

When using teach-back, use reader-friendly plain language materials to support learning, sharing, and finding information. Materials for patients and clients help reinforce information after the discussion, serve as reminders, and can be shared with others later.

## Reader-friendly Plain Language Materials

Ideally, you have access to reader-friendly plain language materials. These make it easier for people to understand supporting information and allows them to follow the guidance or instructions shared and reinforced via teach-back.

Here are resources and tools you can use when developing and assessing your materials:

- [Checklist for Reader-friendly Plain Language Materials](#)
- [CDC Clear Communication Index](#)
- [The Patient Education Materials Assessment Tool \(PEMAT\) and User's Guide \(AHRQ\)](#)
- [SMOG Readability formula](#)

The [Use Health Education Material Effectively: Tool 12](#) in the Agency for Healthcare Research and Quality (AHRQ) [Health Literacy Universal Precautions Toolkit](#) lists several Department of Health and Human Services guides to help you design or revise materials and websites so they are easy to understand:

- [Guidelines for effective writing](#)
- [Health Literacy Online: A Guide for Simplifying the User Experience](#)
- [Simply Put: A guide for creating easy-to-understand materials](#)

## **Using Materials with Patients, Clients, Family Members, and Care-givers**

Whether or not your materials are easy-to-read, you should use them actively when explaining information and assessing understanding with teach-back. Simply handing patients a pamphlet or referring them to a website is not enough.

- Personalize materials during your interaction by pointing to, underlining, marking, circling, and filling in key information and tell them what you are doing. This helps people find information later. For example:
  - “I am circling the Helpline Phone Number.”
  - “I am putting a star by the things we talked about you watching for in the next three days. If any of those show up, call us at the number here in bold.”
- Use words that show you are taking responsibility for being clear to ask a patient or client to point out important information on a material. This can let you know whether they can find the critical information on a page or website when needed later.
- To reinforce engagement in next steps and important actions to take, encourage and help those who make their own notes. If they read back what they wrote, you may identify needed corrections.
- Use supplemental approaches, like pictures, models, audiovisuals, or drawings, to help overcome communication barriers. Examples include anatomic models; images showing step-by-step guidance on things like how to do exercises or read a medicine label; and videos with subtitles or in common languages for the populations you serve, or closed captions.

## **Using Materials with Patients, Clients, Family Members, and Care-givers (continued)**

- Provide materials, resources, links to online tools, and electronic resources to reinforce information after the discussion, serve as reminders, and to share with others. Examples include:
  - Universal medication forms
  - Pictograms
  - Dispensing devices
  - Pill boxes
  - Tracking calendars
  - Refrigerator magnets showing key information like symptoms that need a call to the doctor right away
  - Links to credible on-line information sources or educational modules
  - Phone, text, e-mail appointment reminders
  - Patient portal resources

If you give videos or other audiovisual materials, make sure people have the appropriate equipment and know how to listen to or view them. If you direct people to websites or a patient portal, check whether they have internet access and know how to use it.

- After visit summaries can be useful, though many are not sufficiently reader-friendly and may not make it easy to find specific must-know or must-do guidance. These are best improved with patient and client input and testing.

The AHRQ Health Literacy Universal Precautions Toolkit's [Use Health Education Material Effectively: Tool 12](#) offers additional guidance for using supporting materials.

## **Brief Checklist for Reader-friendly Materials**

### **Content is Well-planned and Organized**

- ☐ Does the content have only 3 to 5 main points?
- ☐ Does the content tell readers only what they need to know to do the desired action?
- ☐ Are the key points in the order readers expect to find and use them?
- ☐ Does the content have headings and subheadings to guide readers?

### **Content is Conversational and Friendly**

- ☐ Does the content use mostly one- and two-syllable words?
- ☐ Are sentences short and clear?
- ☐ Does the content avoid confusing jargon?
- ☐ Does the content address readers directly, i.e., “you” vs. “the patient” or “the client.”

### **Text is Legible and Looks Easy to Read**

- ☐ Is the main text at least 12-point font?
- ☐ Are lines of text between 3 and 5 inches long?
- ☐ Is the text in upper and lower case instead of ALL CAPITALS?
- ☐ Does the document address accessibility guidelines?

### **Overall Design Look Easy to Read**

- ☐ Does the text cover no more than 50% of the space?
- ☐ Does the content use bulleted text for items in a list?
- ☐ Are lists 7 items or less?
- ☐ Do visuals such as illustrations, photos, charts, and graphs reinforce the text?
- ☐ Are the visuals appropriate for readers’ age and culture?

### **Document Encourages Taking Action**

- ☐ Does the document recommend a specific action?
- ☐ Are there clear instructions for taking the action?
- ☐ Do visuals, captions, and tools (like checklists) help readers take the action?

Adapted from: Abrams MA, Kurtz-Rossi S, Riffenburgh A, Savage BA. Building Health Literate Organizations: A Guidebook to Achieving Organizational Change. 2014. [www.HealthLiterateOrganization.org](http://www.HealthLiterateOrganization.org)