

Six steps to creating health literacy-friendly educational materials

Educational materials rarely consider the needs of individuals with low health literacy. As a result, this population rarely benefits from educational interventions compared to individuals with greater health literacy. ([Moran et al. 2016](#))

Below, we've outlined key considerations for creating, sourcing, and effectively using patient educational materials that benefit all patients regardless of their health literacy level.

1. Get to know your patient population

In order to create or provide health literacy-friendly educational materials, you must first understand who makes up your patient population. In other words, what are their key characteristics?

- Age
- Annual household income/ socioeconomic status
- Culture
- Disability status
- Gender
- Highest level of education
- Physical location
- Preferred language of communication
- Race/ethnicity



2. Identify your patients' educational barriers, needs, and preferences

In addition to demographic information, it is also important to inquire about your patient populations' educational barriers, needs, and preferences.

What educational barriers does your patient population face?

- Are educational materials too complex to read and understand?
- Do they have limited access to digital devices and/or the internet?
- Is high-quality, reliable health information hard to find?
- Is accessible health information hard to find?
- Do they have enough time to look for health information?

What are your patient population's educational needs and preferences?

- What delivery format do they prefer?
- What length of health information do they prefer?
- What language do they prefer?
- Do they require accessible content?
- Do they prefer digital or hard-copy resources?



3. Create health literacy-friendly educational materials

Once you know your patient population's demographic information and educational barriers, needs, and preferences, you can start creating your educational materials. When creating or sourcing educational materials, consider the following key criteria outlined in the CDC's guide: "[Simply Put: A guide for creating easy-to-understand materials](#)."

Communicate your message clearly

- ☐ Give the most important information first.
- ☐ Use clear, everyday language.
- ☐ Limit the number of messages to three or four per document or section of your document.
- ☐ Use an active voice and a positive tone.
- ☐ Use analogies familiar to your audience.
- ☐ Avoid unnecessary abbreviations and acronyms.
- ☐ Keep sentences (8–10 words) and paragraphs (3–5 sentences) short.

Use easy-to-read fonts

- ☐ Main text: Use 12 to 14 points.
- ☐ Headings: Use \geq two points larger than the main text.
- ☐ Use sans serif fonts for digital resources.
- ☐ Avoid using ALL CAPS.
- ☐ Use bold to emphasize words. Avoid italics and underlining.

Optimize design and layout

- ☐ Use dark lettering on a light background.
- ☐ Break down lists (3–7 items per list).
- ☐ Use white space to enhance readability.
- ☐ Avoid justified margins.

Use images/photographs/illustrations effectively

Images should:

- ☐ Enhance your message rather than simply decorate your educational material
- ☐ Show your audience what to do or take, not what not to do
- ☐ Be culturally appropriate (e.g., race/ethnicity, age, gender, disability)
- ☐ Label images with brief descriptions that include your key message.
- ☐ Present one message per image.

4. Test your educational materials and ask for patient feedback

All educational materials should be evaluated using state-of-the-art assessment tools (e.g., readability formulas and understandability assessments) and patient feedback. ([Brega et al. 2015](#))

Consider readability formulas

Readability formulas focus on the length of words and sentences and estimate how difficult the text is to read (e.g., The Fry formula, SMOG, and Flesh Reading Ease). ([Brega et al. 2015](#)) Consider using these formulas as part of the initial assessment of your educational materials.

Note that these formulas do not provide feedback or instruction on how to improve the text, nor do they consider many of the criteria mentioned above, such as layout, culture, and the effective use of images.



Use understandability assessments

Understandability assessments examine factors aside from readability that can influence comprehension, such as word choice, organization of information, and formatting.

- [Patient Education Materials Assessment Tool \(PEMAT\)](#) and [PEMAT Tool for Audiovisual Materials \(PEMAT-A/V\)](#): provides information regarding how easy materials are to understand and act upon
- [Suitability Assessment of Materials \(SAM\)](#): assesses the suitability and cultural appropriateness of materials
- [CDC's Clear Communication Index](#): assesses the clarity and ease of use of written information

Seek out patient feedback

Involve your patients in evaluating forms and educational materials that you've either developed yourself or sourced externally.

When following up with patients, consider asking them any of the following questions:

- "Which parts are clear and easy to understand?"
- "What do you find confusing?"
- "Which parts or words are hard to understand?"
- "Is there anything offensive?"
- "What is helpful and what isn't? How?"
- "Does it suggest that you take any action? Is it clear what to do?" ([Get Patient Feedback: Tool #17 2020](#))

You can also consider asking your patients for their help by having them complete a short assessment form regarding a specific educational material: [Patient feedback form](#).



5. Use educational materials effectively

Patients with limited health literacy often have low literacy skills. As a result, merely providing patients with handouts may not be sufficient. In this section, the focus will be placed on how to effectively use educational materials from a clinical perspective.

Do not rely solely on educational materials

It is important not to rely solely on educational materials or assume that patients will read the provided handouts or visit the suggested online resources. Educational materials should always supplement, not replace, verbal instructions or education. ([AHRQ: Ten Attributes of Health Litera...](#))

Review educational materials with patients

Review handouts with the patient during the clinical appointment by circling or highlighting relevant and essential information. Use the teach-back method to confirm understanding. ([Brega et al. 2015](#))

For educational resources consumed outside appointments like videos, podcasts, and websites, always follow up with the patient to verify understanding and answer questions. Furthermore, referring back to these resources can emphasize the importance of the educational material. Note that these resources may need to be given to the patient on more than one occasion. ([Brega et al. 2015](#))



6. Manage educational materials

It is essential to monitor, organize, and audit regularly shared educational handouts, whether physical or electronic. The cadence at which you monitor and audit your educational and written materials (e.g., website, consent forms) is highly dependent on your workload.

Consider using the [Educational resources: Audit tracking sheet](#) to help you stay on track.

You may want to start setting aside one day per quarter to review your educational resources. As you become familiar with the process, you can consider increasing the rate to once per month.

Each quarter, review the following:

- ☐ Did you run out of any of your physical educational materials (e.g., printed handouts and guides)?
- ☐ How many educational materials were assessed? Of the assessed materials, how many were considered poor, how many were revised, and how many were replaced?
- ☐ Are the handouts available through your electronic health record (EHR) up-to-date?
- ☐ Are the hyperlinks for digital educational resources functional?
- ☐ Were staff members able to consistently find the recommended educational materials either physically or digitally?
- ☐ Is the system for managing educational materials performing better or worse than the previous quarter? ([Brega et al. 2015](#))

Summary: How to create health literacy-friendly educational materials

1. Get to know your patient population.
2. Identify your patients' educational barriers, needs, and preferences.
3. Draft health literacy-friendly educational materials.
4. Test your educational materials and ask for patient feedback.
5. Use educational materials effectively.
6. Manage educational materials.



References

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This handout was developed and medically reviewed by Fullscript's Integrative Medical Advisory team.

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Updated: November 2022