

## Effective Health Communication and Health Literacy: Understanding the Connection – Transcript of audio

PLEASE STAND BY FOR REALTIME CAPTIONS.

HELLO, EVERYONE. WELCOME TO FDLP. AND I AM WITH MY COLLEAGUE, DAVID ISAAK. TODAY IS EFFECTIVE HEALTH COMMUNICATION AND HEALTH LITERACY: UNDERSTANDING THE CONNECTION UNDERSTANDING THE CONNECTION. OUR PRESENTER IS TIFFANY CHAVIS. SHE WILL BE SHARING HER SCREEN THROUGHOUT THE PRESENTATION. THE CHAT WILL DISAPPEAR. IN ORDER TO REACTIVATE THE CHAT, THERE IS GOING TO BE A BLUE BAR. YOU CAN CLICK THE CHAT ICON TO SEE IT AGAIN. WITH THAT INTRODUCTION, TIFFANY CHAVIS, TAKEN AWAY.

GOOD AFTERNOON AND WELCOME, EVERYONE. THANK YOU FOR BEING HERE FOR TODAY'S WEBINAR. EFFECTIVE HEALTH COMMUNICATION AND HEALTH LITERACY: UNDERSTANDING THE CONNECTION I AM TIFFANY CHAVIS AND I WILL BE YOUR INSTRUCTOR FOR TODAY'S SESSION. I AM ONE OF THE OUTREACH AND EDUCATION LIBRARIANS FOR THE NETWORK OF MEDICINE. I AM IN THE REGION ONE AT THE UNIVERSITY OF MARYLAND - BALTIMORE. FROM HERE I'M GOING TO KEEP MY CAMERA OFF TO AVOID ANY COMPLICATIONS. SO FOR THOSE OF YOU THAT ARE NOT FAMILIAR, THE NETWORK OF THE NATIONAL LIBRARY OF MEDICINE IS PART OF THE NATIONAL LIBRARY OF MEDICINE. WE ARE THE WORLD'S LARGEST BIOMEDICAL LIBRARY. THE OUTREACH OF THE NATIONAL LIBRARY OF MEDICINE AND THE AND LM IS PART OF THE INSTITUTE OF HEALTH WHICH IS THE NATION'S LARGEST. AND THAT IS WHAT WE CALL OUR REGIONAL OFFICES AND CENTERS. IT IS MADE UP OF SEVEN REGIONAL MEDICAL LIBRARIES. FOUR NATIONAL AND THREE NATIONAL OFFICES. SO WE ALL PROVIDE TRAINING, FUNDING, ENGAGEMENT OPPORTUNITIES TO 9000 NNLM ORGANIZATIONS. YOU CAN ALSO BECOME A MEMBER AS AN INDIVIDUAL, AS WELL. IF YOU WOULD LIKE TO LEARN MORE ABOUT MEMBERSHIP GO TO OUR WEBSITE NNLM .GOV SO, LET US GET STARTED. AFTER THIS SESSION TODAY YOU SHOULD BE ABLE TO DEFINE HEALTH LITERACY. DESCRIBE UNIVERSAL PRECAUTIONS FOR HEALTH LITERACY. NAME THREE COMPONENTS AND IDENTIFY THREE ONLINE RESOURCES. YOU CAN USE AS TOOLS TO PROMOTE HEALTH LITERACY. SO FOR TODAY'S AGENDA WILL START WITH AN INTRODUCTION TO HEALTH LITERACY. WE WILL COVER WHAT IT IS AND WHAT IS IMPORTANT IN EPIDEMIOLOGY. WHO DOES IT IMPACT THE MOST? WE WILL ALSO BE INTRODUCING SOME TOOLS THAT YOU CAN UTILIZE WITH HEALTH LITERACY. AND WE WILL MOVE ON TO COMMUNICATION. WE WILL DISCUSS THE CONCEPT OF UNIVERSAL PRECAUTIONS FOR HEALTH LITERACY. THE BEST PRACTICES FOR HEALTH COMMUNICATION. FROM THERE WE WILL LOOK AT HOW YOU CAN USE MEDLINE PLUS AND ALSO ETHNOMED. SO, WHAT IS HEALTH LITERACY? LET US START THERE. THERE ARE TWO PARTS. THERE IS PERSONAL HEALTH LITERACY AND THERE IS ORGANIZATIONAL. PERSONAL HEALTH LITERACY IS THE DEGREE TO WHICH INDIVIDUALS HAVE THE ABILITY TO FIND, ORGANIZE AND AND USE INFORMATION AND SERVICES TO INFORM HEALTH RELATED DECISIONS AND ACT WHICH FOR THEMSELVES AND OTHERS. AND ORGANIZATIONAL HEALTH LITERACY IS THE DEGREE TO WHICH ORGANIZATION EQUITABLY ENABLE INDIVIDUALS TO FIND, UNDERSTAND, AND USE INFORMATION AND SERVICES TO INFORM HEALTH RELATED DECISIONS AND ACTIONS. SO HELEN OSBORNE IS A HEALTH LITERACY EXPERT. SHE DESCRIBES IT AS A SHARED RESPONSIBILITY. FOR PATIENTS AND PROVIDERS. FOR THE PURPOSES OF THIS CLASS. LET US KEEP THE DESCRIPTION IN MIND. AS WE REVIEW THE MATERIALS PRESENTED TODAY. A PROVIDER CAN BE ANYBODY THAT PROVIDES INFORMATION. A RECEIVER THAT COULD BE ANYBODY THAT RECEIVES INFORMATION. A PATIENT, A LIBRARY PATRON. IT COULD BE SOMEBODY READING A PUBLIC HEALTH PUBLICATION. WHY IS ADDRESSING HEALTH LITERACY IMPORTANT? THE SIMPLE IS THAT LOW HEALTH LITERACY LEADS TO POOR HEALTH . PEOPLE WITH LOW HEALTH LITERACY ARE MORE LIKELY TO VISIT THE E.R. MORE LIKELY TO VISIT THE E.R. AND THEY TEND TO HAVE MORE HOSPITAL STAYS. ONE STUDY SHOWS THAT PEOPLE WITH LOW HEALTH LITERACY ARE NOT ONLY MORE LIKELY TO END UP IN AN E.R. IT ALSO RETURNED WITHIN TWO WEEKS OF THAT VISIT. THIS MAKES SENSE. BECAUSE HEALTH LITERACY WILL IMPACT ONE'S ABILITY TO FOLLOW

INSTRUCTIONS AND TO FOLLOW TREATMENT PLANS. LOW HEALTH LITERACY CAN ACT AS A BARRIER FOR SELF-MANAGEMENT OF A DISEASE. THIS IS TRUE FOR CONDITIONS THAT REQUIRE COMPLICATED SELF-CARE REGIMENS. SUCH AS DIABETES. WITH EQUIPMENT, CHECKING BLOOD SUGAR, THAT TYPE OF THING. PEOPLE WITH LIMITED HEALTH LITERACY ARE MORE LIKELY TO SKIP NEEDED. AND UNDERUSED, PREVENTATIVE CARE. SO PRIMARY CARE APPOINTMENTS. PEOPLE TEND TO WAIT UNTIL THE LAST MOMENT TO SEEK TREATMENT. ONE FUNCTION OF HEALTH LITERACY IS THE ABILITY TO TAKE MEDICATION CORRECTLY. THIS IS SOMETHING WE CAN ALL RELATE TO. IN ORDER TO DO THAT YOU NEED NUMERICAL SKILLS TO FIGURE OUT DOSAGE. AND READING SKILLS. LET ME SAY THAT THIS IS WIDESPREAD. ON ONE REVIEW WITH PATIENT MEDICATION. SHOWING THAT 19% TO 59% OF ALL MEDICATIONS ARE TAKEN INCORRECTLY. SO, NO SURPRISE. LOW HEALTH LITERACY CORRELATES WITH A NUMBER OF ADVERSE HEALTH . SUCH AS QUALITY OF LIFE AND ULTIMATELY HIGHER RATES OF MORTALITY. SO LIMITED HEALTH LITERACY CAN IMPACT ANYONE. BUT THERE ARE SOME FACTORS THAT ARE STRONGLY ASSOCIATED WITH LOW HEALTH LITERACY. ONE IS SOCIOECONOMIC STATUS. THE EPIDEMIOLOGY OF HEALTH LITERACY CAN SHOW THAT ADULTS LIVING BELOW THE POVERTY LINE CAN HAVE HIGHER LEVELS OF LOW INCOME. THERE ARE MANY SOCIOECONOMIC FACTORS THAT ARE ASSOCIATED WITH LOWER HEALTH LITERACY. FOR EXAMPLE, HEALTH INSURANCE STATUS IS ONE OF THEM. DISABILITY IS A FACTOR. ASSOCIATED WITH LOWER HEALTH LITERACY. IN PARTICULAR, HEARING, SPEECH, VISUAL AND LEARNING, AND A MENTAL DISABILITIES. THINK HOW THESE DISABILITIES CAN IMPACT COMMUNICATION. AND THINGS THAT HAVE IMPACTED COMMUNICATION CAN HAVE THE IMPACT TO IMPACT YOUR HEALTH LITERACY. THE STUDY WAS DONE BY THE ADULT LITERACY SURVEY AND THEY SHOW THAT MORE THAN HALF INDIVIDUALS WITH VISION, SPEECH AND LEARNING DISABILITIES WERE NOT - NOTED AS LEVEL ONE. 48% HAD AN EMOTIONAL CONDITION. 35% WERE RECORDING HEARING DIFFICULTY ALSO PERFORMED AT THE LOWEST LEVELS. SOME DISABILITIES ARE INVISIBLE. THAT IS WHY CLEARLY COMMUNICATING AND DESIGNING COMMUNICATION MATERIALS FOR ACCESSIBILITY IS ESPECIALLY IMPORTANT. IN THE RESOURCE LIST WHEN WE GET TO THAT SECTION, I INCLUDED A BUNCH OF RESOURCES THAT WILL COME IN HANDY. FOR ACCESSIBLE COMMUNICATION. TO EVALUATE DOCUMENTS FOR ACCESSIBILITY AND BEST PRACTICES TOOLKIT. FROM THE A.D.A. FOR EFFECTIVE COMMUNICATION. ANOTHER FACTOR WITH HEALTH LITERACY IS OLDER AGE. AND EVEN ON TOLD HER - WITH OLDER ADULTS, EDUCATION LEVEL AND ACCESS TO FUNDING OF RESOURCES. THIS GOES BACK TO SOCIOECONOMIC STATUS. IN FACT, EDUCATION ALSO MEDIATES OTHER RISK FACTORS IN ADULTS. IDENTIFY AS A RACIAL OR ECONOMIC OR ETHNIC MAJORITY. OR MINORITY OR EVEN SPEAKING ENGLISH AS A NON-PRIMARY LANGUAGE. THAT IS ANOTHER FACTOR ASSOCIATED. SOME OF THE GREATEST DISPARITIES IN HEALTH LITERACY IS AMONG RACIAL ETHNIC GROUPS. CULTURAL DIFFERENCES, LANGUAGE BARRIERS. AND ALSO KEEP IN MIND BELIEF SYSTEMS AND CUSTOMS ALSO IMPACT ONE'S RESPONSE TO HEALTH INFORMATION. AS MENTIONED MULTIPLE TIMES, ALREADY. LOW EDUCATION IS ANOTHER FACTOR ASSOCIATED WITH LIMITED HEALTH LITERACY. KEEP IN MIND. HEALTH LITERACY MATTERS. SO, COMMUNICATION. I'VE ALREADY SAID IT SO FAR AND I WILL SAY IT A LOT MORE. EFFECTIVE COMMUNICATION IS A BUILDING BLOCK FOR HEALTH LITERACY . WHEN HEALTH INFORMATION IS NOT SUCCESSFULLY COMMUNICATED BY THE RECEIVER OR THE PROVIDER. IT STIFLES THE ABILITY TO UNDERSTAND AND UTILIZE THE INFORMATION TO MAKE INFORMED DECISIONS ABOUT HEALTH. POOR COMMUNICATION CAN LEAD TO NEGATIVE HEALTH . SO IF A PROVIDER HAS TROUBLE COMMUNICATING THE ACTIONS THE PATIENT NEEDS TO TAKE. WHAT DO YOU THINK THE LIKELIHOOD THAT THE PATIENT WILL BE ABLE TO FOLLOW THROUGH? IF A PATIENT GETS A PATIENT EDUCATION MATERIAL. BUT IT IS NOT EFFECTIVELY COMMUNICATE THE INFORMATION? HOW LIKELY THE PERSON READING IS GOING TO BE ABLE TO USE THAT INFORMATION TO MAKE INFORMED DECISIONS. IF THE PATIENT CANNOT COMMUNICATE? OR THE CONCERNS THEY'RE HAVING WITH THE PROVIDER. THAT WAS THE PROVIDER IN A TRICKY SITUATION. HOW ARE THEY GOING TO BE ABLE TO PROVIDE AN ACCURATE DIAGNOSIS. SUGGEST AN APPROPRIATE TREATMENT. KEEP IN MIND. HEALTH AND COMMUNICATION OCCURS NOT ONLY VERBALLY. PRINTING HEALTH INFORMATION CAN INCLUDE

ANYTHING FROM PAGES, HOLD CARE INSTRUCTIONS, DISCHARGE INSTRUCTIONS, MEDICATIONS, LABELS, AND INSTRUCTIONS. EDUCATION MATERIALS, TREATMENTS, TESTING OPTIONS, AND LEARNING ABOUT IMPENDING WEATHER AND STORMS. AIR QUALITY, PUBLIC HEALTH ANNOUNCEMENTS. AND AN ESSENTIAL PART OF THE SHARED RESPONSIBILITY FOR HEALTH LITERACY IS COMMUNICATING. SO THAT INFORMATION IS UNDERSTOOD. AS I MENTIONED BEFORE. WITH DISABILITIES YOU CANNOT GUESS WHO HAS HEALTH LITERACY. ONE OF THE HALLMARKS OF HEALTH LITERACY BEST PRACTICES IS APPLYING UNIVERSAL PRECAUTIONS FOR HEALTH LITERACY TO HELP COMMUNICATIONS. PUTS ME IN THE MIND OF BLOOD-BORNE PATHOGENS AND UNIVERSAL PRECAUTIONS. EVEN HEALTH LITERACY HAS IT. THE IDEA BEHIND UNIVERSAL PRECAUTIONS FOR HEALTH LITERACY. WE SHOULD COMMUNICATE IN A WAY THAT EVERYONE CAN UNDERSTAND. TO DO THIS, WE NEED TO BE AS CLEAR AS POSSIBLE. WE KNOW THAT EVERYBODY IS AT RISK FOR MISUNDERSTANDING SOMETHING. WHETHER YOU HAVE A DISABILITY OR NOT? OR YOU MEET ONE OF THOSE OTHER FACTORS? ACCORDING TO SOME MEASURES ONLY 10% OF ADULTS HAVE THE SKILLS NEEDED TO USE HEALTH INFORMATION WHEN IT IS ROUTINELY AVAILABLE TO US. APPLYING UNIVERSAL PRECAUTIONS BENEFITS EVERYONE. THE RESEARCH SHOWS THAT INTERVENTIONS DESIGNED FOR PEOPLE WITH LIMITED HEALTH NUMERACY ALSO BENEFITS THOSE WITH STRONGER HEALTH LITERACY SKILLS. WHEN INFORMATION IS CLEAR AND EASY TO UNDERSTAND PEOPLE FEEL MORE INVOLVED WITH THEIR HEALTHCARE. THEY ARE MORE LIKELY TO FOLLOW THROUGH WITH TREATMENT PLANS. AND OTHER HEALTH BEHAVIORS. SO THIS IS ONE OF THE TOOLS I WAS MENTIONING EARLIER. THIS IS PUT OUT BY THE AGENCY OF HEALTHCARE RESEARCH AND QUALITY. AND THIS IS A HEALTH LITERACY UNIVERSAL PRECAUTIONS TOOLKIT. THIS TOOLKIT HAS ITS EVIDENCED-BASED GUIDANCE FOR ADDRESSING HEALTH LITERACY. AND IT INCLUDES 21 TOOLS WITH IN IT THAT YOU CAN USE TO USE FOR WRITTEN COMMUNICATION, ORAL COMMUNICATION, SELF MANAGEMENT. THIS IS A GREAT RESOURCE FOR PROMOTING ORGANIZATIONAL HEALTH LITERACY, AS WELL. IF THAT IS YOUR THING? AND IF YOU WANT TO DO A DEEP DIVE THIS WOULD BE A GOOD RESOURCE TO CHECK OUT, AS WELL. OUR GOAL IS TO COMMUNICATE AS CLEARLY AS POSSIBLE. ON THE LEFT-HAND COLUMN IT SHOWS WHAT WE SHOULD HAVE TO HAVE COME - CLEAR COMMUNICATION. YOU CAN ALSO LEAVE - THINK OF THIS AS BEHAVIOR. THE RIGHT IS SHOWING OUR COMMUNICATION THAT USUALLY WORKS. WHAT WE WANT TO AVOID AND WHAT NOT TO DO. USE COMMON WORDS THAT YOU WOULD DESCRIBE MEDICAL LANGUAGE. AVOID MEDICAL TERMINOLOGY OR MEDICAL JARGON. IT COULD BE DIFFICULT FOR UNDERSTAND. FOR EXAMPLE USING STOMACH INSTEAD OF ABDOMEN. IT IS EASIER TO SAY EAT LESS SALT AND REDUCE SODIUM. PEOPLE WILL BE ABLE TO UNDERSTAND THAT IT IS MORE CLEAR. ALSO USE WORDS THAT PEOPLE CAN VISUALIZE. FOR EXAMPLE, A RUNNING NOSE INSTEAD OF EXCESS MUCUS. NEXT USING SIMPLE MESSAGES. AVOIDING COMPLEX MESSAGES. KEEP YOUR MESSAGES CONCISE AND TO THE POINT. LIMIT YOUR INFORMATION YOU PROVIDE TO PEOPLE. SUCH AS A NEED TO KNOW INFORMATION NOT NICE TO KNOW INFORMATION. SOMETIMES STUDENTS OR PATIENTS FEEL COMPELLED TO UNDERSTAND AND EXPLAIN MORE THAN NECESSARY. IT IS SOMETHING THAT YOU ARE EXCITED ABOUT? SO RESEARCH SHOWS THAT PEOPLE CAN REMEMBER MORE THAN SEVEN INDEPENDENT ITEMS. BUT PEOPLE WITH LOWER HEALTH LITERACY, IT IS EVEN LOWER. WITH 3 TO 5 ITEMS. THIS MEANS THAT WHAT YOU NEED TO KNOW YOUR GOAL IS JUST THREE ITEMS BUT NO MORE THAN FIVE ITEMS. FOR CLEAR COMMUNICATION YOU NEED TO LEARN TO ANTICIPATE MISUNDERSTANDING. AND CONFIRM UNDERSTANDING. OFTEN WE ASSUME THAT THE RECEIVER WILL UNDERSTAND THE MESSAGE. SIMPLY BECAUSE THEY DO NOT SPEAK UP. BUT THEY MAY NOT UNDERSTAND WHAT WE ARE SAYING, AT ALL. THE ENGLISH LANGUAGE INFERS THAT A SOMEONE UNDERSTANDS. KEEP IN MIND THAT A CONVERSATION IS LIKE THROWING A BALL BACK AND FORTH. THAT IS WHY ACTIVE LISTENING COMES IN HAND WHEN YOU ARE TALKING TO PATIENTS ABOUT CONCERNS. WE HAVE TO MAKE SURE THAT THEY CAN CATCH THE BALL. WE HAVE TO MAKE SURE THAT WE CAN CATCH THE BALL, AS WELL. WE WILL GO OVER THE EXTRA STRATEGIES THAT WILL ALSO HELP WITH THIS, AS WELL. CLARIFY. CLARIFY WHEN THERE WAS MISUNDERSTANDING. OFTEN WE TRY TO CREATE UNDERSTANDING BY REPEATING THE SAME

THING, ONLY LOUDER. I AM SURE WE ARE GUILTY OF THAT, FROM TIME TO TIME. CLARIFYING IS USING DIFFERENT LANGUAGE TO CLEAR UP THE UNDERSTANDING. ALSO USING OBJECTIVE AND JUDGMENT FREE LANGUAGE. IT IS EASY TO SHAME THEM. USING THE TERM NONCOMPLIANT. INSTEAD OF SAYING YOU HAVE NOT BEEN TAKING HER MEDICATION. A FULL 30 MINUTES BEFORE YOU EAT. THIS IS OBJECTIVE AND IT ALSO CONVEYS FACTS. SO THERE IS NO DISAGREEMENT. OR FEELINGS OF JUDGMENT. MANY OF THE WORDS WE DO NOT THINK OF AS MEDICAL JARGON MIGHT NOT BE UNDERSTOOD BY EVERYONE. HERE ARE A FEW COMMONLY MISUNDERSTOOD WORDS. CAN ANY OF YOU COME UP WITH A DIFFERENT WORD FOR CARDIOLOGIST? OR PERHAPS PRN? TYPE IN THE CHAT, IF YOU WOULD LIKE. PRN AND UNDERSTANDING THAT IT IS KNOWN AS AS NEEDED. BUT NINE COULD BE ALSO KNOWN AS NONCANCEROUS. PLAIN LANGUAGE SENT TO THE PATIENT ARE EASIER TO UNDERSTAND. AN EXAMPLE. WE USUALLY THINK OF NEGATIVE AS A BAD THING BUT IN THIS CASE IS A GOOD THING. FOR COVID-19 TEST, YOUR RESULT WAS NEGATIVE. BUT PERHAPS AN EASIER WAY WOULD BE TO SAY THAT YOU DO NOT HAVE COVID-19. ANOTHER EXAMPLE IS TO REDUCE SODIUM INTAKE. YOU CAN EVEN JUST SAY LESS SALT. NOT FANCY. AND THE THIRD. TAKE ON AN EMPTY STOMACH. LITERALLY IT IS CONFUSING. LITERAL WORDS ARE CONFUSING. BECAUSE WHAT DOES IT MEAN TO TAKE SOMETHING ON YOUR STOMACH? EMPTY OF WHAT? PLAIN LANGUAGES SIMPLY DO NOT EAT OR DRINK BEFORE TAKING THIS MEDICATION. WHAT ARE THE PLAIN LANG WHICH PRINCIPLES? IN ORDER TO PROMOTE HEALTH LITERACY WE NEED TO SELECT, ASSESS AND RATE MATERIALS THAT ARE EASY TO UNDERSTAND. SOME PEOPLE COULD ASSESS PRINTED MATERIALS OR OTHERS COULD CREATE THEM. HERE ARE SOME OTHER PLAIN LANGUAGE MATERIALS YOU CAN USE TO HELP THE INFORMATION CLEAR. FIRST USE FAMILIAR TERMS. AGAIN, NO JARGONS OR TERMINOLOGY. CHUNK INFORMATION. CHUNK INFORMATION ME BREAKING DOWN INFORMATION INTO SEPARATE TOPICS. KEEPING SHORT PARAGRAPHS. USING DESCRIPTIVE SUBHEADINGS. USING HEADINGS AND SUBHEADINGS WITH LESS UNDER EACH HEADING. MAKING IT EASIER TO UNDERSTAND AND READ WITH THE ADDITION OF THE USE OF BULLET POINTS. TO ORGANIZE THE INFORMATION. LEADING US TO ORGANIZE IT LOGICALLY. BUT THE MOST IMPORTANT INFORMATION RIGHT UP FRONT ORGANIZE THE MATERIAL BY IMPORTANCE THAT YOU WANT THE AUDIENCE TO KNOW. WHAT IS THE MOST IMPORTANT? AND START BY STATING WITH THE MAIN PURPOSE IS. WITH THE BOTTOM LINE IS. AND INCLUDE THE BACKGROUND INFORMATION. ALSO WRITE IN A CONVERSATIONAL VOICE INSTEAD OF AN ACADEMIC OR RESEARCH VOICE. IF YOU HAVE EVER READ A MEDICAL REPORT? IT IS DIFFICULT TO GET THROUGH. I WOULD MUCH RATHER PREFER AN EASY, CONVERSATION VOICE. AN ACTIVE VOICE MAKES IT CLEAR. WHO WAS SUPPOSED TO BE DOING THE ACTION. IT WILL ELIMINATE ANY RESPONSIBILITIES. DO NOT USE IT MUST BE DONE BUT YOU MUST DO IT. WEAR A MASK AND SET UP A MASK MUST BE WORN. - INSTEAD OF A MASK MUST BE WORN. GO TO THE WEBSITE AND THIS WILL ALSO BE ON OUR RESOURCE LIST. IT HAS A MUCH MORE CONSEQUENCE OF-CONFERENCE OF LISTS. [WWW.PLAINLANGUAGE.GOV/GUIDELINES/](http://WWW.PLAINLANGUAGE.GOV/GUIDELINES/) NOW PRINT COMMUNICATION WITH READABILITY VERSUS PLAIN LANGUAGE. THIS IS A TRICKY ONE. THERE ARE TWO TYPES OF CONCEPTS THAT PEOPLE WILL TYPICALLY USE. READABILITY IS HOW EASY SOMETHING IS TO READ. AND IT IS MEASURED. WE RECOMMEND THAT THE READABILITY FOR PATIENT INFORMATION MATERIAL IS NO LONGER THAN A SIXTH GRADE LEVEL. THE READABILITY CALCULATORS THAT YOU CAN FIND ONLINE. YOU CAN UTILIZE TO SEE THE GRADE LEVEL OF A DOCUMENT. IT IS NOT NECESSARILY ALWAYS ACCURATE. SOMETIMES IT IS JUST BASED ON SENTENCE LENGTH AND WERE DELAYED. BUT THERE ARE A NUMBER OF ISSUES WITH READABILITY SCORES. IF YOUR DOCUMENT CONVEYS INFORMATION CORRECTLY. OR IF IT IS EASY TO UNDERSTAND. FIRST OF ALL FOR THE READABILITY SCORES IF IT IS IN CONSISTENT OR INACCURATE. SECONDLY, THE FORMULA COULD ALSO CONTRIBUTE TO THE EASE OF READING AND COMPREHENSION. THINK OF WHEN YOU WERE JUST BEGINNING TO READ IT AS A CHILD. JUST BECAUSE YOU'RE ABLE TO READ IT DOES NOT ALWAYS MEAN THAT YOU WILL UNDERSTAND IT, OR KNOW WHAT TO DO WITH THE INFORMATION. IF YOU RELY ON A GRADE LEVEL SCORE? YOU COULD BE MISLED. THINKING THAT YOU ARE GIVING YOUR PATRONS OR PATRONS INFORMATION THAT IS CLEAR AND EFFECTIVE. WHEN THEY REALLY HAVE NO

IDEA WHAT YOU ARE TRYING TO SAY TO THEM. THAT IS BECAUSE THE READABILITY DOES NOT TAKE INTO ACCOUNT WITH CONTEXT. IN THE PRINCIPLES OF PLAIN LANGUAGE. BY CONTRAST, PLAIN LANGUAGE USES FACTORS THAT CAN CONTRIBUTE TO THE EASE OF READING AND COMPREHENSION. TO ENSURE THAT READERS CAN GRASP THE MESSAGE THE FIRST TIME THEY READ THE MATERIALS. SO THE BOTTOM LINE IS READABILITY. AND PLAIN LANGUAGE. AND HEALTH LITERACY. THEY ARE ALL VERY IMPORTANT. IT IS IMPORTANT TO UNDERSTAND WHAT THEY EACH UNIQUE. FROM HERE, I HOPE YOU ARE ALL GOING TO PLAY ALONG. WE ARE GOING TO DO SOME SCREEN SHARING. PLEASE BEAR WITH ME. LET ME SHOW YOU THIS TOOL FOR EASE OF COMPREHENSION. THIS IS SAM SUITABILITY ASSESSMENT OF MATERIALS. IT IS AN INSTRUMENT THAT OFFERS A SYSTEMATIC METHOD TO OBJECTIVELY ASSESS THE SUITABILITY OF HEALTH INFORMATION TWO EUROS FOR A PARTICULAR AUDIENCE IN A SHORT TIME. I WAS ACTUALLY QUITE SURPRISED BY THIS. THE SAM SCORES MATERIALS ARE IN SIX DIFFERENT CATEGORIES. CONTENT, LITERACY DEMAND, GRAPHICS, LAYOUT AND TOPOGRAPHY. LEARNING STIMULATION AND CULTURAL APPROPRIATENESS. WITHIN THESE CATEGORIES, SAM HAS A DIFFERENT CRITERIA FOR EACH FACTOR AND HAS A SCORING GUIDE. THIS TAKES THE SUBJECTIVITY OUT OF ASSESSING WHETHER OR NOT THE WRITTEN MATERIALS ARE GETTING THE JOB DONE. HERE ARE SOME OF THESE FACTORS. JUST TO GIVE YOU A LOOK. HERE IS CONTENT. WITH WRITING STYLE, VOCABULARY. YOU CAN SEE ALL THE DIFFERENT FACTORS THAT GO IN TO THIS. NOW I WANT TO GIVE YOU A TRY TO DO THIS. LET ME GET BACK TO MY SLIDES. SO THE SUBHEADINGS. AND CHUNKING. DID YOU ALL GET A LINK IN THE CHAT FOR THAT?

I JUST PUT THE WEBSITE IN THE CHAT.

[HTTPS://WWW.HEALTH.STATE.MN.US/DISEASES/PERTUSSIS/PERTPARENTS.PDF](https://www.health.state.mn.us/diseases/pertussis/PERTPARENTS.PDF) BUT JUST BASED ON THE SAME CRITERIA THAT I HAVE ON THIS SLIDE. LET ME KNOW WHAT YOU CHOOSE. ANYBODY? ANY GUESSES? FOR THE SECOND TIME, I AM GOING TO MOVE ON. THIS DOCUMENT GETS A SUPERIOR SCORE BECAUSE OF THE DESCRIPTIVE SUBHEADINGS. AND THE THREE ITEM LISTINGS. YOU HAVE THE HEADINGS, SUBHEADINGS AND ALL OF YOUR BULLET POINTS. SO, GREAT JOB TO THE DEPARTMENT OF HEALTH. NOW, WE HAVE ANOTHER ONE. I WAS GOING TO HOPEFULLY GET SOME FEEDBACK. BUT YOU ARE A VERY QUIET LUNCH. - BUNCH [HTTPS://BROWARD.FLORIDAHEALTH.GOV/FILES/DOCUMENTS/NEWS-RELEASES/DOCUMENTS/091417-FOOD-SAFETY.PDF](https://broward.floridahealth.gov/files/documents/news-releases/documents/091417-food-safety.pdf) SO LET ME JUST GIVE YOU THE ANSWER. FOR THIS DOCUMENT IT IS A NO GO. IT IS NOT SUITABLE. THE DOCUMENT HAS NO DISCREDITABLE SUBHEADINGS AND NO BULLET POINTS. THERE ARE MORE THAN SEVEN BULLET POINTS. IT IS STILL A LOT OF INFORMATION AND IT IS DIFFICULT TO UNDERSTAND. SO THIS IS A NOT SUITABLE SCORE. SO FOR THE SUBHEADINGS AND THE CHUNKING IS JUST ONE OF THE DIFFERENT CRITERIA THAT CAN CONTRIBUTE TO CLEAR AND WRITTEN COMMUNICATION AND UNDERSTANDING. BUT YOU CAN USE SAM FOR OTHER CRITERIA IS, AS WELL. IF YOU WANT TO BE OBJECTIVELY ASSESSING WRITTEN HEALTH MATERIALS? EITHER THAT YOU HAVE CREATED OR THINKING OF USING. THIS CAN BE A USEFUL TOOL FOR BOTH. AS WE ARTY HAVE SEEN IN THE CHAT IS A LINK ON HOW TO USE SAM. NOW, LET US TALK ABOUT VISUALS. VISUALS SUCH AS PICTURES, DRAWINGS, GRAPHS, DIAGRAMS. THEY CAN ALL BE EFFECTIVE WAYS TO CONVEY INFORMATION. BECAUSE THEY FEEL AND WHERE WORDS MIGHT NOT BE UNDERSTOOD. VISUALS SHOULD NOT BE USED IN PLACE OF TEXT. BECAUSE THEY CAN MISINTERPRET THE VISUALS. SOMETIMES YOU SEE BEAMS FROM TIME TO TIME THAT HAVE GOOD VISUALS OF PICTURES THAT COULD REALLY BE ANYTHING. OF MEMES. JUST AS WORDS TO IN DIFFERENT WAYS THEY CAN BE MISCONSTRUED. VISUALS CAN ENHANCE THE TEXT AND HELP REINFORCE WRITTEN INSTRUCTIONS. ALWAYS USE THEM TOGETHER. HERE ARE SOME TIPS FOR USING VISUALS WITH HEALTH AND COMMUNICATION. CONCENTRATE ON THE MAIN MESSAGE. THINK ABOUT WHAT ACTION YOU WANT THE PERSON TO TAKE. USING IMAGES THAT PROVIDE VISUAL CUES. USE CLEAR HEADINGS, LABELS AND CAPTION. THESE HELP PROVIDE CLARITY ABOUT THE PURPOSE OF THE IMAGE. FOR INSTANCE, THIS IMAGE ON THE SCREEN SHOWS A WOMAN DRINKING AND HER BABY INSIDE ALSO DRINKING. AND THE CAPTION SAYS ONE THE MOTHER DRINKS ALCOHOL, THE BABY DRINKS ALCOHOL. ALCOHOL CROSSES THE PLACENTA AND CIRCULATES IN THE BLOODSTREAM OF THE FETUS. THIS MAKES IT

CLEAR, WITH THE VISUAL WHAT WE ARE TRYING TO CONVEY HERE. NEXT IS USE SIMPLE AND REALISTIC PICTURES. RESEARCH SHOWS THAT USING PICTURES OR ILLUSTRATION FOR ETHICAL CONCEPTS. SIMPLE LINE DRAWINGS ARE THE MOST EFFECTIVE LIKE WE SEE HERE. USING COLORS TO AID COMPREHENSION. FOR EXAMPLE. IF YOU REMEMBER OVER THE SUMMER. I KNOW WE WERE IMPACTED BY IT HERE. THERE WAS A LOT OF PUBLIC HEALTH ANNOUNCEMENTS IN REFERENCE TO THE AIR QUALITY BECAUSE OF THE FOREST FIRES IN CANADA. AND I THINK EVEN ON THE WEST COAST WHERE THE AIRSTREAM BROUGHT THEM ALL THE WAY TO THE EAST. BUT THE NUMBERS ALONE DID NOT MUCH WITHOUT THE CONTEXT. BUT THE PUBLIC HEALTH MESSAGING ABOUT AIR QUALITY WAS ACCOMPANIED BY THE COLOR CODING. IT WAS GREEN, YELLOW, ORANGE, RED, PURPLE. IT MADE IT EASY FOR PEOPLE NOT IN THE LINE OF WORK OF AIR QUALITY KNOW WHEN IT WAS OKAY TO GO OUTSIDE. THAT IS AN EXAMPLE OF HOW TO USE COLOR. ALSO KEEP IN MIND OF THE VARIATIONS OF INTERPRETATION. SOMETIMES THESE REFLECT DIFFERENCES WITH SYMBOLISM IN DIFFERENT CULTURES FOR EXAMPLE SOME CULTURES AN OWL MEANS WISDOM. HOWEVER IN OTHER CULTURES IT COULD MEAN DEATH. THESE ARE SOME OF THE BEST PRACTICES FOR CLEAR AND VERBAL COMMUNICATION. LISTEN CAREFULLY. TRY NOT TO INTERRUPT PEOPLE WHEN THEY ARE TALKING. PAY ATTENTION. BE RESPONSIVE TO THE ISSUES THEY RAISE AND THE QUESTIONS THEY ARE GOING TO BE ASKING. USE THE RECEIVER'S WORDS TAKE NOTE. THE WORDS USED TO DESCRIBE THEIR HEALTH CONCERNS. USE THOSE SAME WORDS IN THE CONVERSATION. THAT IS WHAT THEY ARE COMFORTABLE WITH AND THAT IS WHAT THEY UNDERSTAND. USE PLAIN LANGUAGE. AND WHEN IT COMES BACK TO JARGON. THERE COULD BE SOME OVERLAP WITH CLEAR COMMUNICATION. AND VERBAL COMMUNICATION. IT IS EQUALLY IMPORTANT TO USE PLAIN LANGUAGE, AS WELL. ALSO SLOW DOWN. IF YOU SPEAK TOO QUICKLY? IT IS MORE DIFFICULT TO PEOPLE TEST FOR PEOPLE TO UNDERSTAND. SPEAKING SLOWER WILL INCREASE COMPREHENSION THAT THEY HAVE HEARING LOSS OR IF ENGLISH IS NOT THEIR PRIMARY LANGUAGE. LIMIT AND REPEAT CONTENT. I KNOW I REPEATED A LOT OF INFORMATION IN THIS PRESENTATION, SO FAR. REPETITION CAN HELP PEOPLE REMEMBER INFORMATION. AND GIVE THEM MORE QUESTIONS TO ASK. JUST LIKE IN PRINT COMMUNICATION. KEEP IT ON A NEED TO KNOW BASIS. AND NOT ON THAT WANT TO KNOW BASIS. KEEP IT TO THE ESSENTIAL. AND NOW THAT IS ON TO DEMONSTRATE HOW IT IS DONE. INSTEAD OF TELLING THEM INCLUDE AN DEMONSTRATION. THAT IS A METHOD OF TEACH BACK, AS WELL. USING GRAPHICS. JUST LIKE PRINT COMMUNICATION VISUALS CAN FILL IN WHERE LANGUAGE MIGHT NOT BE UNDERSTOOD. IF ENGLISH IS NOT THEIR FIRST LANGUAGE. RESEARCH SHOWS US THAT LOWER HEALTH LITERACY TEND TO ASK FEWER QUESTIONS, IF ANY QUESTIONS. WHEN YOU SAY TO SOMEBODY IF YOU HAVE ANY QUESTIONS? WE ARE PROBABLY ALL GUILTY OF THIS. IT IS EASY JUST TO SAY NO. IT COULD BE BECAUSE THEY ARE SHY, EMBARRASSED OR MAYBE THEY DO NOT UNDERSTAND. OR MAYBE THEY DID NOT EVEN REALIZE THERE ARE THINGS THEY NEED CLARIFICATION ON. INSTEAD SAY DO YOU HAVE ANY QUESTIONS? OR WHAT QUESTIONS DO YOU HAVE. MAKE THE ASSUMPTION. THIS WILL NORMALIZE ASKING QUESTIONS AND ENCOURAGE THEM TO THINK ABOUT WHAT THEY NEED CLARIFICATION ON. IT IS IMPORTANT TO CONFIRM UNDERSTANDING. WHEN YOU ASK DO YOU UNDERSTAND? IT IS EASY FOR SOMEBODY TO SAY YES. INSTEAD. USE TEACH BACK. TO CONFIRM UNDERSTANDING. IS ANYBODY HERE FAMILIAR WITH TEACH BACK? LET US TALK ABOUT IT. THIS IS A METHOD TO ENSURE THAT THE INFORMATION IS COMMUNICATED SO THE RECEIVER UNDERSTANDS. KIND OF LIKE CHUNKING. YOU BREAK DOWN THE INFORMATION INTO SMALLER CHUNKS. YOU TEACH THE FIRST CHUNK FIRST. AND ASK THE RECEIVER TO TEACH IT BACK TO YOU. WHETHER IT IS ON AN ACTUAL TASK OR INSTRUCTIONS. THE TEACHING BACK TO YOU. IF THEY UNDERSTAND YOU CAN MOVE ON TO THE NEXT CHUNK OF INFORMATION. AND DO THE SAME THING. BUT IF THEY DID NOT UNDERSTAND OF ANY PART OF WHAT YOU DID NOT SAY? RETEACH IT. DO NOT SAY IT LOUDER RETEACH IT YOU SEIZING-USING THE SAME PREMISE AND INFORMATION USING DIFFERENT WORDS. PERHAPS THEY WILL HAVE A BETTER UNDERSTANDING. WHEN YOU USE TEACH BACK. IT HELPS FOR THEM TO UNDERSTAND. ONE WAY OF DOING THAT IS SAYING SOMETHING LIKE WOULD YOU MIND REPEATING BACK THE

INSTRUCTIONS SO I WAS CLEAR WITH WHAT I JUST TOLD YOU. THIS IS IMPORTANT. THE FOCUS IS ON I IT PUTS THE THOUGHT ON THE PROVIDER. AND TAKE THE FOCUS OFF THE RECEIVER.

FROM THE NATIONAL LIBRARY OF MEDICINE, THIS IS AN ONLINE TOOL MEDLINEPLUS. IT HAS RELIABLE HEALTH INFORMATION THAT IS EASY TO UNDERSTAND. AND BOTH ENGLISH AND SPANISH. HE-YOU DO NOT HAVE TO WORRY ABOUT ADVERTISEMENT OR POP-UP BANNERS. THIS INFORMATION IS PRESENTED WITH THE PRINCIPLES IN PLAIN LANGUAGE. YOU CAN USE THE SEARCH BOX UP HERE AT THE TOP. YOU CAN PUT IN ANY SUBJECT THAT YOU WANT. YOU CAN SEARCH INFORMATION. SUCH AS A DIAGNOSIS, LABORATORY TEST INFORMATION, AND HOW ABOUT HEART FAILURE? HERE IS THE MAIN SUMMARY BOX. ALL OF THESE ARE WRITTEN IN A SIXTH GRADE TO EIGHTH GRADE READING LEVEL. NOTE THAT THE TOPIC PAGE ADHERES TO THE BEST PRACTICES FOR PLAIN LANGUAGE. THEY'VE ALSO DONE A NICE JOB OF CHUNKING INFORMATION TOGETHER HERE. THERE ARE A LOT OF DESCRIPTIVE HEADINGS, SUBHEADINGS. AND MINIMAL TEXT. UNDERNEATH, THE USE OF BULLET POINTS. USING ACTIVE VOICE AND SECOND PERSON. ANOTHER BEST PRACTICE AND PLAIN LANGUAGE. USING EYE FOR 1st PERSON. SECOND PERSON, YOU. AND IN THIS PARTICULAR PAGE YOU CAN SEE THE SYMPTOMS. IN THE DIAGNOSIS. AND THE TEST. YOU ALSO HAVE THE TREATMENTS AND THERE IS ALSO PREVENTION. WHAT ALSO MAKES MEDLINEPLUS UNIQUE IS THIS, HERE. YOU CAN ALSO BE USED BY PRACTITIONERS. WHEN RELEVANT, THEY WILL PROVIDE INFORMATION ON JOURNAL ARTICLES AND CLINICAL TRIALS, AS WELL. IF YOU WANTED TO DIRECT PEOPLE TO INFORMATION THAT IS EASY TO UNDERSTAND. THIS IS A GOOD RESOURCE. LET ME TAKE YOU BACK TO THE MAIN PAGE. AND IF YOU SCROLL DOWN YOUR THE EASY TO READ INFORMATION ON A VARIETY OF TOPICS. FOR PATRONS OR PATIENTS THAT HAVE LOWER READING LEVELS. MAYBE IF THEY ARE AT A FIFTH GRADE LEADING LEVEL. - READING LEVEL. LET ME REITERATE. WHEN YOU ARE WORKING WITH SOMEBODY WITH THOSE LOWER READING LEVELS. MAYBE THEY EVEN HAVE LOWER HEALTH LITERACY, AS WELL. KEEP THAT IN MIND. THEY ALSO OFFER A SPANISH SITE. HERE'S THE BUTTON TO TRANSLATE THIS ALL INTO SPANISH. THIS IS PRETTY MUCH THE SAME WEBPAGE. BUT NOW ALL IN SPANISH. IF YOU RECALL EARLIER SPANISH SPEAKING INDIVIDUALS HAVE LOWER READING LEVELS. AGAIN A LOWER READING LEVEL IS TIED TO A LOWER HEALTH LITERACY . AND EVEN HEALTH INFORMATION IN MULTIPLE LANGUAGES. THIS HAS UP TO 55 LANGUAGES. DIFFERENT LANGUAGES THAT YOU CAN UTILIZE. GRANTED, THEY ARE ALL NOT AS PLENTIFUL AS THE SPANISH INFORMATION. BUT, YOU DO HAVE INFORMATION THAT YOU CAN PROVIDE TO YOUR PATIENTS IN JAPANESE, AS NEEDED. OR ANY OTHER LANGUAGE. SO, THAT IS MEDLINEPLUS . LET US GET BACK TO OUR POWERPOINT. WHEN IT COMES TO BE CULTURALLY AWARE. REDUCING LANGUAGE BARRIERS. THAT IS HUGE. AND TO IMPROVE HEALTH LITERACY YOU ALSO NEED TO ADDRESS CULTURAL BARRIERS. HERE ARE A FEW TIPS. FIRST WE WANT TO TAILOR OUR MESSAGES TO SPECIFIC GROUPS. WE WANT TO BE AWARE OF CULTURAL NORMS AND CUSTOMS. AND INFLUENCE. NOT ONLY COMMUNICATION BUT DECISION-MAKING, HEALTH BELIEFS AND HEALTH BEHAVIORS. WE WANT TO AVOID IDIOMS AND JARGON. AND AMERICAN IDIOMS CAN ESPECIALLY CONFUSING. FOR PEOPLE FROM DIFFERENT CULTURES. OR WHEN ENGLISH IS NOT THEIR FIRST LANGUAGE. TO TAKE ON AN EMPTY STOMACH EXAMPLE. USING INTERPRETERS AND TRANSLATORS. YOU WANT TRANSLATORS THAT WILL TRANSLATE THE MEETING OF THE MESSAGE NOT A LITERAL TRANSLATION. GOOGLE CAN DO THAT. IT IS NOT APPROPRIATE. ONE OF THE MOST IMPORTANT THINGS IS TO AVOID STEREOTYPES. NOW VISUALS. ANOTHER TIP IS TO UTILIZE VISUALS. IF YOU'RE USING VISUALS, YOU WANT TO MAKE SURE THAT THEY IN GAUGE PEOPLE. AND DO NOT ALIENATE PEOPLE. AND HERE IS ANOTHER RESOURCE TO SHOW YOU WHICH IS ETHNOMED . LET ME SHARE MY SCREEN I CAN. THIS CAN IMPROVE YOUR GROSS-CROSS COMMUNICATION AND IMPACT. THIS INTEGRATES CULTURAL INFORMATION INTO CLINICAL PRACTICE. ALSO ABOUT IMMIGRANT COALITIONS, AS WELL. YOU CAN SEARCH THIS SITE BY CLINICAL TOPICS. ALSO DIFFERENT CULTURES. AND IMMIGRATION, AS WELL. LOOK UP A CULTURAL GROUP. HERE IS THE CULTURAL PROFILE. IT WILL HAVE INFORMATION FOR PROVIDERS. AND INFORMATION FOR PATIENTS. HERE IN THE CULTURAL PROFILE. YOU HAVE INFORMATION ABOUT COUNTRY OF ORIGIN. HISTORY, POLITICS GENDER ROLES. FOOD AND NUTRITION. AND EXPERIENCE WITH MEDICINE. AND

IT GOES ON. AND ALSO CERTAIN PAGES WITHIN CULTURE SECTION. IT MIGHT HAVE INFORMATION ABOUT IMMIGRANTS RIGHT THERE ON THAT SAME PAGE. ALSO INDIAN HEALTH SERVICES. IF YOU WORK WITH ANY NATIVE AMERICAN POPULATION. HERE ARE A FEW TOOLS THAT WILL HELP WITH ADULT HEALTH LITERACY. FOR EXAMPLE. IF YOU GOING-IF YOU GO FOR PROVIDERS. IT IS ALSO A NATIVE AMERICAN HERITAGE MONTH. IF YOU DID NOT KNOW. GO TO PATIENT INFORMATION AND EDUCATION. HERE ARE SOME MATERIALS FOR PATIENT EDUCATION. BUT LET ME FOCUS ON HEALTH LITERACY. IF YOU GO HERE THERE ARE SOME TRAINING TOOLS. AND THERE IS ALSO A WHITE PAPER ON HEALTH LITERACY. THAT MAY BE OF INTEREST TO YOU, AS WELL. SO LET US GET BACK TO OUR SLIDES

WE HAVE FIVE MINUTES REMAINING ON THIS PRESENTATION. AND THERE IS A FEEDBACK LINK ON THE CHAT.

I AM FINISHED. HERE IS MY SUMMARY. I JUST WANTED TO PROVIDE A SUMMARY. HEALTH LITERACY IS A SHARED RESPONSIBILITY. UNIVERSAL PRECAUTIONS FOR HEALTH LITERACY ENSURES THAT WE COMMUNICATE IN WAYS THAT EVERYBODY CAN UNDERSTAND. CLEAR HEALTH COMMUNICATION BEST PRACTICES INCLUDING PLAIN LANGUAGE, AND LIMITING TO THE NEED TO KNOW INFORMATION. CONFIRMING UNDERSTANDING AND BEING AWARE OF CULTURAL DIFFERENCES. WE ALSO HAVE THE FREE ONLINE SERVICES THAT I JUST REVIEWED. WE HAVE SAM, MEDLINEPLUS ETHNOMED AND THE AHRQ . I KNOW I SAID THAT REALLY FAST. BECAUSE I WANTED TO LEAVE A FEW MINUTES FOR YOU. WHAT QUESTIONS DO YOU HAVE, IF ANY?

DO YOU KNOW OF ANY PLAIN LANGUAGE PATIENTS CAN USE TO EXPRESS TO PROVIDERS THAT THEY ARE HAVING TROUBLE UNDERSTANDING? BECAUSE OF THE POWER IMBALANCE, IT CAN BE HARD TO TELL PROVIDERS THAT THEY ARE NOT COMMUNICATING CLEARLY.

I DO NOT KNOW OF A RESOURCE. I HAVE NOT HEARD OF A RESOURCE THAT PATIENTS CAN USE. BUT WE JUST BE OUR OWN ADVOCATES. AND WE NEED TO DO BETTER. DEPENDING ON THE SITUATION. TO PROVIDE THAT INFORMATION TO THEM. IF WE ARE NOT PROVIDING INFORMATION THAT DOES NOT MAKE SENSE? IT IS NO GOOD. LET ME LOOK THAT UP.

IF YOU HAVE RESOURCES FOR PEOPLE THAT CAN BE DOING A WEBSITE? MAYBE THE DIFFERENT INFORMATION AVAILABLE?

NO. I DO NOT HAVE ANY EXAMPLES OF WEBSITES. BUT I WOULD SUGGEST TAKING A LOOK AT THE MEDLINEPLUS WEBSITE . AND THERE ARE LINKS TO OTHER WEBSITES THAT FOLLOW THE SAME CRITERIA. WHEN IT COMES TO USING PLAIN LANGUAGE. IN USING THE SAM CRITERIA. BUT WEBSITES, SPECIFICALLY? NO. BUT I THINK MEDLINEPLUS WILL PROVIDE SOME GOOD EXAMPLES TO YOU.

ALSO, FROM CHRISTINA, COMING IN PREPARED. BUT LET ME THANK YOU TIFFANY CHAVIS FOR THIS FANTASTIC WEBINAR. ALSO MY COLLEAGUE, DAVID ISAAK FOR TECH SUPPORT. CHECK OUT OUR UPCOMING WEBINARS LISTED ON THE CHAT. AND ALSO PLEASE COMPLETE OUR SATISFACTION SURVEY. THANK YOU FOR ATTENDING.

THANK YOU. I HOPE THAT YOU PULLED SOMETHING FROM THIS THAT YOU WILL FIND HELPFUL.

[Event Concluded]