

# Literacy Assistance Center Plain Language Institute

## Evaluation Report

November 2006

**Prepared by:**

Samantha Garbers, MPA, Research Scientist  
Medical & Health Research Association of New York City, Inc.  
sgarbers@mhra.org



**Medical and Health Research Association of New York City, Inc.**

Promoting the Health of the Community Since 1957

---

220 Church Street, 5<sup>th</sup> Floor  
New York, NY 10013  
Phone 646-619-6675  
Fax 646-619-6777

## TABLE OF CONTENTS

<b>Introduction &amp; Program Overview .....</b>	<b>3</b>
<b>Methods .....</b>	<b>3</b>
<b>Agenda for Training .....</b>	<b>4</b>
Day 1 .....	4
Day 2 .....	4
<b>Participants.....</b>	<b>4</b>
Figure 1. Professional role of participants (n=30) .....	4
<b>Results: Day 1 .....</b>	<b>5</b>
Knowledge of Prevalence & Effects of Low Literacy.....	5
Figure 2. Proportion of participants who provided correct response to knowledge questions, at baseline and after training session (n=28).....	5
Knowledge of Principles of Clear Health Communication.....	6
Figure 3. Proportion of participants who correctly identified principles of clear health communication, at baseline and after training session (n=28) .....	6
Applying Knowledge to Revising a Label.....	7
Figure 4. Exhibit of sample label to suggest improvements.....	7
<b>Relevance of Training.....</b>	<b>7</b>
Figure 5. Proportion of training that participants felt was relevant to their work...	7
<b>Qualitative Feedback on Strengths &amp; Areas for Improvement.....</b>	<b>8</b>
Figure 6. Coded responses to best part of the two-day Institute.....	8
Figure 7. Coded responses to most useful aspect of Day 1 training.....	9
Figure 8. Coded responses to most useful aspect of Day 2 training.....	9
Figure 9. Coded responses to possible improvements to Day 1 training.....	10
<b>Discussion &amp; Caveats.....</b>	<b>11</b>
<b>Conclusions.....</b>	<b>11</b>
<b>Appendix 1: Qualitative Responses to Open-Ended Questions .....</b>	<b>13</b>
Day 1: Which part of today's training did you find most useful?.....	13
Day 1: What aspect of today's training could be improved? .....	13
Day 2: What was the best part of the Institute? .....	14
Day 2: Which session did you find most useful?.....	14
Day 2: What aspect of the institute could be improved? .....	14

## **Introduction & Program Overview**

The Literacy Assistance Center's Health Literacy Project is a training and technical assistance initiative, funded by the Altman Foundation. The Plain Language Institute, one of the training components of the Health Literacy Project, was designed to strengthen the communication skills of case workers, counselors, health educators and others who work with clients in a variety of health care settings.

The goals of the Health Literacy Project are twofold:

1. Raise staff awareness of the impact of limited literacy and English proficiency of their clients; and
2. Provide social service workers and clinicians with effective strategies for communicating with low-literacy and non-English speaking clients.

Medical & Health Research Association of New York City, Inc. (MHRA) was engaged by the Literacy Assistance Center to measure the effectiveness of the Plain Language Institute in achieving these goals. The specific goal of the Plain Language Institute is:

1. To introduce participants to the principles and practice of using plain language when communicating in writing and orally in health care settings.

A total of 10 organizations will have participated in the Plain Language Institute. The Evaluation Report includes the results from one two-day training held with staff from 5 of these 10 organizations. The training was conducted on July 26 and 27, 2006.

## **Methods**

The protocol and data collection materials for the evaluation were submitted to MHRA's Institutional Review Board (IRB) and were considered exempt, because no identifying information was collected.

Surveys were developed and provided to the Trainers prior to the training date. The Trainers were also provided with guidance on the administration of the surveys. For the Day 1 surveys, participants were asked to provide a 4-digit code for each survey, thus allowing the Evaluation team to link the pre-training surveys with the post-training surveys. The anonymous surveys were placed in a sealed envelope, and results are presented on a group basis only. The Day 2 surveys were administered only at the conclusion of the training day, without any linkage to surveys from the previous day.

Of the 37 participants in Day 1, 9 participants did not complete both a pre- and post-training survey (6 were missing the baseline, 3 were missing the second survey). These participants were excluded from analyses of changes of knowledge, as it is not possible to determine whether these individuals attended the entire training; however, their comments on the strengths and possible improvements to the Institute were included.

## Agenda for Training

The two-day training included both information and hands-on practical skill building, as outlined in the following agenda.

### Day 1

- Plain Language/Health Literacy Overview
- Reading Difficulties
- Essential Principles of Clear Health Communication
- Overview of Readability Scales
- Principles of Design and Layout
- Practice Assessing Design and Layout

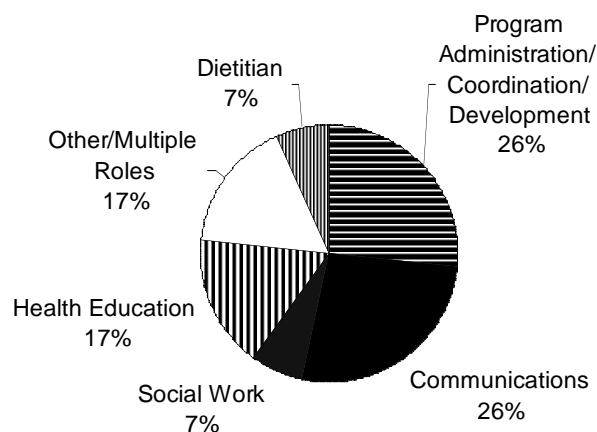
### Day 2

- Principles for Using Visuals
- Integrating the Skills
- Principles of Oral Communication

## Participants

A total of 37 participants attended the training and filled out at least one survey on Day 1. Of these participants, 28 completed both the baseline and post-session surveys. On Day 2, 30 participants completed the exit survey. Participants were of varied professional backgrounds, as shown in Figure 1.

Figure 1. Professional role of participants (n=30)



Note: 7 participants did not provide information on their role at the organization.

To gauge the level of familiarity with the content of the Institute, participants were asked at baseline, **Before today, have you ever used a tool or scale (such as Flesch-Kinkaid) to determine the reading level of a piece of writing?** The majority of participants (58%) had not.

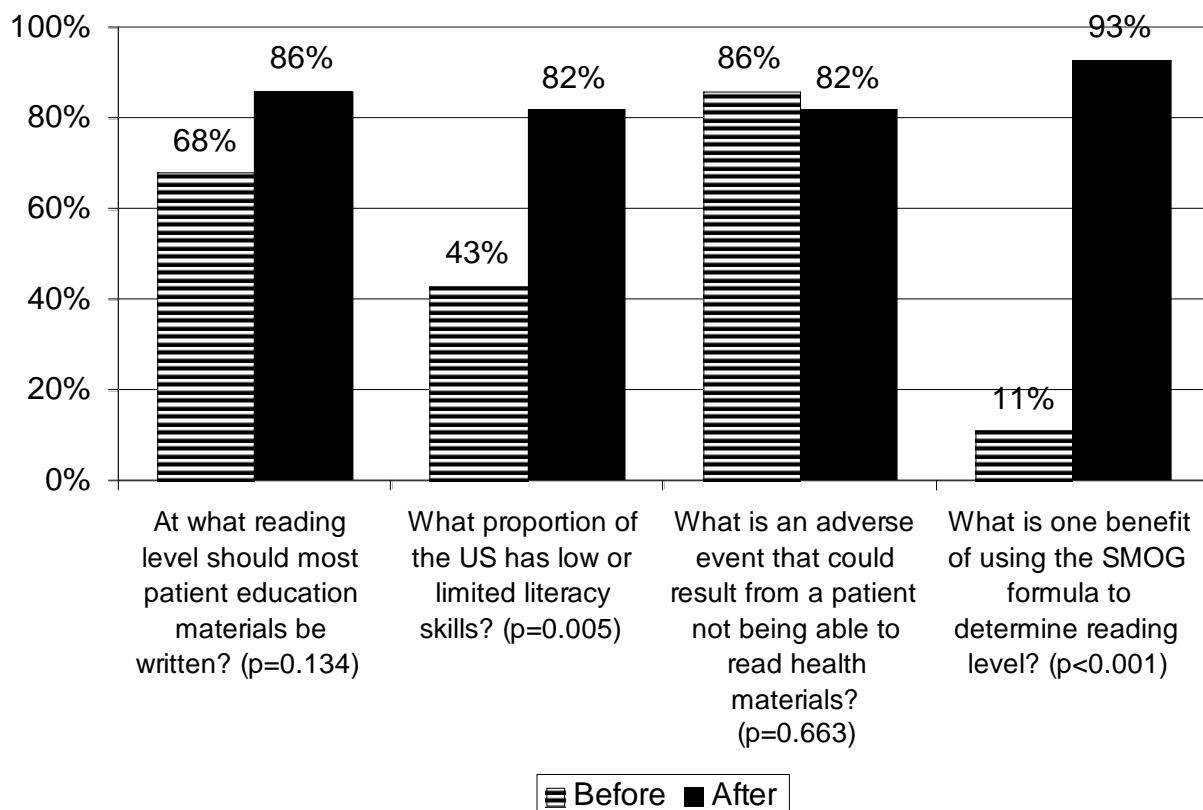
## Results: Day 1

### **Knowledge of Prevalence & Effects of Low Literacy**

Participants were asked, both at baseline and after the first day of the training, several questions relating to the prevalence and effects of low literacy. Patients were also asked about the SMOG readability formula. As shown in Figure 2, participants' knowledge increased significantly for two of the items:

- Significantly more participants (increasing from 43% to 82%) could identify the correct proportion of the US that has low or limited literacy skills.
- A remarkable, and statistically significant, increase was found in participants' awareness of one of the key benefits of the SMOG readability formula, increasing from 11% to 93%.

**Figure 2. Proportion of participants who provided correct response to knowledge questions, at baseline and after training session (n=28)**



Note: significance of paired-sample t-test provided in parentheses.

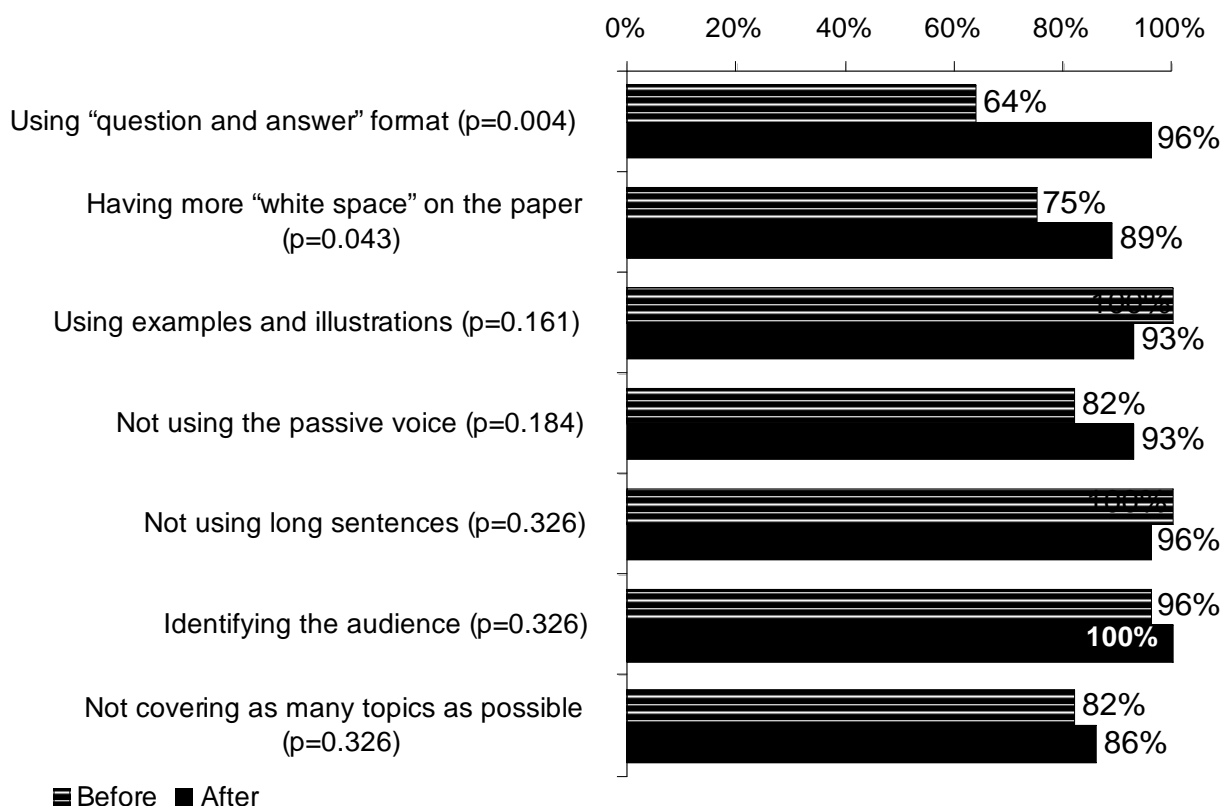
Non-significant increases were found for the other two items; the lack of statistical significance is affected by the low number of participants (n=28) and the high level of knowledge at baseline for one of the items.

### **Knowledge of Principles of Clear Health Communication**

Participants were also asked to identify, from a list, principles of Clear Health Communication. As shown in Figure 3, participants' awareness for most items increased, despite high levels of knowledge of several of these principles before the training.

Significantly more participants could correctly identify using "question and answer" format and having more "white space," increasing from 64% to 96% and from 75% to 89% respectively.

**Figure 3. Proportion of participants who correctly identified principles of clear health communication, at baseline and after training session (n=28)**

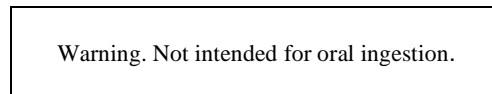


Note: significance of paired-sample t-test provided in parentheses.

### Applying Knowledge to Revising a Label

The survey (at both time points) included a sample label (shown in Figure 4), and asked participants to **name two ways the following warning label could be made more clear**. The proportion of participants who could name any way to improve the label increased from 96% to 100% (not statistically significant).

Figure 4. Exhibit of sample label to suggest improvements

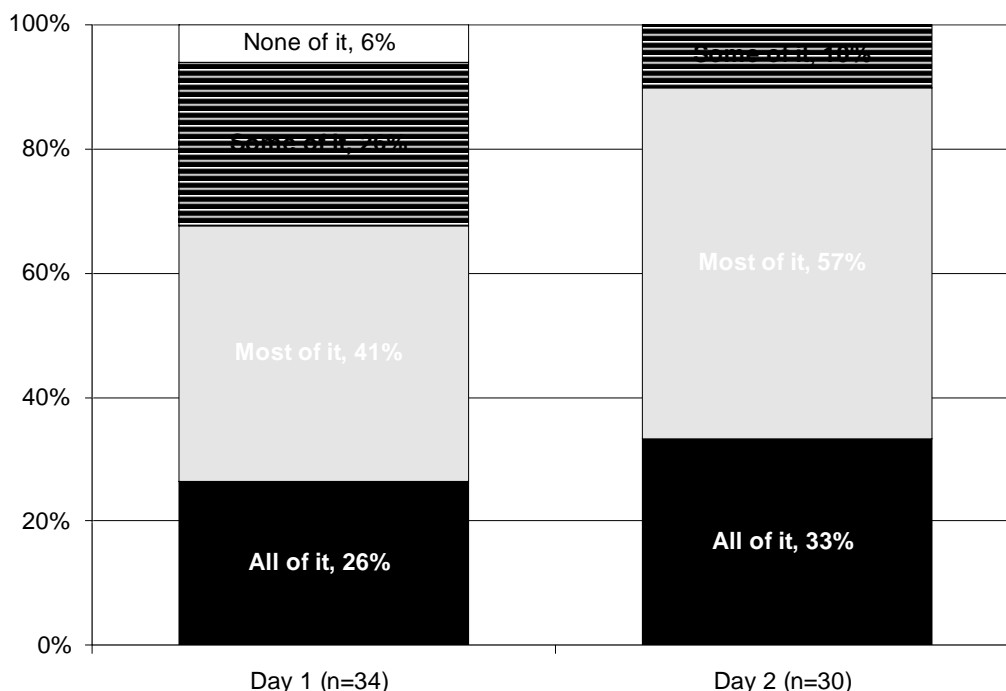


After the training, 11% of participants suggested changes in design only (for instance, using larger font, bold text, or illustrations) 54% suggested changes in wording only, and 36% suggested a change to both the wording and the design. No differences were found from the distribution of type of suggested changes from the baseline survey.

### Relevance of Training

Participants, at the conclusion of both Day 1 and Day 2, were asked, **How much of today’s training was relevant to your work?** As shown in Figure 5, two-thirds of participants in Day 1 found “all” or “most” of the training relevant to their work; in Day 2, the proportion was 90%.

Figure 5. Proportion of training that participants felt was relevant to their work



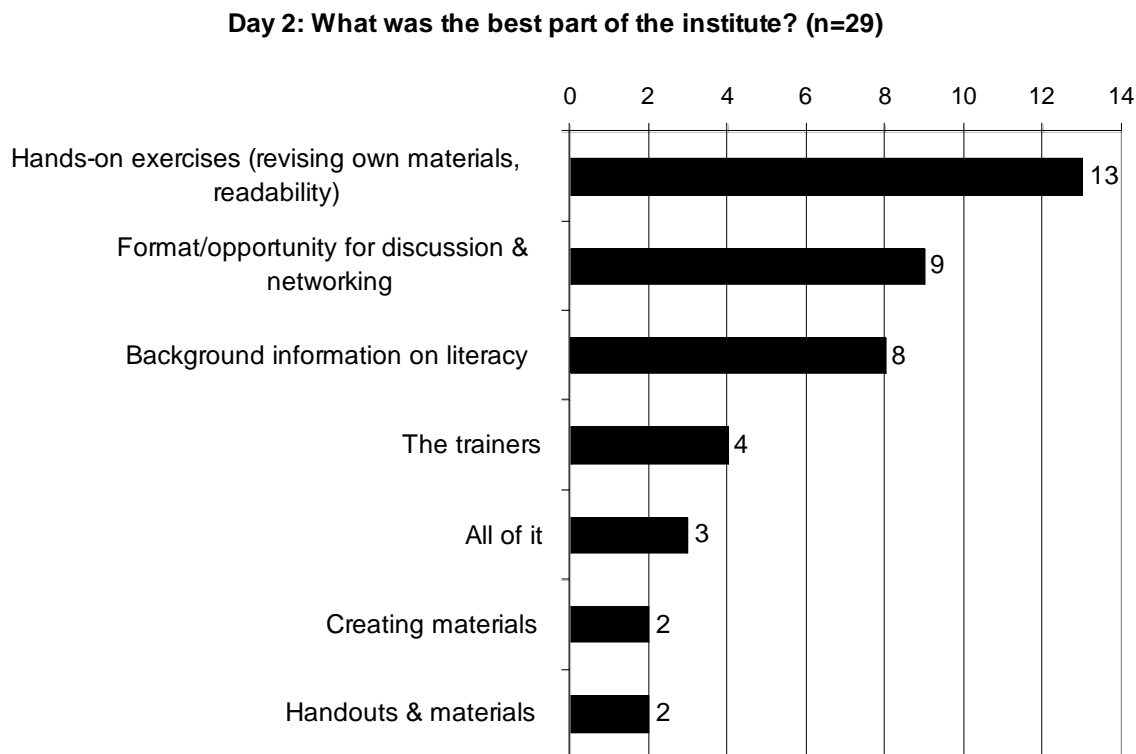
## Qualitative Feedback on Strengths & Areas for Improvement

Participants, at the end of each day, were asked with open-ended questions, to identify the most useful aspects of, and possible ways to improve, the training.

The open-ended responses were coded and grouped. Because participants could provide more than one response to the question, the coding groups are not mutually exclusive. Selected quotations from surveys are included in the Appendix.

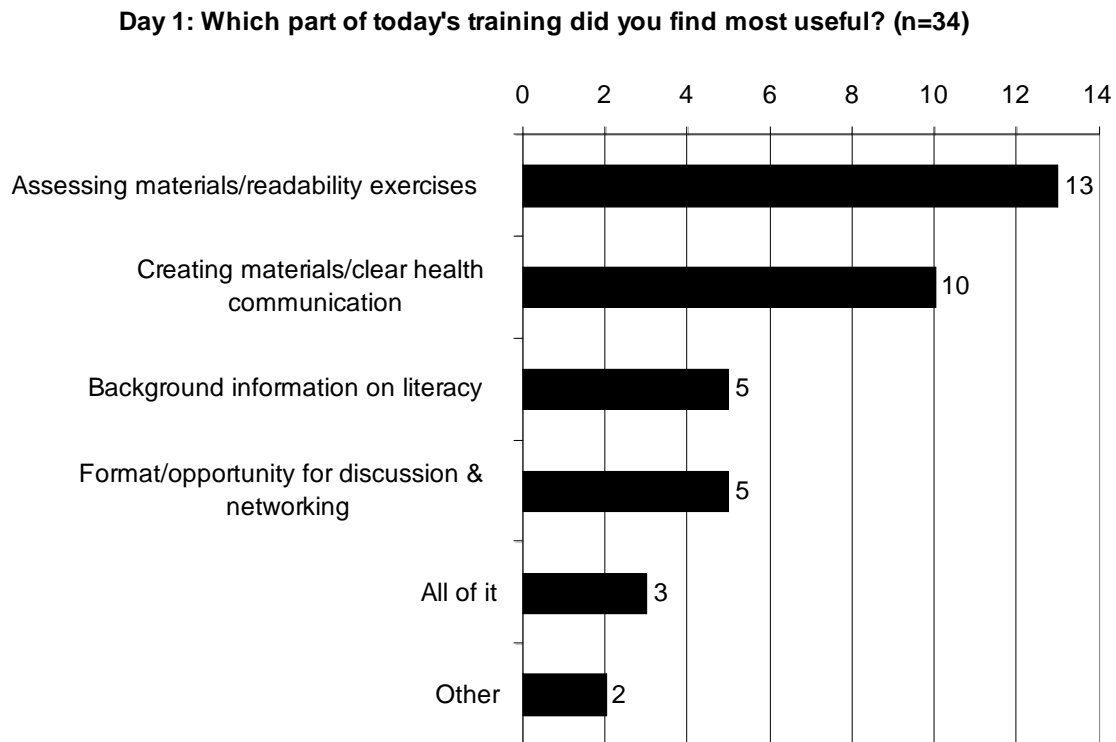
Participants were asked to cite the most useful session on each day of the training, as well as to indicate the best part of the two-day institute over all. The most commonly cited strengths of the training were the hands-on exercises. Forty-five percent (45%) of the respondents indicated that the hands-on exercises were the best part of the training over the two days, as shown in Figure 6. Almost a third of respondents (31%) cited opportunities for open discussion and networking as the best aspect of the training.

**Figure 6. Coded responses to best part of the two-day Institute**

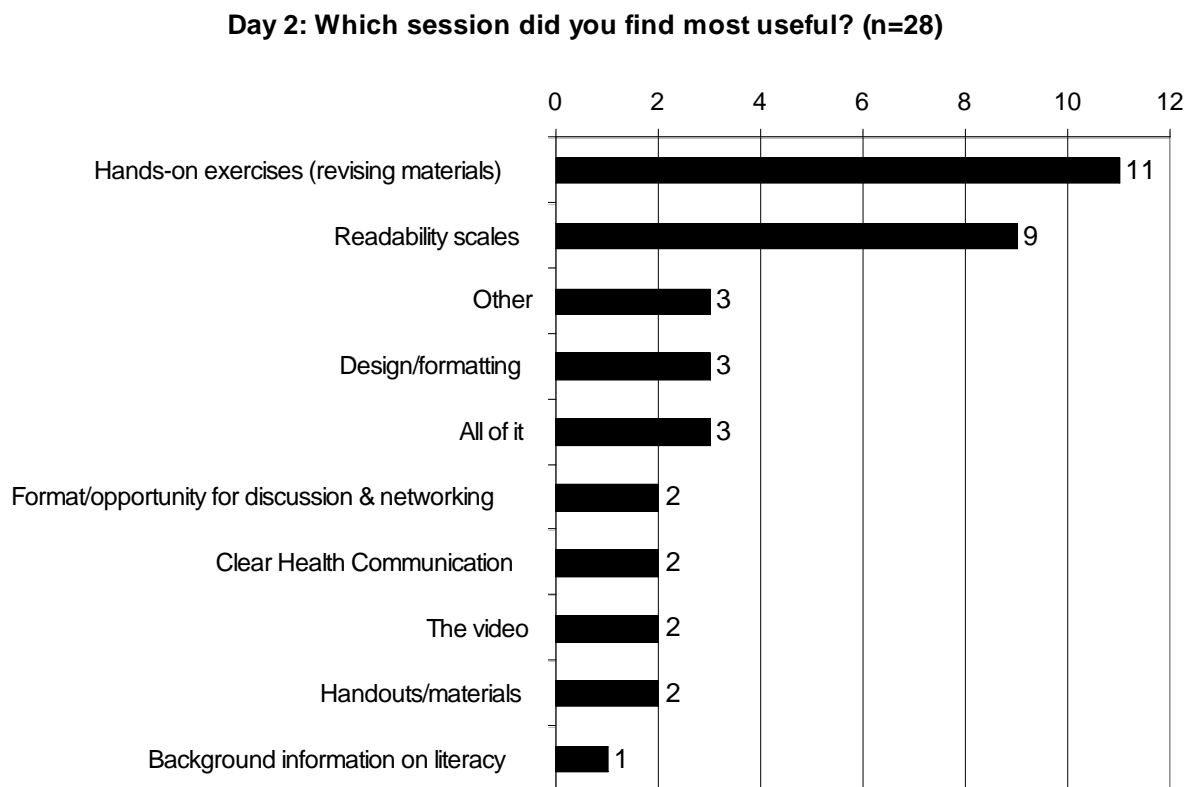


Working with the readability scales was the most commonly cited useful session, cited by 38% of respondents on Day 1 and 32% on Day 2. On Day 2, respondents most often cited the exercise of revising their own materials (39%). These responses are shown in Figures 7 and 8.

**Figure 7. Coded responses to most useful aspect of Day 1 training**



**Figure 8. Coded responses to most useful aspect of Day 2 training**

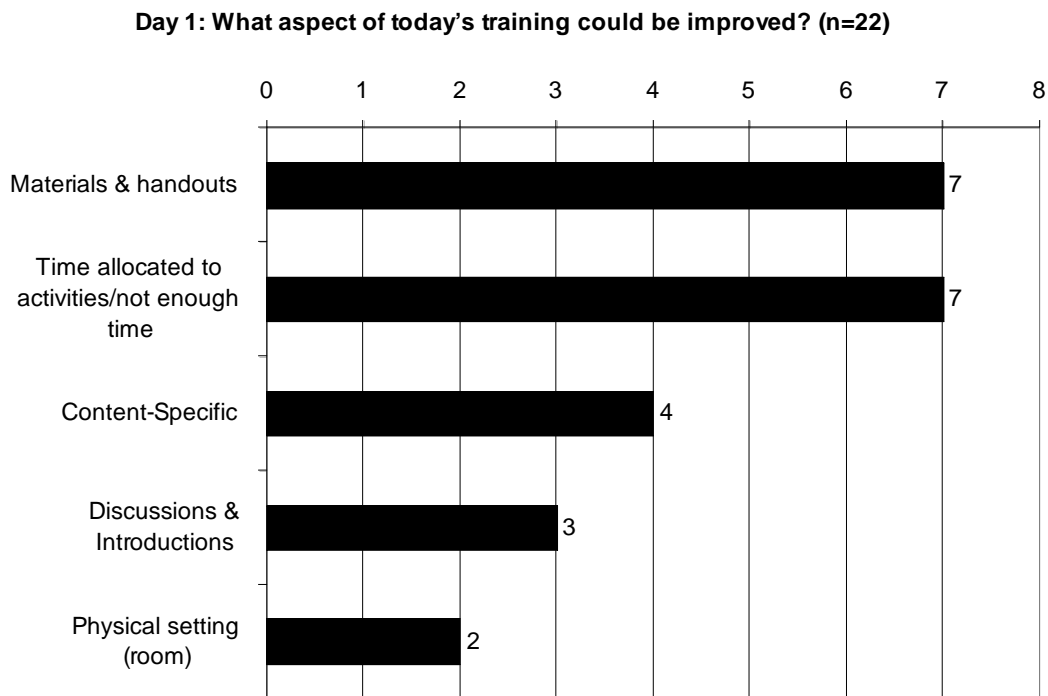


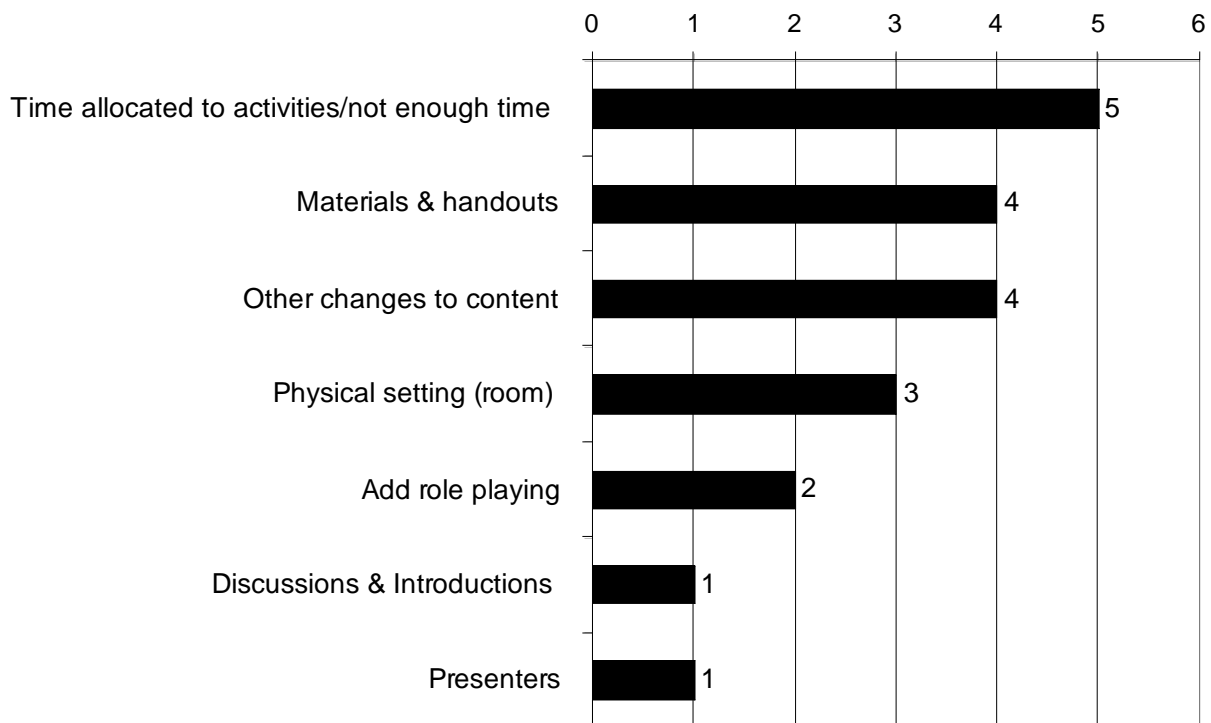
On Day 1, only 65% of participants (22 of 34) could identify an area for improvement. On Day 2, only half of the 30 participants did.

Participants who suggested ways to improve the training most commonly cited having more time or less information in the same amount of time (32% of respondents on Day 1, and 33% on Day 2), and improving the handouts (most commonly, including the Powerpoint slides and having binders with tabs so that participants could follow along with the speakers) (32% of respondents on Day 1, and 27% on Day 2).

These responses are shown in Figures 9 and 10.

**Figure 9. Coded responses to possible improvements to Day 1 training**



**Day 2: What aspect of the Institute could be improved? (n=15)****Discussion & Caveats**

It should be noted that this evaluation had some limitations:

- The small sample size (n=28) prohibits complex statistical analyses.
- In addition, for some items, knowledge at baseline was very high; therefore it is difficult to detect significant increases in knowledge.
- And, 5 organizations of the total of 10 participating in the program are included in this analysis; participants at other organizations may differ from those at the sites studied here.
- As always, increases in knowledge do not always transfer to changes in behavior or practices outside of the context of training.

**Conclusions**

The evaluation was designed to measure the effectiveness of the training institute in meeting the stated goals of the Health Literacy Project. The findings indicate that both

of the stated goals were met, with participants showing significant gains in awareness of several key aspects of the training.

### **Goal 1: Raise staff awareness of the impact of limited literacy and English proficiency of their clients**

- Participants began the training with a high level of awareness of the impact of low literacy, with 86% of participants at baseline able to cite one adverse health effect of not being able to read health instructions, and 96% at baseline able to suggest at least one way to improve the readability of a sample warning label.
- Nevertheless, participants' knowledge of the prevalence of low literacy increased significantly, with 82% of participants able to identify the proportion of the US with limited literacy skills. This proportion is nearly double from the baseline level.

### **Goal 2: Provide social service workers and clinicians with effective strategies for communicating with low-literacy and non-English speaking clients**

- A key skill of the Institute – assessing readability of materials – appears to have been one of the most effective components of the training. Most of the participants (58%) had never used a readability scale or tool prior to the training. The impressive increase in participants' knowledge of one benefit of the SMOG readability formula, from 11% to 93%, and the simplicity of the SMOG formula itself, suggests that participants have a strong take-home skill that they can translate to their work. Furthermore, working on readability was the most frequently cited “most useful” aspect of the Institute.
- Participants' awareness of two principles of Clear Health Communication also increased significantly: using the question and answer format, and having more white space. After the training, 82% of the participants could identify participants could cite at least 6 of the 7 principles included in the survey.
- Finally, almost half of respondents (45%) indicated that the hands-on work was the best part of the Institute.

## **Appendix 1: Qualitative Responses to Open-Ended Questions**

Exact quotations are provided. Some comments covered several points; therefore, coding groups are not mutually exclusive. Responses by participants who may not have attended whole session (those who did not complete baseline survey) indicated with asterisk (\*) for Day 1 responses. After quotation, in brackets, the grouping(s) assigned to the comment.

### ***Day 1: Which part of today's training did you find most useful?***

"I also enjoy the video because it helps me to realize that a person's literacy level does not have any direct relationship with education or dress code." [Background]

"Tips on clear communication which I can apply to my own writings and employees." [Clear Health Communication]\*

"Speakers' style of presenting, materials, discussion, networking, and assessing and evaluating materials." [All of it]

"Clear concise way material was presented. Ability to ask questions and interact." [Format, opportunity for discussion]

"Different ways to target my market. Market sensitivity due to different cultures I come in contact with." [Other]

### ***Day 1: What aspect of today's training could be improved?***

"Trainers mention materials that are included in the binder but do not indicate which tab or binder section we should refer to. Very confusing."\* [Materials & handouts]

"The Powerpoint should be available in the binder. Presenters should tell the audience where to find the information in the binder so they can follow along with their own copy." [Materials & handouts]

"Perhaps the layout of the room. It was difficult to see the screen if the presenter was standing in the way." [Physical setting]

"Interactive section Q&A could be more controlled." [Discussions & introductions]

"An introduction of the participants/icebreaker to know who's in the room and to foster a common purpose across settings." [Discussions & introductions]

“Would have liked more context for evaluating role of printed materials in health literacy vis a vis oral communication, video, etc.” [Content-specific]

**Day 2: What was the best part of the Institute?**

“The whole second day was excellent because we had a chance to really work on what we had previously learned.” [All of it]

“All of the information was beneficial. Excellent breakdown of information, good use of visuals, good interactive activities, and examples.” [All of it; Handouts & materials]

“The information is real, not stagnant, and it touches all levels of people.” [Other]

“The range of teaching methods held my attention. Videos very effective and all the speakers, engaging terrific materials I will read and use.” [Format; Handouts & materials]

**Day 2: Which session did you find most useful?**

“I appreciated Rima Rudd's presentation by her staff.” [Background information]

“I would say session two because it built on session one, which further clarified the concepts.” [Other]

“The second day overall was very helpful in grounding my understanding of issues and getting a little practice at reviewing and rewriting materials.” [Other]

**Day 2: What aspect of the institute could be improved?**

“A little less history of health literacy. A posted agenda with approximate time frames (each day).” [Time allocated to activities]

“List/contact info of attendees at start so you can seek out people you want to talk to.” [Materials & handouts]

“A separate workshop on designing and implementing programs to accompany written materials.” [Content-specific]

“Better examples of the visual side of health literacy.” [Content-specific]

“More exercises in writing to reduce reading level of materials.” [Time allocated to activities]

“Would love an additional video on other aspects of the work.” [Content-specific]