training session. It is attached.

We also developed a website (www.health.mb.literacy.ca) as a means of advertising our workshops, recording all aspects of the project, and providing further resources to the field.

Among these resources, in the manual and on the website, we offered

- An annotated list of 33 web resources
- An extensive review of 13 books and articles on the links between literacy and health, and strategies for reaching the

(Continued on page 8)

Comments from Literacy and Health Workers

“This workshop has really opened my eyes as to the language and format challenges that low literacy people face when dealing with health-related publications.”

“Now I am starting to understand more, because I am going to school. I have that chance but there is still things I don't understand. People that can't read, you know, they have to stand forward, cause nobody can help you if you don't stand forward. It's a very hard job, it's very degrading to tell somebody on the medical form or anybody in general that you can't read.” (a learner)

“I expect people are intimidated or have the barriers there. The level of writing or the lack of understanding about what literacy is--they are at such a disadvantage in many ways because they won't even pick up the materials because they can't read it anyway and so that feeds into their self esteem and everything else because that just again enforces that they are dumb.”

“Client willing to share personal story is much appreciated.”

“I found it useful when the learner was asked for what health professionals had done well [that helped her]”



(Continued from page 7)

hard-to-reach clients.

Wherever possible, we invited an adult learner to begin the session on the links between literacy and health. Our purpose was twofold. The health workers would learn first hand about some of the difficulties that low literacy people encounter in the health care system. The adult learners would be ambassadors for their local literacy programs, and put a face to low literacy. In this way, we hoped to make the health workers more aware of the literacy practitioners and their programs as a valuable community resource.

At each workshop we displayed a list of materials from our library, of interest to both literacy and health professionals. The list of titles is given in Appendix 1.

Successes

Comments from the evaluation sheets showed that the links between literacy and health were a revelation to some health professionals. It was a link that needed to be made again and again. Health workers also appreciated the chance to hear an adult learner tell her story (See sidebar)

One public health nurse, for example, admitted that she had been leaving pamphlets with new mothers, without realizing that some of her clients probably couldn't read them. In future, she said, she would look for signs of low literacy, and stay and explain the pamphlets, if necessary.

Final Survey Results

- 63 of 65 **health** respondents (95%) said that “seeing the links between literacy and health” was somewhat or very useful.
- 18 of 19 **literacy** respondents found that seeing the research/stats for literacy as a determinant of health was somewhat or very useful
- 51 of 59 health respondents found hearing an actual learner's personal story somewhat or very useful.

Comments from Literacy and Health Workers

“This needs to be a core component in nurses’ training.”

“I learnt the importance of being aware there may be concerns in terms of literacy with the clients we are involved with on a regular basis.”

“I will take more time to help people with forms they may need to fill out and be more sensitive to why they should receive help.”

“I will be sure to explain things more clearly and not just hand out forms.”

“If there is any question about my client’s ability to read, I will confirm that before handing out reading material. When making up pamphlets and posters, I will try to use the plain language guidelines.”

“I think that it is very important to improve the way we communicate with our clients.”

“Use of language – keeping words simple and clear. Observing for not understood information.”

“Learning about the intimate connection between a person’s level of literacy and their experience with health care workers (system).”



Objective 3: To teach health providers to recognize signs of low literacy in their clients

What We Did

In this section of the workshop, we showed a video illustrating the difficulties faced by people with low literacy skills in carrying out everyday tasks and their coping mechanisms for disguising their literacy difficulties.

We discussed the variations on “I’ve hurt my wrist—could you fill it in for me?” and “I’ve forgotten my glasses—could you read it for me?”

At most workshops, a learner was able to answer any questions about the coping skills and challenges faced by people with low literacy.

Successes

The LPM LEARN line referral service was advertised to help health workers offer a phone number to anyone they suspected had trouble with reading. Learn Line posters were handed out to all participants to display in their facilities.

Health workers are starting to refer patients to literacy programs; we heard of several examples in St. Vital, Thompson, The Pas, Brandon, Selkirk, and Steinbach already.

We heard about plans of the Brandon RHA to adapt their health assessment surveys this year to feature in-home visits to 400 households to test their ability to read common health words (part of the REALM test). LPM then spread this news to other RHAs, such as NEHA and WRHA health assessment teams. We discovered a simpler test where three simple questions can detect low literacy. We passed this on to the Minister for Healthy Living and a WRHA staff research analyst. We will work further in this area.



Comments from Literacy and Health Workers

“Very useful and handy tools – e.g., ClearDoc index. Picked up wonderful tips on developing/ revising information that we provide our clients”

“The sharing of information from the group was great. Examples in the presentation were great. Working through brochures was very helpful after receiving educational tools – especially our own.”

“The workshop really opened my eyes. I thought I knew about literacy and wondered what this workshop was for. The information will be useful in many facets of my 2 positions. I work with various groups both internal and external to the RHA. I learned to keep it short and simple. This is something I’ve been working on already with the Healthy Baby Program.”

“The PA part of PASS (personal, active) and the review of SS (short, simple). The exercises were a great help and reinforcement to learning what is short and what is simple. The computer information regarding font styles and sizes in preparing clear, easy to read brochures, information sheets, etc.”



Objective 4: To teach literacy and health workers how to use plain language and clear design in their documents

What We Did

We devoted three sections of the workshops to the teaching of plain language and clear design through:

- A PowerPoint presentation on the essence of plain language (attached on disk)
- A critique (in small groups) of sample documents
- A revision in plain language and clear design of the participants’ own health facility documents

We emphasized the importance of audience and purpose in every form of communication with clients. We stressed that *less* is often *more*.

We asked: “Does your document **PASS** the plain language test? Is it **Personal, Active, Short and Simple**?”

We encouraged participants to assess their documents using these criteria:

1. Content

- Is the purpose clear and relevant to the audience?
- Is the content limited and related to the purpose?
- Is the material interactive?

2. Organization

- Is the material arranged in manageable chunks?
- Do headings and subheadings help the reader understand and digest the material?
- Do the illustrations enhance rather than detract and distract from the message?

3. Language

- Is the text written in plain language: Personal, Active, Short and Simple (PASS)?
- Is the level appropriate for the audience and purpose?

(Continued on page 11)

Comments from Literacy and Health Workers

“I have learned to write for the reader. It was very informative and interesting to learn something new.”

“I had not a clue about font usage, left alignment and many of the known tips to simplify readability. Probably the most critical information for me was about knowing one's audience and also keeping the message clear and concise, using shorter words, simpler words - "never use a long word when a short one will do", etc. I was fascinated with the whole session about euphemisms.”

“I really found the plain language session helpful. I will be using it in a number of reports and other communications.”

“I now check my document readability... And I have reviewed pamphlets attempting to remove all the jargon and 3rd person when I can. I just wrote a community trauma meeting notice all together differently!”

“I will review all communications for plain language detail. Thanks!”

“Keep things simple. I tend to want to look for “elevated” language to be included in my pamphlets to make them more inviting or different. Short and simple is best.”



(Continued from page 10)

4. Layout

- Large font. Sans-Serif for legibility, Serif for Readability?
- Only two or three different types of font?
- No ALL CAPS? Left flush, right ragged?
- Adequate white space?
- Colours enhance rather than detract and distract?

During these sessions we distributed

- A plain language manual to supplement and reinforce the lessons learned in the PowerPoint presentation (attached)
- The ClearDoc Index (a card with a checklist of things to look for in an effective document as shown in Appendix 3)
- A Literacy and Health manual with examples of documents before and after revision in plain language (attached)

During the course of the 16 workshops,

- we reviewed and revised more than 50 health documents, including letters, notices, posters, brochures, post-operation instructions, consent forms (see samples in Appendix 6 and Literacy and Health manual)

Successes

Comments suggested that this was the most useful part of the training sessions. (See sidebar.)

In the final survey of health workers

- 66 out of 66 respondents (100%) found “using the ClearDoc index with sample documents” to be somewhat or very useful
- 67 of 68 respondents (98%) found “learning the principles of plain language” to be somewhat or very useful
- 67 of 67 respondents (100%) found “applying the principles to [their] own RHA documents” to be somewhat or very useful

(Continued on page 12)

Comments from Literacy and Health Workers

“I have been asking participants for feedback on advertising, info. Sheets, etc. as a means to evaluate my writing style. I am currently in the process of doing up program pamphlets to parents, partners, and professionals so I will be able to make use of the various “do’s & don’ts”. I am also creating a display board that is information oriented so I will keep the pointers we learned in mind when developing the visual image.”

“I will certainly have the PASS mnemonic in my vision at all times when preparing written work for staff. Following Charles’ advice I will always ask myself, “whom am I doing this for?”

“As a result we have already re-evaluated an upcoming newsletter that we publish, and have decided we have to make some major changes in our next edition.”

“Will be increasingly conscious of techniques that promote reader friendly correspondence, pamphlets and fact sheets. Appreciate the checklist provided at the workshop as a reminder and a way of double-checking my work.”

“I certainly will make use of the tools used in this workshop to keep things simple and positive.”



(Continued from page 11)

When asked to rank topics to be included in future workshops to health professionals, they listed, in order of preference:

1. Learning the principles of plain language (PASS)
2. Applying principles to RHA documents
3. Using the ClearDoc Index with sample documents

In the final survey of literacy workers,

- 18 of 19 respondents found using the ClearDoc index with sample documents somewhat or very useful
- 19 of 19 respondents found learning the principles of plain language (PASS) somewhat or very useful
- 19 of 19 respondents found applying the principles to local documents somewhat or very useful
- 19 of 19 respondents found seeing authentic materials changed into plain language somewhat or very useful

For literacy workers who responded to the final survey, the three most useful parts of the workshops were

1. Using the Clear Doc Index with sample documents
2. The opportunity to interact with health care practitioners at the local level
3. Learning the principles of plain language

We wanted to learn if attending our workshops had made a difference to the way health and literacy professionals dealt with their clients and colleagues. Again, comments from the workshops and afterwards, suggested that we had been successful in this goal. (See sidebar samples)

In the final survey, about two-thirds of literacy and health respondents indicated that, after the workshop, they had changed the way they did things:

- 48 health workers changed the print materials/signage [they used] with clients
- 41 health workers used some of the featured materials from the workshop

(Continued on page 13)

Comments from Literacy and Health Workers

“All our handouts to the public have been redone to include the literacy required elements, and some of the bonus marks that are on the ClearDoc Index, and to delete any areas in the penalty section. We are pleased with the outcome.”

“I have already redone some self-study materials, using bullets, a different font and a different page layout to enhance readability. I have been thinking of ways of removing multiple choice tests from the courses (which involve a lot of reading) and incorporating a “game” format (something like Jeopardy) for review questions.”

“The exercise on grading the pamphlets is one that I will use in my position as we produce educational material directed at staff. The same can be said for the info on plain language. This will also find its way into the resources that we produce.”

“I’ll be more conscious on how I communicate with clients . I also lecture to health care aides on a fairly complex topic: HIV/ AIDS. What I learned at the workshop will be extremely helpful in successfully delivering my lectures – using plain language and being conscious of people’s varying literacy levels.”



(Continued from page 12)

- 40 health workers recommended a change with colleagues to their procedures
- 12 literacy workers had checked their program documents for plain language
- 6 literacy workers had reviewed the material they use with learners

As a direct consequence of the training sessions, other health professionals and workers in related fields have asked for their documents to be revised in plain language.

Many of these we have revised with the help of supplementary funding provided by Health Canada:

- **For Winnipeg RHA**
Assessment of Manitoba Longitudinal Health Survey
- **For Master’s in Nursing student**
Revision of pamphlet on Pre-natal Visits
- **For Norwest Co-op**
Revision of health brochure
- **For Brandon RHA**
Extensive review and focus testing with four literacy programs of “Baby’s Message to Parent” booklet draft that was to be distributed to all new parents in the Brandon Hospital. After our review, the BRHA rejected the first draft.
- **For Brandon Heart and Diabetes Wellness Centre**
Consultation on Wellness Upbeat Winter newsletter
- **For representative of Manitoba Health**
Rental agreement for low-literacy tenants

(Continued on page 14)

Comments from
Literacy and Health
Workers

“Keep things simple. I tend to want to look for “elevated” language to be included in my pamphlets or brochures to make them more inviting or different. Short and simple is best.”

“I would like to see this workshop repeated as a mandatory requirement for any staff member who works as a patient or staff educator.”

“We also need to communicate this information to pharmacists, doctors, and other educators.”

“Make sure that attendees are from department/areas in their organization that are involved in communication, for example higher and middle management/forms development (WRHA has a committee working on all forms. Try to reach the people who are creating gobbledygook. Give awards for plain and clear communication to corporations/individuals.”

“Have more management attend this workshop. They write final reports and any other letters pertaining to the company/organization.”

“Encourage management and administrators to attend as they use way too many circumlocutions and euphemisms.”



(Continued from page 13)

- **For Reproductive Health Nurse at Klinik**
Revision of Morning-After-Pill document
Revision of Birth Control document
- **For Parkland RHA**
Dialysis Unit pamphlet
Barium Enema Instructions
Blood test instructions
Collecting Semen
Glucose intolerance form
Schillings test
IVP instructions
Sputum test
Stomach X ray
Stool sample for CS
Stool sample for occult blood
Timed urine
Ultrasound instructions
Urine test
Rehabilitation goals
Dialysis Unit pamphlet

Other health institutions have contracted with LPM to revise their documents in plain language:

- **Misericordia Breast Screening Clinic**
Manitoba Breast Screening pamphlet
- **Manitoba Health**
2 Foetal Alcohol Syndrome documents
3 Breast Feeding documents



I have also sat as the literacy representative on committees to produce documents directed at audiences including people with low literacy skills:

(Continued on page 15)

Comments from Literacy and Health Workers

“Loved it that we could critique our own pamphlets/handouts”

“Great technique to critique region’s own documents.”

“The information that was given will be very useful in communicating more effectively to the public
A real great session and I would definitely recommend it to others. I really enjoyed reviewing the examples and looking to simplify them...this helped to put what we had learned into practice.”

“Thank you. I will use this information for my brochures. There were errors I was making in reports and documents. Just hope I can keep on task. It was good to go through brochures.”

“I learned to be ever aware of who the audience is when producing a pamphlet/notices/ education sessions.”

“I found that the information on plain language will be really helpful and just the fact that I’ll be more aware of struggles that some of the families I come in contact with may have. I develop a lot of resources for parents and hope to make them as useable as possible.”



(Continued from page 14)

- **Cervical Cancer Screening Program**

Pap Test poster currently displayed in bus shelters.

Pap Test bookmark

A series of Pap Test commercials to be heard on the Aboriginal radio network.

All of this plain language revision is a direct consequence of our Literacy and Health Project.

Challenges

Not one doctor attended our workshops, and yet a frequent comment was that many were in need of plain language training. One nurse had made a commendable effort of putting a series of previously incomprehensible post operative instructions into language his patients could understand, only to be ridiculed for her effort. “My patients have more than a grade three education,” he said.

Only a few managers and 5 communication coordinators attended our training sessions. Few upper level managers were present. Many of the front line health workers want to use documents in plain language, but are not responsible for writing them or making important decisions in favour of plain language and clear format.

Following the suggestions from workshop participants (See sidebar), we hope to hold further training sessions directed specifically at medical students and upper management.

Many participants argued for a centralized source of documents - templates to be adapted by individual institutions - consent forms, restraint policies, etc.

We hope to continue working with health professionals on their documents, with a view to publishing them for all on our website .

Comments from Literacy and Health Workers

“ I am sorry, but if more doctors would come to workshops like that, and I know it is taking away from their time, but if they understood that a lot of us can't read and write and then we're insecure so when we're ill! When I was really, really ill, I didn't want to go to the doctor, cause nobody wanted to explain things to me, and I thought ok! Then when I found out I had cancer, I didn't know any of the terms... How do I tell my kids? How do I tell the family? I think more doctors need to hear --- because that affects your health when you can't read you can't write! It affects you-- stress can kill ya ok!, and insecurity and feeling stupid. I hate that word--there is no word in the dictionary called stupid --not for me now!” (a learner)

“I enjoyed the workshop, learning the links between Health and Literacy. Makes me realize when I do Diabetes Prevention and Awareness, that I don't need to impress the learners, I just need to teach them.”

“This has been very helpful to learn simple words to say the same thing. God give me confidence to move in this direction. I have always felt simple was better.”



Objective 5: To teach health providers sound teaching principles for oral communication

What We Did

Research has shown that plain language is not the sole solution for reaching clients with low literacy skills. Some do not have the skills to read even the simplest of texts.

In a recent Quebec study of the ways hard-to-reach patients receive their health information, 94% of the respondents said they wanted to learn about health in a verbal explanation from a health care worker. (*Health Literacy Project, Phase 1: Needs Assessment of the Health Education and Information Needs of Hard-to-Reach Patients*. (2001). Montreal: The Centre for Literacy of Quebec.

Using a mnemonic we developed, the APPLICATOR, we stressed the importance of sound teaching principles in oral teaching.

Audience: Whom are you trying to reach?

Purpose: What do you hope to achieve in this lesson

Participation: Is the learner motivated to take part? Is it relevant?

Limiting: Is only essential information included (Less is More)?

Interaction: Is there dialogue between teacher and learner?

Chunking: Is the lesson broken down into manageable chunks?

Active Learning: Is the learner doing something to reinforce learning?

Testing: Is the information being taken in?

Organization: Is the material organized so that is easy to digest?

Repetition: Is the central point being constantly reinforced.?

Successes

The comments suggest that participants realize the importance of using teaching strategies to make sure that their clients really understand.



Comments from Literacy and Health Workers

“Really great to bring literacy and health people together.”

“Nice to have the opportunity to meet health care workers and learn about the issues they deal with (related to literacy and education)

Hopefully the health folks will make contacts with literacy folks and vice versa”

“I would like health providers to "test" their new materials with an adult literacy class before a given print resource becomes public.”

“I would like to see a Literacy Person be an Advisor at the newly formed Brandon RHA Patient Education Committee.”

“Knowing that there is such a high demand for literacy clients was overwhelming, but knowing there is organizations out there to help these people is wonderful.”

“I will be sensitive to the issue of literacy and I will try to work together with the literacy organization in our area. Great workshop, it hit the mark.”

“I also have a meeting lined up with the family literacy group in town to decide how we can link up and refer families back and forth.”



Objective 6: To encourage partnerships between literacy and health workers

What We Did

We first conceived of this project as providing training sessions for health workers only, but as our planning developed, we realized it was important to encourage partnerships between members of the two fields. We knew of literacy practitioners who had referred their students to health professionals, and we thought the reverse would be equally beneficial to adults with low literacy and poor health.

At the workshops, we asked all the participants to introduce themselves to meet face to face, for the first time in many communities. We then invited the literacy practitioners to speak at greater length about their programs and referral procedures. The pre-workshop surveys showed that a small percentage of health workers knew the location or purpose of the local literacy programs. They all wrote down the phone numbers of the local program on their booklets during our sessions.

We arranged for literacy and health workers to work together in the hands-on sessions with real documents. We encouraged the health workers to use literacy classes for focus-testing their health education material. We prompted the literacy practitioners to invite health professionals to speak to their classes about health topics. We suggested that literacy and health workers sit on each other's boards/committees.

Successes

Participants' comments (see sidebar) and the final survey showed that informal and more formal relationships had been forged in the six months after the workshops.

See the following tables.



(Continued on page 18)

Comments from Literacy and Health Workers

“I just recently had an experience with one of the learners that I am working with. Health literacy is another way of expanding the meaning of literacy. It isn't just about reading and writing you know, it is about your life, and in fact in her case her survival. She just didn't know things and she is too embarrassed to ask. She doesn't read at a high level, you know the materials are at too high of a level for her to understand. They just overwhelm her when she looks at them, and she so competently doesn't read.”

“Having the literacy people here was great.”

“Really great to bring literacy and health people together.”

“I feel that this workshop was not only informative, but it allowed members of the community to meet. The two groups probably would not have otherwise.”

“Nice to have the opportunity to meet health care workers and learn about the issues they deal with (related to literacy and education). Hopefully the health folks will make contacts with literacy folks and vice versa.”

“Good partnership ideas.”



Final Survey Results Partnerships: Steps Already Taken

Health workers

- 10 consulted with a literacy program to look over [their] materials
- 10 met again with literacy or health people to talk about working together
- 6 referred a client to the literacy program or LEARN line for skill upgrading
- 5 worked with the literacy folks on a health promotion project/event
- 4 contacted/visited a program or literacy worker
- 4 involved low literacy clients in focus group testing of our documents
- 2 joined the boards of directors of the local literacy program

Literacy Workers

- 8 added health topic(s) to [their] materials/lessons
- 6 contacted/visited a health care facility or health educator locally
- 6 talked more about the links between literacy and health with learners
- 6 referred a client to a health care facility or person [they] heard about
- 4 met again with literacy or health people about this topic
- 3 called a health facility/RHA for information/materials for classroom use
- 3 responded to a call from a health care worker for documents/ intake questions
- 2 tested out documents for a health committee/worker



Both health and literacy workers were willing to take further steps to work with each other, and learn more about each other's field.

Comments from Literacy and Health Workers

“I would like health providers to "test" their new materials with an adult literacy class before a given print resource becomes public.”

“Great info. I hope that we can partner together and help or critique each other's work. I liked working on revising documents, pamphlets. It helped bring the points represented home. It also introduced us to the resources we have amongst us.”

“Another suggestion might be to have a central health contact in our RHA who sits on a common interagency committee with literacy and other educational providers. This would provide a regular opportunity for literacy and health to connect (our interagency group tends to meet monthly) and provide opportunities to identify ways of connecting or partnering with each other.”

“Will explore partnerships that could serve as a “test” to my printed material. Time permitting, would like to go back and review/revise pamphlets using literacy recommendations.”



Final Survey (Health Workers) Suggested Next Steps to Forming Partnerships

- **47:** Send out materials on health topics in plain language and early childhood
- **44:** Help us do a Plain Language audit of our operations and make some changes
- **44:** Talk to different people in our RHA about the need for changes e.g., Communications directors, CEOs, ,management, VPs, Executive Management, Board of Directors, Doctors, Pharmacists, facility PHNs
- **42:** Provide more joint training sessions using some of the featured materials on clear language and health in our region
- **37:** Share the findings with Health, Education, and Family Services Ministers and staff
- **35:** Solicit and post examples on the website www.health.mb.literacy.ca of clear language brochures/materials/flyers that result from these workshops on the website
- **28:** Host networking meetings on this topic to deepen our expertise
- **26:** Publish research updates on literacy and health in the newsletter
- **24:** Link us to people who are working on Literacy and Health in other regions
- **25:** Send out materials for Family Literacy Day so we can use this as a hook for health promotion in January
- **23:** Encourage the literacy workers to improve *their* health literacy so that they do more in their classes about healthy living
- **20:** Update the website for materials and events on this topic
- **20:** Host an Open House for health and literacy workers at the



Almost half of the respondents wanted to pursue further training in clear language and health topics.

Comments from Literacy and Health Workers

“It would be great to continue to develop ways to network and work collaboratively together with health care workers. A merged health and literacy resource center, right in a health care facility, with plain language, literacy and health information would help make health care more accessible to everyone.”

“I am sure the health care side has many suggestions to folks in literacy that also would be helpful to read about. Time is usually the big factor for everyone. We know that there are many excellent resources in our community that we can tap but scheduling may be an issue.”

“I am waiting for the community health assessment results to lead the process further (i.e. conducting the REALM Rapid Estimate of Adult Literacy in Medicine intake instrument will provide local data to move the process further. Managers who have the most interest in pursuing and supporting literacy and health initiatives are busy with redevelopment presently and other major projects.”



Final Survey (Literacy Workers)

How can Literacy Partners of Manitoba as the provincial coalition encourage more collaboration between literacy and health workers?

- **14:** Help us find funding for community-based projects on literacy and health problems
- **9:** Share the findings with Health, Education, and Family Services Ministers and staff
- **10:** Link us to people who are working on Literacy and Health as a model
- **10:** Publish research updates on literacy and health on the website
- **8:** Offer more training for literacy workers to improve their health literacy/knowledge so that we can do more in our classes about healthy living
- **8:** Solicit and post examples of clear language brochures/materials/flyers that result from these workshops on the website
- **8:** Help us develop more skills in Plain Language editing and Clear design
- **8:** Feature a section of the LPM newsletter on Literacy and Health quarterly
- **7:** Host workshops/ meetings on this topic to deepen our expertise
- **5:** Come and teach a demonstration lesson on health topics as a research friend
- **5:** Send out materials on health topics in plain language to my program
- **4:** Provide more joint PD with health workers using some of the featured materials on clear language and health in our region
- **4:** Help me make the case for the need for changes
- **3:** Update the health literacy website with new materials and links to events on health
- **2:** Send us a learner speaker or more statistics for a local

Comments from Literacy and Health Workers

“Encourage the learners in their programs to feel comfortable to seek out health services and access community programs and help make them aware of the Programs that exist and foster links for them to access services that apply to them.”

“Use sample focus groups for health materials in literacy programs.”

“Our client information sheets could be used in their classrooms. We could get feedback on how to improve our forms.”

“Make the training course mandatory.”

“I’m excited about learning about the REALM assessment you mentioned.”

“I thought it was very interesting as we were able to interact with each other.”

“Thank-you for conducting such a worthwhile workshop. I will be ever conscious of my plain language writing skills, and really appreciated the interaction and lively feed back with colleagues.”



When presented with ways in which literacy instructors might join them in health promotion, healthcare workers welcomed a joint effort.

Final Survey (Health Workers) Partnerships in Health Promotion

How can literacy workers help you in health promotion?

- **48** advised they review our RHA health materials on site
- **43** Give us advice on how to reach low literacy people local
- **46** Teach healthy living as part of their curriculum
- **36** Invite us into their programs for guest presentations or clinics
- **36** Refer their learners to our programs
- **34** Participate on joint committees/events
- **18** Improve their own health literacy so they can be allied teachers

Further Evidence of Partnerships

- LPM revised and focus-tested with 4 literacy programs a “Message from my Baby” book text upon request of Brandon RHA
- LPM Executive director and 2 other literacy workers attended, put on a display of health materials, and addressed crowd at provincial Women’s Health conference
- LPM gave LEARN line referral posters given to 160 health workers (at a spring Women and Health conference,) and all 268 health participants in their participant packages at our workshops]
- Literacy coordinator Val de Vries attended Breast Screening clinic at Health Action Centre to promote the LEARN help line to link people to programs, with a display of materials



Comments from Literacy and Health Workers

“I could see having some folks who would develop some materials make some connections with some speakers who were primed to behave in a way that would be helpful for people with reading or learning issues. I think if there was some money available for that type of curriculum development piece, with networking with health folks, it would really help.”

“I think if you could send the facilitators with a dynamic workshop out to the health groups, you know, to nurses in training, I know people who are teaching nursing at Red River right now, they would give anything to have somebody come out and do a workshop.”

“I’m excited about the potential in a project that links our 2 forces (health and literacy) and the potential changes.”

“Very helpful. I liked the link - literacy to health.”

“I feel that this workshop was not only informative, but it allowed members of the community to meet. The two groups probably would not have otherwise.”



- LPM plain language consultant gave plain language presentation to 12 conference delegates organized by Frontier College
- A Winnipeg RHA health educator has requested permission to use material from our workshop and manuals in her own presentation
- LPM linked the Women’s Health Clinic project coordinator to the Manitoba Chambers of Commerce Health Committee and Policy Director to ask for their assistance in promoting findings on how poverty is a determinant of Women’s Health
- The director of the Prairie Women’s Health Centre of Excellence requested help in revising their consumer reports into plain language
- LPM set up a display of material and attended the Beyond Romanow “Lunch and Learn” workshop organized by the Manitoba Council on the Status of Women. LEARN line referral cards were distributed to 30 delegates
- The LPM project coordinator was invited to brief all delegates on this project at the Summer Institute on Literacy and health international conference in Montreal in June
- LPM researcher described the project to 30 Canadian delegates to a Research in Practice conference on the project and got advice on how to encourage better follow-up in focus groups and formed a RIPAL@nald.ca listserv to keep people connected
- LPM sent 14 copies of “Going to the Doctor” learner handbook to a health worker in Dauphin and Swan River for use with moms in a Baby First program dramatic role play and action research
- Literacy worker in Carman set up a community kitchen and garden to assist learners with nutrition and LPM connected her to funding from Literacy for Life, Raise a Reader and Goldeyes Foundation to keep her program flourishing
- LPM project staff met with Minister of Healthy Living and two senior Directors (Child Health and Healthy Baby) to share findings. Minister now insists that items on his website and for public distribution are in plain language.
- We sent minimal text posters series on Cancer treatment to

Comments from Literacy and Health Workers

“Do some local partnering so that maybe I would work with someone who would be preparing materials, and they could be working in their sector and checking with me in terms of materials that are suitable. I could be working in my area and checking with them in terms of best ways to go about speaking to students or materials that would be of interest to students...that sort of networking approach.”

“I know I get things in my mailbox and I just leave them piled up. I think I got something about that Health Links, but I didn't understand it. Maybe if I went over it with my tutor, I would get it. But it takes practice to talk about these things because you are always so fearful about what you don't know.” *(from a senior male learner)*

“There are so many women that will ask me about literacy programs that have kids. I think a lot of the single mothers need to hear about literacy. The single mothers that have had children and have raised them and now they are paying and going back to school to get their education. I think that a lot of medical people need to hear that too.”



Minister of Healthy Living and his Directors for distribution as samples of how to deliver complex information in plain language

- Following the Arborg workshop, the regional literacy coordinator was invited to sit on a health screening clinic committee in Interlake and speak at a IRHA conference on developing partnerships with literacy programs in April 2004 (See case study below)
- Literacy and Health personnel are working together in Parkland RHA (See case study on page 24)

Literacy and Health Partnerships in Parkland RHA

Kim Breshnahan-Cockle of the Dauphin Friendship Centre reported that, after the plain language workshop in Dauphin, a



draft pamphlet on palliative care was brought to her literacy class by health workers. For a week, her students revised the text, struggled with meaning, and finally emerged with a revised draft. “It looked very different” from the original.

LPM assisted the local literacy coordinator to contact a television producer to assist her in creating a “Exercise with Kim” television weekly show with health tips, involving health workers, on the local community access station.

The regional RHA Health Promotions Coordinator, Fiona Jeffries, joined the literacy board of directors. She has also submitted a dozen documents to LPM for revision in plain language. An article on the workshop ran in the regional newsletter.

Comments from Literacy and Health Workers

“Enjoyed meeting health care staff addressing the same concern.”

“This workshop helps professionals look at clients, who have literacy problems, in a more understanding way”

“[Give] anonymous survey to students in literacy programs to assess where they are having problems understanding health issues.”

“Discussion on pro-active ways to raise literacy levels starting with young people/children possibly through public health, mental health, education system.”

“Excellent content – much good info condensed into a short time. Also excellent in creating the opportunity for us to get together and talk about literacy, and to meet and problem-solve with the literacy programs”

“Great way to bring many people together towards a common goal. I find so many professionals are working so hard – but need to bring in team efforts and really what is available for us all.”

“More information to link literacy and health!”



Literacy and Health Connections in the Interlake

The Interlake Adult Learning Association Coordinator, Margaret Chambers, submitted this article for the LPM newsletter and this report.

Charles Moody, Rob Sarginson, and Marg Rose have been the spearhead when it comes to raising awareness in the community and with health professionals about the correlation between low literacy and increased demands on the healthcare system. Their efforts are bearing fruit.

I believe healthcare professionals have always been aware of the correlation, but due to the tremendous pressures on the healthcare system because of budget cuts and staff shortages, they haven't been in a position to be as proactive as they would have liked to be. They needed to know that literacy practitioners were available and willing to partner with them in finding ways to make healthcare more accessible and more effective for low literacy Manitobans.

A number of partnerships have been forged between literacy and health in the Interlake. Public health nurses, dental hygienists, first aid instructors, wellness promoters, and substance abuse counsellors have made presentations at the learners' conference, ESL classes, and literacy classes.

The partnership between health and family literacy has been particularly close. The public health nurse has done monthly baby-weighing at Playgroup and was a key person in getting Beach Buddies in Winnipeg Beach started. The pre-natal instructors and the public health nurses regularly refer their clients to family literacy programs.

Health has also initiated partnerships with literacy. They helped plan and actively participated in the workshops on plain language in health documents that Charles Moody facilitated. They invited me to sit on the steering committee for an Interlake education and awareness project on cervical screening. And they have invited me to speak to the Interlake Health Promotion Committee.

The Interlake Health Promotion Committee is a coalition of organizations (public health, home economics, education and training, school division, culture & heritage, etc.) interested in promoting wellness. They are interested in learning more about the connections between literacy and health and in how we could forge even stronger partnerships between literacy and health.

Kudos to those in health and in literacy who are connecting in order to help those among us who have low literacy skills obtain the best health care possible.

Comments from Literacy and Health Workers

“Very informative. It is great to incorporate health into literacy. It is very essential for people to be informed about health and have the proper literacy skills to be healthy.”

"I think this comes down to what people feel comfortable teaching and whether people have the skill base, knowledge and background to take on health or literacy concerns. From where I'm positioned as a health provider, I can and do address literacy concerns. However most of my continuing education/training will be in the area of mental health/ psychosocial integration as opposed to literacy training. I'm fortunate in feeling comfortable in teaching literacy but feel I need to know more about the Stages etc. Unfortunately, I just do not have the time to give. I'm sure there are many literacy teachers who might feel the same if they had to take on health concerns.”

“Sharing one health person could mean sharing with about 25 learners. They take that information together, instead of that one health person going to 25 different locations and teaching that same topic over and over.”



Objective 7: To encourage literacy teachers to incorporate health topics into their curriculum

Research has shown that a lower percentage of low literacy people come in for early diagnosis or take preventative health care measures than the general population. Many of them distrust the system or lack the experience or confidence to get what they need. Our hope was to encourage literacy workers to incorporate health materials into their curriculum. Not only would this be of immediate practical use to the literacy instructor, but in the long run, it would promote health literacy and help adult learners overcome the barrier to their confident participation in the health care system.

Although most of the content of the workshop was directed at health workers, we spent time showing how the literacy workers can teach about health. We encouraged them:

- to make plain language health brochures and teaching materials available in the classroom.
- to display health or medical posters on the wall to provoke discussion of health topics.
- to go on a field trip to medical facilities and fill out forms as a writing exercise
- to incorporate health topics into the Stages reading and writing portfolio activities in the classroom
- to consider Participatory Health Education as a means of making their students take more control over their own health.

We reinforced our message with a display of materials that practitioners might use in the classroom and some examples of best practices, both in our own Literacy and Health manual and in texts that they might borrow.

We displayed and strongly recommended a resource kit developed by Carol Goossen. This kit provides a number of health materials grouped by levels of literacy and Stages of Learning, and

(Continued on page 26)

Comments from Literacy and Health Workers

“I know when I am teaching about health right now I kind of feel that I am not...I might not... be providing the correct information, so if I had someone to teach me what the important facts are, what maybe the health workers are experiencing in a hospital or a doctors office, then I could kind of understand what my learners need to know. It would be better than just giving my own personal experience.”

“Why couldn’t we have a presentation format where a health care professional would come into a literacy program, and do a presentation? The literacy instructor would be there as well. When that presentation is over it becomes part of your course.”

“I am teaching ESL to Mexican Mennonites. We picked a theme together. Health was an issue for all of them, so they had a number of different choices, and it was unanimous. Health was one of their major concerns so it’s essential to learn more about health literacy.”



(Continued from page 25)

strategies for using free brochures in the literacy curriculum.

Successes

LPM now has the largest collection of plain language materials on health of all the literacy coalitions in Canada. (See Appendix 1)

The final survey showed that some practitioners realized the importance of teaching health in the classroom:

Final Survey (Literacy Workers) Steps Taken Towards Teaching Health Topics

- 8 have “added health topic(s) to [their] materials/lessons”
- 7 have “used some of the featured materials from the workshop”
- 6 have “contacted/visited a health care facility or health educator locally”
- 6 have “talked more about the links between literacy and health with learners”
- 4 have “contacted Literacy Partners of Manitoba staff for more information or help”
- 3 “called a health facility/RHA for information / materials for classroom use
- 2 borrowed health material form our library
- 18 of 19 respondents found “seeing the library display of plain language materials on health” somewhat or very useful

Challenges

We conducted three focus groups with literacy workers to investigate further the possibilities of bringing health into the curriculum.

As a group, they were willing to teach health in their classroom,

(Continued on page 27)

Comments from Literacy and Health Workers

“I had actually a learner doing work on the Stages on reference materials and we decided to do a search on the internet. I said what would you like to learn about? What would you like to research? Asthma came up, as she has severe asthma problems. So she spent like the whole afternoon looking at symptoms of asthma, the side effects of asthma, and she was taking notes and printing things off and things like that. She kind of thought at first, well that is boring to do research, but when she realized “I would like to learn about something about me”, it was valuable. So, health came up and she found it very helpful.”

“With us in literacy, it would make it a lot easier to partner with health, if we can have a program with health workers to tie it together. ..I have noticed that programs with a health program attract a lot of young mothers. They do attend, but at ours they won't come to literacy, unless they are obligated by CFS. So to me, partnering the 2 together would make it a lot easier for people to respect the literacy part.”



(Continued from page 26)

but some were cautious about taking on too much too soon with no funding for extra duties available. Many had been too busy, or had not left enough time to order the materials, or had not been able to preview the materials to find out exactly what they wanted.

In fact, the surveys and the focus groups showed that all were positive about having a workshop for literacy instructors, explaining how to use the health materials in their classroom. The Interlake regional conference theme in April 2004 is on health, building on the positive partnerships that the team has created there. There will be workshops for learners, and practitioners, drawing from local health experts.

We concluded that we need to do more work in this area.



Comments from Literacy and Health Workers

“Everything at the workshop will be useful to me as I deal with a lot of seniors and partially literate clients. Was an enjoyable, useful day. Thank-you.”

“How to identify someone with low literacy skills/how to assess written info to ensure lower literacy level/that tidbit of info regarding the Flesch Kincaid rating”

“I have learned to write for the reader. It was very informative and interesting to learn something new.”

“The importance of using plain language when dealing with clients. Some ideas as how to recognize low literacy clients. Ideas on how to improve pamphlets and letters to make them easier to read.”

“When we are designing education for the general public we will be more responsive to their needs.”

“Really helpful in planning for brochures, pamphlets, etc. Instructor well informed and handled a group well. Small group work helpful – reinforced learning points.”

“It should be part of an orientation for all health staff that create or review health ed. Material.”



Outputs

We have produced a number of tangible products as part of this project:

Literacy and Health: Defining Links and Developing Partnerships

This 47-page manual contains

- the material covered in the first session of the workshops
- 7 original documents revised in plain language
- a review of selected literacy and health materials
- an annotated list of resources on the web
- some Winnipeg health statistics
- literacy statistics within RHAs

A copy is attached to this report.

Plain Language Guide: All you Really Need to Know about Plain Language Writing

This 41-page manual contains the principles of plain language writing in more detail than covered in the training session. *A copy is attached to this report.*

The ClearDoc Index

This card is a checklist and guide for writing documents in plain language with clear design. (See Appendix 3)

Defining Links and Developing Partnerships between Literacy and Health (www.health.mb.literacy.ca)

- The website contains a description of the project, with
- The workshop agenda
- The schedule of training sessions
- reports on the workshops
- plain language information
- other resources for literacy and health workers.

Plain Language in Brief

This 75-minute PowerPoint presentation gives the basic principles of plain language. *A disk is included with this report.*

(Continued on page 29)

Comments from Literacy and Health Workers

“Make sure that attendees are from department/areas in their organization that are involved in communication, for example higher and middle management/forms development (WRHA has a committee working on all forms. Try to reach the people who are creating gobbledygook. Give awards for plain and clear communication to corporations/individuals.”

“Have more management attend this workshop. They write final reports and any other letters pertaining to the company/organization.”

“I would like to see more of this kind of workshop available in the future:
Simple language communication with patients
Simple language communication between healthcare providers
Simple language writing vs. liability/legal documents.”

Facilitate another workshop for the region – more key people need to take this workshop

“Make it a two-day workshop so that we could spend a day writing a document to be checked.”

“It was a very valuable workshop for me. Thank you sincerely.”



(Continued from page 28)

Literacy and Health: Defining Links and Developing Partnerships

This 75-minute PowerPoint presentation covers the following topics:

- Links between literacy and health
- Literacy statistics
- Difficulties faced by people with low literacy skills
- Strategies for reaching low literacy clients
- Suggestions for teaching health in the literacy classroom

A disk is included with this report.

Next Steps

We have learned there is a need among health and literacy professionals for

- Revision of facility and community documents
- Information on the links between literacy and health
- More advertising about local programs
- Information about assessment (REALM, CAGE, etc.)
- Focus group testing of draft health materials
- A one-to-one consultation service to help more workers create their own documents in plain language
- The revision of health documents in plain language
- The publication on our website of exemplary health documents in plain language for everyone to use
- Training sessions on plain language and the links with literacy and health workers and learners
- Preparing travelling trunks of health materials A teaching tool, such as the Yukon Learn booklet *Going to the Doctor* in plain language, with a teacher's guide
- Promoting the Health Links service to more learners

We propose to offer workshops to show literacy instructors how to use health resources in their classroom. We will draw on the expertise of health educators and experienced literacy instructors who have already moved in this direction. We will continue to seek funds to support adult and family health literacy.

Appendices

Appendix 1:

List of Health Materials Acquired by LPM Library as part of Health Project

These resources were carried in our travelling trunks to each workshop and displayed to participants. They are available for loan from the library.

For complete bibliographical information, please go to www.mb.literacy.ca

Canadian Child Health Atlas
The Captain's Log
Voices From the Front Lines
Social Support & Women
Living with Serious Mental Illness
A Rural Women's Health Program
Invisible Women
Literacy and Health Promotion
Women, Gender and Health
Post Traumatic Stress Disorder
Women and Health
She Stands Alone
Missing Links
Learning For Our Health
Personal and Life Management Skills for Women
Women Together
Beyond the Brochure
Creating Plain Language Forms for Seniors
Directory of Plain Language Health Information
Teaching Patients with Low Literacy Skills
Easy Does It!
Face to Face
Good Medicine for Seniors
Health Literacy Project, Phase 1
Health Literacy Project, Phase 2
How Does Literacy Affect the Health of Canadians?
Decisions for Health
How Not to Smoke
A Hospital Story
Taking Care
Sick But Not Scared
First Aid for Everyone
Choosing Life
Help Yourself to Health
Women Getting Together
From Couch Potato to Baked Potato
A New Mother's Guide
Healthy Together
Do I Need To See the Doctor

Appendix 2:

Literacy and Health Training Session: An Agenda

Literacy and Health 9:00 a.m. – 12:00 p.m.

Introduction

Local literacy statistics and stories

Local literacy programs and referral procedures (by instructors)

Research linking Literacy and Health

Health curriculum materials for use in literacy and wellness programs

Signs of Low Literacy. A literacy audit

Refreshments

How to reach low-literate clients

Creating an environment accessible to low literacy people

Following effective teaching principles to make sure that their patients understand vital information

Using principles of plain language and clear design when preparing written information for patients

Lunch

Writing in Plain Language 1:00 p.m. – 4:00 p.m.

What is Plain Language?

Why Use Plain Language?

When to Use Plain Language

How to use Plain Language

Refreshments

Revision of participants' documents

Appendix 3: ClearDoc Index

ClearDoc Index

Required Elements (1 mark each) Check

1. Simple words _____
2. Short sentences _____
3. Short paragraphs _____
4. Active voice _____
5. Personal tone _____
6. Clear message _____
7. Clear organization _____
8. Font size of 12 or more _____
9. Text left aligned, right ragged _____
10. Adequate white space _____

Bonus Marks (+ 1 for each)

1. Personal greeting in a letter _____
2. Bullets _____
3. Question and answer format _____
4. Bold for emphasis _____
5. Sub-headings as signposts _____
6. Effective graphics _____
7. Place on brochure for name _____
8. Preference for Canadian spelling _____
9. Serif font for body text _____
10. Any other attractive feature _____

Penalties (-1 for each)

1. Unexplained terms _____
2. Unnecessary information in text _____
3. All caps or underlining _____
4. Body text in italics _____
5. Reverse type _____
6. Low contrast _____
7. Distracting colours _____
8. Too many fonts _____
9. Lack of parallel structure _____
10. Spelling or grammatical mistakes _____
11. Any other detracting feature _____

Notes

Required Elements

1. Most of the words should be of one or two syllables.
2. Most of the sentences should contain fewer than 16 words.
3. Paragraphs should be as short as possible
4. In the active voice, the subject does the action: "*The doctor sees her patient.*" Not, "*The patient is seen by her doctor.*"
5. Use the 1st and 2nd person, wherever possible, rather than the third person: "*We will phone you.*" Not, "*The hospital will phone the patient.*"
6. Is the message loud and clear?
7. Is the material presented in logical order? Is the arrangement of headings and subheadings consistent in font, size, and alignment? Is the variation in size and type of font purposeful and consistent?
8. A small font will put off a poor reader. If it's not possible to use size 12, try size 11.
9. Left-aligned is more readable than justified text. Body text should never be centred.
10. Leave enough white space so that the text is not too dense.

Bonus Marks

1. In a letter, address the recipient by name. This establishes a personal rather than formal tone and respects the recipient.
2. Use bullets wherever there is a list.
3. The question-and-answer format is interactive and reinforces learning.
4. Bolding text can emphasize important information or can indicate a subheading.
5. Sub-headings, like signposts, break the journey and direct the reader to the destination.
6. Are the illustrations relevant to the message, or are they distracting?
7. People are more likely to keep a pamphlet with their name on it.
8. Don't let your word processor override Canadian spelling.
9. Body text is more readable in serif font. Sans-serif headings make an effective contrast.

Penalties

1. It's easy to forget that your audience may not be familiar with the professional terms you use everyday.
2. What does the reader really need to know? Unnecessary information increases the density of text, detracts from the message, and forces the writer to use a smaller font.
3. All caps or underlining is difficult to read.
4. Extended text in italics is difficult to read.
5. Body text in reverse type (white on black or colour) is difficult to read. It may be effective in headings or slogans.
6. Black type on white or light paper is easiest to read.
7. Too many colours or clashing colours may put off the reader.
8. Maximum of 3 sizes and 3 styles of font.
9. Lack of parallel structure and other awkwardness of style, do not impress the reader.
10. Similarly, spelling and grammatical mistakes cause you to lose credibility.

Appendix 4: Final Survey of Health Workers

Impact of Plain Language Workshops on Health Workers

Literacy Partners of Manitoba conducted 16 workshops across Manitoba in 2003 with 291 health and 49 literacy workers to help them develop links between these two disciplines. These workshops were designed in collaboration with health and literacy workers. They were the first time that the two social service sectors had been brought together for professional development, in most regions. The project is summarized at www.health.mb.literacy.ca. Funded by Population Health Canada, the objectives of these 7 hour workshops were to:

- make the case that literacy is a prime determinant of health
- introduce literacy and health workers to each other in every RHA except Churchill
- offer a common training experience in plain language training as a backdrop for the two disciplines of literacy and health to work together
- revise sample documents in participating RHAs as lead examples for seeding further changes
- invite the participants to consider greater ways to collaborate from a common frame of reference

Results: Pre and post-workshop surveys were conducted with all participants by email. A second response was solicited one week after the training with all participants by email. Those initial results were overwhelmingly positive: results are posted on the website. **An approval rating of more than 90% was posted in almost all of the workshops.**

Four to six months later, detailed follow-up surveys were sent out to all participants who had provided an email address. We wanted to see what the impact of the training had been. The interpretation of the data is seen as qualitative as there is not a large enough sample to represent a fair quantitative reflection of all health workers or the whole literacy field in Manitoba. However, of the participants who took part in the training and replied to the survey, the following results show clusters of replies that indicate action in certain areas.

Response rates of the follow up surveys show that people are busy. **Follow-up surveys were received from 69 health and 19 literacy (or 27% of health participants and 30% of literacy workers who attended).**

Focus groups and telephone surveys were then conducted to reach the non-respondants. See separate summary. The following data captures the short-term impact of the intervention.

Health worker reply data in the following pages is organized in descending order of responses, with the most popular items listed first. NO individual responses are revealed. This is an aggregate summary. The literacy worker survey data was too small to notice significant trending. Individual interviews and focus groups will gather their feedback .

Health worker Respondent profile:

- i) Respondents in the health community sample categorized themselves as:
 - Health care provider in a facility- 20
 - Community health worker (mental health, Baby First etc) - 20
 - Related professional (pharmacist, social worker, researcher, etc)- 4
 - Support worker (clerical) – 7
 - Researchers –2

Communications officers, health promotion-2

- ii) Geographic areas response rate:
- rural centre, south of 53, in a town smaller than 20,000 people- 27
 - an urban area over 20,000- 25
 - north of 53 - 5

A. Effectiveness of the original workshop components were judged by participants as:

	<i>Least useful</i>	<i>somewhat</i>	<i>Very</i>
a) Hearing an actual Learner's personal story	8	24	27
b) Networking with literacy representatives	1	36	31
c) Seeing the evidence for literacy as a determinant of health	2	17	49
d) Using the ClearDoc index with sample documents	0	18	48
e) Learning the principles of plain language (PASS)	1	10	77
f) Applying the principles to your own RHA documents	0	12	55
g) Using the website www.health.mb.literacy.ca	15	38	9

A2. Participants then selectively ranked the top 3 items to include in future sessions with other health care workers as:

- Learning the principles of plain language (PASS)
- Applying principles to RHA documents
- Using the Clear Doc Index with sample documents

A3. Additional comments about useful parts of the training:

- "It was excellent; one of the most useful sessions I have attended."
- "Useful discussions with co-workers, clerical and managers together regarding how the principles of PASS can and should be applied to our own documents"
- "I found it useful when the learner was asked for what health professionals had done well (that helped her) information seemed to be lacking in that area. It was disappointing because a fairly bleak picture was portrayed which didn't seem accurate to me."
- "Networking within our organization that allowed us to work from a common perspective"
- "I found it useful to know how you can check the reading level using the computer"
- "Talking about display boards/reviewing some"
- "Sharing local examples of written materials that are in the draft stages of development"
- "All of equal importance. Knowing that the NLS is a very useful resource."
- "General discussion with the other disciplines to get the view of front line personnel"

B. Let's talk about FACTORS THAT INFLUENCE COLLABORATION

B1. What factors made health workers sign up for the workshop on literacy and health?

I wanted to improve my ability to use Plain Language with clients	62
Low literacy impacts my daily job	48
I work with the RHA in the community and see it as a valuable direction for local community residents to address together	38
I was encouraged by a co-worker	20
I was hoping to link to the literacy field in our community	19
A supervisor asked me to attend	13
Good timing for a PD session in our facility	12
It was a required professional development session	6
I had an incentive to attend (time off regular duties, paid PD day)	7
This is part of our accreditation process	3
Other comments: <ul style="list-style-type: none"> • “Presently working on my Level 2 certification in Literacy teaching to adults” • “For professional development and personal interest” • “Workshop info was posted at the RHA office. I approached my supervisor for p.d. support to attend.” • “It was expected that someone from our department would attend. I volunteered to share information with co-workers.” • “I wanted to make my health education sessions as relevant and understandable as possible” 	

B2. Measuring the impact :

How have health workers followed up on the workshop ideas over the past six months?

Changed the print materials/signage we use with clients	48
Used some of the featured materials from the workshop	41
Recommended a change with colleagues to their procedures	40
Talked more with low literacy learners as sample “hard to reach” clients	14
Consulted with a literacy program to look over our materials	10
Met again with literacy or health people about this topic	10
Struck a peer review committee to check over documents	10
Changed the way we handle intake of clients	7
Contacted LPM staff for more information or help (Charles, Marg)	7
Referred a client to the literacy program/LEARN line for skill upgrading	6

Worked with the literacy folks on a health promotion project/event	5
Contacted/visited a program or literacy worker	4
Involved low literacy clients in focus group testing of our documents	4
Joined LPM to get information about support for programs	2
Volunteered to sit on Literacy working group board in my community	1
Invited literacy workers to teach patients at our facility	1

B3. What factors helped health workers move forward with doing something new with literacy workers and plain language?

Personal impetus after the workshop and colleague support play the largest roles:

Personal interest in Plain language or links between literacy and health	59
Personal decision after workshop made an impression	56
Organized my writing process differently (Clear Doc, readability etc)	42
Support from my colleagues/team	42
Support from my supervisor	38
Interest from my clients/patients propels me forward	16
It is now part of our strategic plan or organizational goals	8
Motivated due to accreditation process	5
Release time to make some changes	5
Pressure from supervisor to take PD session	0

SECTION C. Let's explore CONSTRAINTS to collaboration

C1. What factors prevented these health care workers from working together with literacy programs and workers?

It would have taken time away from my regular duties	33
I haven't had the right opportunity yet, but I intend to do something	21
Linking is not a priority at this time. We are working on other changes	16
I would have to link to literacy programs on my own time	14
Next steps are not in the budget	7
Literacy workers seem hard to reach	5
Someone else is working on changes	5

Low literacy doesn't affect my job very much	4
I didn't get support from colleagues	4
I didn't get support from supervisor to take further action	4
I tried, but have had no response from the local literacy program	1
The links are not important to me	1

Other comments on the factors that prevented further collaboration:

- “I have made contact with the only adult education group in our region. That Board at this time are not focusing on literacy. I have offered to support the teacher in having her board look at family literacy. The program I work with is aimed at preschoolers, however we do refer parents to adult programs. I see there there is a lack of literacy groups in this part of the province.”
- “Other staff need to take literacy training.”
- “I am waiting for the community health assessment results to lead the process further (i.e. conducting the REALM Rapid Estimate of Adult Literacy in Medicine intake instrument will provide local data to move the process further. Managers who have the most interest in pursuing and supporting literacy and health initiatives are busy with redevelopment presently and other major projects.”
- “Too many priorities, too little time for in-depth changes but will try to use principles, on a regular basis when writing documents, posters etc .”
- “Need time, time, time to get organized”

C2. Prescriptions for Change:

Health workers advised these steps for *literacy workers* to accomplish goals of health promotion/care:

Review our RHA health materials on site	48
Give us advice on how to reach low literacy people locally	43
Teach healthy living as part of their curriculum	46
Invite us into their programs for guest presentations or clinics	36
Refer their learners to our programs	36
Participate on joint committees/events	34
Improve their own health literacy so they can be allied teachers	18

Other comments:

- “Encourage the learners in their programs to feel comfortable to seek out health services and access community programs and help make them aware of the Programs that exist and foster links for them to access services that apply to them.”
- “Use sample focus groups for health materials in literacy programs”
- “Make the training course mandatory”
- “Our client information sheets could be used in their classrooms. We could get feedback on how to improve our forms”

C3. Next steps:

Participants affirmed these ideas for more collaboration between literacy and health workers

Send out materials on health topics in plain language and early childhood	47
Help us do a Plain Language audit of our operations and make some changes	44
Talk to different people in our RHA about the need for changes e.g.: Communications directors, CEOs, management, VPs, Executive Management, Board of Directors, Doctors, Pharmacists, facility PHNs	44
Provide more joint training sessions using some of the featured materials on clear language and health in our region	42
Share the findings with Health, Education, and Family Services Ministers and staff	37
Solicit and post examples on the website www.health.mb.literacy.ca of clear language brochures/materials/flyers that result from these workshops on the website	35
Host networking meetings on this topic to deepen our expertise	28
Publish research updates on literacy and health in the newsletter	26
Link us to people who are working on Literacy and Health in other regions	24
Send out materials for Family Literacy Day so we can use this as a hook for health promotion in January	25
Encourage the literacy workers to improve <i>their</i> health literacy so that they do more in their classes about healthy living	23
Update the website for materials and events on this topic	20
Host an Open House for health and literacy workers at the LPM Resource Centre in Winnipeg or in your region	20
Stay in touch personally with key people in the region such as these named champions: Marie Matheson, Reg Toews (SE CEO), Bev Cumming, Carmel Olson, John Mayer (ARHA), Dr. Jan Roberts, Medical officer of Health, Pam Walker, Pat Martin, Shelly Dickson, Betty Kozak (ARHA), Nancy McPherson, Sharon Young, Gillian Miller in the BrandonRHA), Joan Dawkins (WRHA), Lorraine Grenier, Mary Smith (CMHA)	17
Help us find funding for health-related projects for families with low literacy	16
Send us a learner speaker or statistics presentation for another gathering	13
Encourage discussion on the listserv so we stay connected and motivated	8
Let us do our jobs and wait for our invitation for more involvement	1

Other specific suggestions were offered:

- “Continue to offer these workshops in order to provide training to new staff and other groups. The opportunity for training should not end with this first round of seminars.”
- My facility has given approval for me to sit as a Board member of the LWG in my area. I am hoping that my involvement will be beneficial to both parties.”
- “I learned some useful information about the workshops that I think will help me when writing reports to the community. I can see a need for a literacy committee within our RHA to continue to support and promote the use of plain language in all documents, and in reaching more low literacy clients. Have you considered setting up some kind of certification process, so that some individuals within the RHA can be trained to do a plain language consult for other staff members?”
- “To reach more of the hard to reach with new methods, I think running a video in the waiting room to encourage health clients to enter literacy programs is an excellent idea. The other is finding actual people to talk to groups anywhere you can get invited. (e.g. ESL, Aboriginal agencies). I can’t imagine that enticing people to sign up for literacy programs is a lot different than enticing them to act on a health promotion behavior. Knowledge, attitude and behavior all need to be sparked to get someone to do something new.”
- “I think others from our Regional Health authority would be interested in the workshop. (especially administrative support personnel)”
- “We need a workshop about the accreditation jargon”
- “Unfortunately in our region, not a lot of staff from facilities, especially hospitals attended. There is a lot of health information provided to patients in hospitals and some of it is very long and difficult to comprehend. It would be great to repeat these workshops for these staff and review some of their client handouts.”

We noted requests on 6 of the forms to contact people for further in-depth consultation.

Appendix 5: Final Survey of Literacy Workers

Plain Language Post-Training Survey of Literacy Workers Summary of responses from 19 different programs to date

iii) Respondents identified their roles in literacy (as multiple in several cases):

- An adult literacy instructor-11
- A literacy coordinator -10
- An adult learning center teacher –3
- Family Literacy instructor-3

iv) Geographic areas identified were divided as:

- an urban area (Winnipeg, Brandon, Portage) -9
- rural centre, south of 53, in a town smaller than 10,000 people –7
- north of 53 -3

A. Evaluation of the training session components by participants six months after the workshop:

	<i>Least useful</i>	<i>somewhat</i>	<i>Very useful</i>
a) Networking with health workers	2	3	14
b) Seeing the library display of plain language materials on health	1	13	5
c) Seeing the research/stats for literacy as a determinant of health	1	7	11
d) Using the ClearDoc index with sample documents	1	7	11
e) Learning the principles of plain language (PASS)	0	6	13
f) Applying the principles to local documents	0	5	14
g) Seeing authentic materials changed into plain language	0	3	16
h) Using the website www.health.mb.literacy.ca	5	14	0

A2. Participants recommended that the MOST important workshop components to include in future training sessions with other literacy workers to help them see links to the health field were:

- **Using the Clear Doc Index with sample documents**
- **The opportunity to interact with health care practitioners at the local level**
- *Learning the principles of plain language*

B. Let's talk about FACTORS THAT INFLUENCE COLLABORATION

B1. What made literacy workers sign up for the workshops on literacy and health?

Personal invitations, commitment to professional development in plain language and concerns about learner health were the three most dominant reasons. Note that no one connected this workshop as a way to link to funding sources from the RHA or parent child coalitions, yet requested help with funding in the final action section.

I was invited by LPM staff to attend	16
I wanted to improve my ability to use Plain Language with clients	12
I was hoping to link to the health field in my community	12
Low health is common in learners in my program	11
I wanted to do some outreach for program publicity	7
I was encouraged by a co-worker/LWG rep	4
Good timing for a PD session with other literacy workers	3
I work with the RHA in the community and see it as a valuable direction for local community residents to address together	2
I serve on the advisory board of the RHA Parent child coalition	2
I am interested in getting possible funding from the RHA or a Parent-Child coalition and wanted to network	0

B2. Measuring the Impact:

Within the last six months, literacy workers have been able to connect further in linking literacy and health in these ways, while juggling their multi-level classes and coordinating duties:

Shared workshop information with colleagues	13
Checked over our own program documents for plain language	12
Added health topic(s) to my materials/lessons	8
Used some of the featured materials from the workshop	7
Changed the print materials/signage we use with learners	6
Contacted/visited a health care facility or health educator locally	6
Talked more about the links between literacy and health with learners	6
Referred a client to a health care facility or person I heard about	6
Met again with literacy or health people about this topic	4
Contacted Literacy Partners of MB staff for more information or help	4
Called a health facility/RHA for information / materials for classroom use	3
Responded to a call from a health care worker for documents/ intake questions	3
Tested out documents for a health committee/worker	2

B3. What factors helped literacy workers move forward to integrate more health topics/plain language into their literacy work? *Again, personal initiative played the major role, as outreach and community connections are not funded in job descriptions for literacy workers in Manitoba.*

Personal decision after workshop made an impression	12
Personal interest in Plain language or links between literacy and health	12
Interest from learners in health topics in their lives	11
Organized my writing process differently (Clear Doc, readability etc)	6
I can see library resources are available from LPM on this topic	6
Support from my supervisor/manager/coordinator/ Board/LWG/colleagues	7
Paid to do outreach work (committee meetings/conferences etc)	3
Motivated by need to seek out alternate funding, expand partnerships	3
It is now part of our strategic plan or organizational goals to link to health as a possible source of funding (parent child coalitions, RHA, Healthy Child, Population Health, NLS grant etc)	2
Other: I volunteer a lot of my time e.g. steering committee, coalition with health workers	4

SECTION C. CONSTRAINTS to collaboration

C1. What factors prevented literacy workers from making further links to the health field?

Since most literacy workers are part-time, their focus is on the classroom upgrading needs of their learners.

It would have taken time away from my regular duties in literacy	9
I would have to link to health workers/the RHA on my own time	7
I feel overwhelmed and need more hours to do more in this area	7
I haven't had the right opportunity yet, but I intend to do something	4
I refer learners to health workers instead of taking on this topic myself	3
Health workers seem hard to reach	3

- **“We should collaborate with health workers. My board is not always concerned about health topics and are unaware of the time it takes to add health topics to the literacy program. Referring learners out is part of family literacy empowerment focus.”**
- **“I wanted some books on health topics (diabetes, HIV and safe tattooing)but I have to go to another building to pick up any books delivered to us. They are heavy and awkward for me. I only have them on loan for a month. Some learners only come part time. I need to have materials of my own about health right in my program, so they are there when I need them.”**

C2. What did literacy workers advise health care workers to do to improve literacy or health?

Expecting plain language on health topics and respecting content area expertise were the major thrusts of the prescriptions for further collaboration efforts.

Improve <i>their</i> use of plain language so learners struggle less with health care materials	18
Refer clients to our program if they suspect low literacy	17
Come to our program to conduct a free clinic on a specific topic (e.g. Breast cancer screening, dental health, pre-natal care etc)	15
Provide us with free materials that learners can use in reading exercises, Literacy Stages reading activities, or job prep	14
Come into our programs for guest presentations on health topics	12
Display recruitment posters at their health facility	12
Participate in our special events (e.g. Family Literacy Day, etc)	13
Sit on our Literacy working group or advisory network	11
Give us advice on how to reach low literacy people locally	10

One commented: “All of the ideas above are great! I am sure the health care side has many suggestions to folks in literacy that also would be helpful to read about. Time is usually the big factor for everyone. We know that there are many excellent resources in our community that we can tap but scheduling may be an issue. Additionally, students in the program may not identify learning about health as a priority so programs try to respond to the needs of their learners. Every year it is different. Most programs incorporate local guest presenters in their curriculums - sometimes health topics are a high priority; other times it may be something else.

Another suggestion might be to have a central health contact in our RHA who sits on a common interagency committee with literacy and other educational providers. This would provide a regular opportunity for literacy and health to connect (our interagency group tends to meet monthly) and provide opportunities to identify ways of connecting or partnering with each other.”

Three rural member stated that they already had a strong connection to health workers locally. For example, one stated, “We are doing many of your listed ideas. We have forged an excellent relationship with our RHA.”

One family literacy coordinator stated that health guest speakers on nutrition, diabetes, care of children and when to take a child to the doctor would be useful topics.