**Postpartum Education through a Health Literacy Lens: Defining, Understanding, and Practicing**

***Slide1***

Welcome to Postpartum Education through a Health Literacy Lens. In this lesson, we will define, discuss and gain understanding of communication barriers related to helping new moms recognize and act on possible life-threatening postpartum health issues. We will additionally look at tools to bridge health literate communication between providers practices and new moms to facilitate successful education.

***Slide 2: Objectives***

The objectives of this lesson are

* First: discuss postpartum problem communication issues
* Second: describe health literacy and define what health literacy means
* Third: discuss why health literacy is important, including the background of health literacy, impacts on outcomes, preventable readmissions, costs and consequences of low health literacy
* And we will communicate postpartum warning signs effectively, including using verbal, plain language and written materials that meet communication needs

***Slide 3: Maternal Mortality is a global public health issue with national urgency.***

Maternal Mortality is a global public health issue with national urgency. As seen in this graph, the U.S. rate of maternal mortality has been on an upward trend and continues to climb. Consider why this is happening? Could it be related to postnatal education? Do moms even understand that they are at risk after giving birth? To delve deeper into this issue we need to learn some basic facts about how people access, understand, assimilate and apply health information.

***Slide 4: Strongest predictor of a woman’s health status***

Which of the following is the strongest predictor of a woman’s health status? As I read through the selections, consider in your mind, which of the factors will have the biggest impact on a person’s health? Would it be age, income, literacy skills, education level, ethnic group or their average beer intake on a weekend? Although the last one seems funny, it would be an indicator of lifestyle choices. However, the correct answer is actually literacy skills. Although income and education level could impact health in terms of those resources you are able to access, literacy skills actually would impact all of the other factors and therefore would have the biggest impact on a person’s health outcomes.

***Slide 5: Literacy: True or False?***

Consider whether each of the following statements is true regarding literacy.

1. People will tell you if they have trouble reading.
2. People with limited literacy have low IQs.
3. And lastly, the number of years of schooling is a good guide to determine literacy level.

Actually, each of these answers is false. People who have low literacy often try to hide that fact as they sometimes feel ashamed, and don’t want people knowing that they don’t have the ability to read or write.

***Slide 6: What is Health Literacy?***

Now that we know some things about the impacts of literacy, let’s talk about health literacy.

***Slide 7: Definition of health literacy***

What is health literacy? Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decision. This is a long definition. What we like to say is that health literacy is a person’s ability to be an advocate for their own health and that of their families’. Do you think anything is missing from this definition? We think it leaves something out and that is that health literacy is a shared responsibility. The role of the provider and the health care system has a responsibility of communicating in a way their patients can understand, and this is not mentioned in this definition. Health literacy is a shared responsibility between a health care provider and patient, in which both must communicate in a way that the other can understand.

***Slide 8: The Facts***

Unfortunately, the fact is that most health information is written at the 10th grade level or higher, but the average person in the U.S. reads at an 8th grade level; 20% read at the 5th grade level or below. 40% of seniors read at or below the 5th grade level and 50% of African Americans and Hispanics also read at or below the 5th grade reading level.

Here, you can clearly see why the health communication gap is so large. A large percentage of people and more are falling through the cracks over a problem that could pretty easily be resolved. At the same time, those with the lowest reading ability are the same groups that are at highest risk for health problems.

***Slide 9: Key Risk Factors for Low health literacy***

Key risk factors for low health literacy include the members of minority groups, people with low income, people who did not graduate from high school, non-native English speakers, and the elderly. However, it is important to remember that anyone in the U.S. can be at risk for low health literacy regardless of income, education, age, or race. Surprisingly, the majority of people with low health literacy skills in the U.S. are white, native-born Americans. When handed a catastrophic diagnosis, it is much harder to take in and process unfamiliar information than would be needed in everyday life. Although these are just key risk factors for low health literacy, providers may want to keep a watch for these types of indicators as they move through their patient load. *However, we do know that* Ethnic minorities are disproportionately affected by low health literacy as it can increase health inequity and disparities. Additionally, Older patients, people who have recently immigrated to the U.S., people with chronic diseases and those with low socioeconomic status can also be highly vulnerable to low health literacy.

***Slide 10: Maternal mortality is a global public health issue with local urgency***

As stated earlier, maternal mortality is a global public health issue with national urgency, but it also has local urgency. Globally, approximately 830 women die every day from preventable causes related to pregnancy and childbirth. The maternal death rate ranges from 12-239 per 100,000 live births globally between developed and developing countries respectively. In 2015, the U.S. maternal death rate was 26.4 per 100,000 per live birth. This rate is more than double the 1987 U.S. rate of 7.2 deaths per 100,000 births, indicating that this rate is continuing to increase.

Black mothers are dying at the highest rate while disparities also exist for low-income women, women at extremes of maternal age, either young or older moms and women from rural areas. Many of these same disparities as well as others exist in other countries across the globe. Between 2011-2012, the majority of maternal deaths in Texas occurred within 42 days after delivery and a 1:50 ratio exists for mortality versus morbidity. In other words, we only pay attention to mortality most of the time when severe adverse events, which would cause long-lasting problems for moms are occurring at a much higher rate.

***Slide 11: Few studies have evaluated the effect of health literacy on obstetric outcomes.***

In reviewing the literature, few studies have evaluated the effect of health literacy on obstetric outcomes. Information on common potential complications is not consistent or based on adult learning theory causing an information gap. Women's ability to understand is influenced by other factors, such as culture, inadequate sleep, physical and emotional changes of pregnancy and delivery, possible side effects of medications, and low health literacy. Women may not understand if symptoms after birth are normal, or abnormal requiring medical attention.

For rates of postpartum maternal morbidity and mortality to be reduced, hospital patient safety systems of education must be improved. Postpartum women must be instructed in a way they can understand and apply the information. They must be able to self-identify specific warning signs to call a health care provider; or go to the nearest emergency department where many postpartum complications can be successfully treated and tell them that they recently had a baby.

***Slide 12: Why is health literacy important?***

Now we are going to conduct an exercise called Choral reading, where everyone will read together aloud. Pretend you are in the exam room, and the doctor hands you this sheet with instructions. He/she tells you to take a moment to read it and ask any questions you might have. So, let’s begin. Read aloud together and try to stay together. Raise your hand when you are done.

***Slide 13: Navigating Instructions for Gestational Diabetes***

Now we are going to conduct an exercise called Choral reading, where everyone will read together aloud. Pretend you are in the exam room, and the doctor hands you this sheet with instructions. He/she tells you to take a moment to read it and ask any questions you might have. So, let’s begin. Read aloud together and try to stay together. Raise your hand when you are done.

I noticed many of you either quit or frustrated or didn’t even try at all. So, let’s consider these questions:

* 1. *What is this passage about?* It’s actually about drawing Insulin into a syringe because you have gestational diabetes.
  2. *What do you need to do first?* Well the first thing we need to do is to draw air into the syringe prior to inserting into the insulin bottle.
  3. *For what are you checking?* We are checking that air bubbles are not inside the drawn insulin.
  4. *How do you remove the air bubbles?* By tapping the side of the syringe.

How did you feel during the exercise? Think about this as our patient and how they feel and how many of them quit filling out a form because it is too difficult to complete. This is how a low literate individual feels when handed paperwork in the waiting room or exam room. Remember that just because you read this passage, doesn’t mean you were able to comprehend it. When a low literate individual has to concentrate on individual words – struggling to pronounce and understand their meaning – by the time they get the end of the sentence or passage, they often will have lost comprehension.

We take for granted the fact that we read a paragraph and understand it at the end. This is called the “Health Literacy Demand” or Cognitive Load of the material. Our goal is to decrease cognitive load. This helps people not only read, but also understand, assimilate and apply information to act on emergent symptoms or stay healthy and well. Thank you for your participation.

***Slide 14: Plain Language Mandates***

Plain Language has become increasingly on the forefront of communication.

Although, health literacy really began growing in recognition since the IOM Report in 2004, the first legislation was ***The Plain Writing Act*** of 2010. This act required federal agencies to write “clear government communication that the public can understand and use.” Additionally, Affordable Care Act incorporates plain language mandates.

Plain language and clear communication techniques such as teach-back have now been incorporated into the “Healthy People” guidelines for 2020 and are anticipated in 2030 to be more detailed. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.

Two of the objectives that we can look at in terms of clear communication for health care include:

1. Increasing the proportion of persons who report their health care provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition.
2. Secondly, to increase the proportion of persons who report their health care provider always asked them to describe how they will follow the instructions or using the teach-back techniques.

***Slide 15: Outcomes***

***Slide 16: Health Literacy and Patient Safety***

Health literacy is a patient safety issue. In peer reviewed research, low health literacy has been linked to poor outcomes. These include:

* + - Reduced ability to understand labels and health messages
    - Limited ability to follow medication instructions
    - Lower likelihood of accessing/receiving preventive care
    - More hospitalizations
    - Worse overall health status
    - Higher mortality among the elderly
    - Shorter life expectancy
    - Worse physical and mental health, and
    - Greater use of emergency departments

***Slide 17: Legal Risks and Sentinel Events***

Health literate practice are growing in urgency for both healthcare organizations and healthcare providers of all types in terms of legal risks and sentinel events.

Communication problems are the most common cause of medical errors. At the same time, miscommunication is a leading cause for patient dissatisfaction, which increases the risk for lawsuits. Increasingly, malpractice cases are ruling in favor of patients who were not appropriately informed about medical decisions.

Lastly, patients who miss appointments may have a viable lawsuit if they can prove their failed appointment resulted in harm due to a doctor’s unclear, inadequate, or omitted instructions.

***Slide 18: Patient Safety***

As health care becomes more under scrutiny for patient safety issues, communication continues to be identified as one of the top 3 patient safety issues by the Joint Commission. Communication was in the top three of the most frequently identified causes of sentinel events reviewed by The Joint Commission. Providers are increasingly held liable for errors due to miscommunication and lack of patient understanding that result in harm to patients. And lastly, communication issues are among most cited causes underlying medical malpractice lawsuits.

***Slide 19: Communication-Based Lawsuits***

A report on malpractice risks and communication failures compiled in 2015, communication-based lawsuits were identified. The report included a total of 23,658 cases filed from 2009-2013 among which 7149 cases or 30% were due to communication failure causing patient harm with a total of $1.7 billion incurred losses.

If we focus on obstetric cases, 34% of all obstetric cases and 32% of all nursing cases involved a communication failure. Thus, we can see that with this high rate of obstetric communication failures why health literacy should be considered in postpartum education.

***Slide 20: Preventable Readmissions***

Although funny, the scenario represented by the House video is all too common when we examine communication failures.

Simple use of the teach-back method could have prevented the misunderstanding incurred and thus, misuse of medication. Think about the cost involved is she’s using one inhaler a week, what about her long-term health outcomes if she is not receiving her medication? Additionally, she could end up needing the services of an ambulance and an emergency room visit if she goes into respiratory distress. These are all costly, unnecessary use of healthcare services as well as a patient safety issue.

***Slide 21: Preventable Readmissions***

When examining communication failures or misunderstandings, we know that they are a major contributor to preventable readmissions. Statistics show that 18.7% of patients are readmitted to the hospital with the same or similar condition within 30 days of discharge. CMS says that 75% of readmissions are actually preventable, while 75% of preventable readmissions are a result of miscommunication. This statistic blows me away. There is no reason why people should be coming back to use health care services because of miscommunication.

Specially, when we look at the costs related to health care readmissions, the mean charge per stay for uninsured patients approximately $22,161. The mean charge per stay for Medicare patient is approximately $38,320. If we could just reduce Medicare and Uninsured patient readmissions by 1% in Texas, we could save nearly $440 million annually. This is old data, so the costs we could save today is probably much higher.

***Slide 22: Joint Commission Requirements***

The Joint Commission is a US organization that accredits more than 21,000 US health care organizations and programs. A majority of US state governments recognize Joint Commission accreditation as a condition of licensure for the receipt of Medicaid and Medicare reimbursements. Joint Commission has joined the movement to acquire good communication. Joint Commission states that the hospital must effectively communicates with patients when providing care, treatment and services. They must identify patient’s oral and written communication needs, including their preferred language. The hospitals also must communicate in a manner that meets the needs of patient’s oral and written communication.

Additionally, the hospital must respect the patient’s right to receive information in manner he/she understands and provide the information tailored to age, language and ability to understand.

***Slide 23: Joint Commission Requirements***

Furthermore, not only Joint Commission expects that patients receive communication in a manner that is tailored to their needs, they also expect that the providers will be documenting the fact that they communicated appropriately. Medical records should contain information that reflects the patient’s care, treatment and services and states that the patient’s communication needs, including preferred language for discussing health care was met. The hospitals should also respect, protect, and promote the patient rights, especially when it comes to the right to and need for effective communication.

By following these guidelines, we can prevent many of the preventable readmissions that are occurring due to poor or misunderstood communication.

***Slide 24: Health Literacy: The Bottom Line***

Let’s look at how poor communication and low health literacy can contribute to the ongoing increasing costs of medical care.

***Slide 25: Economic Implications of Low Health Literacy***

When looking at maternal postpartum outcomes, we can specifically say that a lack of symptom recognition or follow-up with the health care provider can cause ongoing issues and/or deaths. When women don’t recognize the symptoms or don’t understand that they can be life-threatening, then they don’t use emergency services when appropriate or they may overuse emergency services when they are not needed. So, they may have no treatment or longer hospital stays depending on if they should have gone for treatment and this Inability to follow treatment instructions is also caused by poor health communication or lack of understanding, which then results in re-admittance or death for the moms in question.

***Slide 26: Economic Implications of Low Health Literacy***

When looking more closely at economic implications of low health literacy, we see that average person would spend $7500 more per year for an individual with low health literacy when compared to a person with higher health literacy. This is A LOT of wasted money when someone is living paycheck to paycheck. In a study done just in Central Texas, low health literacy ended up costing $685 thousand annually.

It is estimated that the annual cost of low health literacy for our nation ranges from $106 billion to $238 billion. This is enough money to cover all of the more than 47 million persons who lacked health insurance for a year. However, when one accounts for the future costs, we are leaving our next generations with a huge burden. The real present-day cost of low health literacy is closer in range to $1.6 trillion to $3.6 trillion, resulting from our current actions or lack of action around the issue of low health literacy.

Why do you think this is the case? Or what leads to these increased costs? How can we change?

***Slide 27: Economic Implications of Low Health Literacy***

Digging deeper into individual hospital costs, US hospitals lose over $12 billion annually as a result of communication inefficiency as a result of communication inefficiency among care providers. Increase in length of stay accounts for **53 %** of the annual economic burden. These extra lengths of stays can be caused by poor communication, which results in patients delay in coming back for services or delaying starting services in the first place or not taking their medications appropriately. A 500-bed hospital loses over **$4 million** annually as a result of communication inefficiencies

***Slide 28***

To summarize economic impacts of low health literacy, Richard Carmona, the 17th U.S. Surgeon General said it best, ***“Health Literacy is the currency of success for everything that we do in health, wellness, and prevention."***

***Slide 29: Health Literate Materials***

Patient-centered health literate materials are the first place to start when addressing health literacy from health care institutions. Patients should receive health literate materials that are accessible, understandable, usable and/or they are able to apply it at home settings. Let’s take a deeper look.

***Slide 30: Can we make it any easier?***

***Slide 31: Lower Health Literacy Demand Materials***

Although the cartoon on the previous slide is funny, we really do need to spell out directions on health care labels for people to understand how to take their medications appropriately or follow other directions. I want to share with you some simple tips to keep in mind when creating or selecting written materials.

1. First, use plain language instead of technical words.
2. Second, use one or two syllable words whenever possible. Remember when people get stuck on individual words, it inhibits overall comprehension. No more than 10 words per sentence.
3. Use bullet points to present information in “bite-sized nuggets”, with no more than 7 lines or bullets per paragraph.
4. Limit your content to only the most important information. This will help you avoid information overload. Really think, “what is the most important thing I want to convey with this written information?” If we put too much content on one page, much of it, if not all, will get buried and go unread. Avoid overwhelming your readers,
5. And Lastly, leave plenty of white space for the eye to rest.

***Slide 32: Lower Health Literacy Demand Materials***

These last points speak to the design of the document and are equally as important as the content you use. If the design is not patient friendly, many of our patients will not even take the time to look at the content. They’ll see the document and say, “this is too much. It’s so confusing!” and never even begin to read it.

The first design element is to avoid using all capital letters. All CAPS are hard to read, and it is not clear to someone with low literacy where a sentence begins and ends when we use all capital letters or where a word begins or ends.

Limit the use of italics. They are also hard to read.

Limit text otherwise fliers become too busy.

Limit use of light letters on dark background as this is harder to read.

Try using dark letters on a light background.

An important design element to use is consistency throughout. Use the same font and style. Use a serif font, size 11-13. Serif fonts are the ones with legs, like Times New Roman. A “Sans Serif” font does not have legs, like Arial. Research says that it’s best to use serif fonts on printed information, and sans-serif font for items that will be viewed on the computer.

Finally, use a patient-friendly architecture. This means that you want the document to flow well. Put the most important information up top, and proceeding information laid out in a very logical way. Don’t put a bunch of random text boxes or bubbles of important information in random places throughout the page, for example. This will only distract and confuse your reader. Remember, keep the document patient friendly and keep your patient or reader in mind.

***Slide 33: NIH & CDC***

Additional recommendations from the National Institute for Health and Centers for Disease Control include not only targeting words for audience but also Field Testing with the audience that you are targeting. Get their feedback and adjust accordingly. Use clear Titles, Tables and Graphs to organize information in a logical way. Use a positive friendly tone. Short sentences that are clear and concise. Common words that are not abstract, but concrete. Use information that is well organized. And also, people can relate to personal stories, quotations or dialogue when those are included in your handouts. Those help personalize the information, and make readers feel like they could achieve the same positive outcomes by following their care plan.

***Slide 34: Readability Scores***

We have talked a lot about readability. When looking at the readability chart by Flesch-Kincaid, we can see that using longer words and 25-word sentences or long sentences puts us at a level that is above the 12th grade or high-school graduate level for reading ability. This is going to be way too complex for the average American. We know that the average American reads at about the 8th grade level with a high percentage of elderly and minority reading well below the 8th grade level. So, if we use four-word sentences, and shorter words, you can see that we can reach a level closer to that of the average American. At around the 6th grade level, which is the level at which we usually target health care materials that will be health literate.

***Slide 35: Using Readability for Understanding***

Another aspect of readability for understanding includes the use of pronouns and active voice. By using pronouns and active voice, we can eliminate unnecessary words that come along with using generic terms and passive voice. Look at the passage on the slide and consider to your self how we might make this passage easily understood by incorporating the use of pronouns and active voice. Then advance to the next slide.

***Slide 36: Using Readability for Understanding***

Looking at this passage, you can see the transformation that takes place when we insert pronouns and active voice. Not only does the passage becomes shorter, it also becomes easier to understand. Therefore, communicating a clear health care communication that a patient can make sound decisions based upon.

***Slide 37: Low Literate Readers***

Using eye-tracking technology, we can see that low literate readers tend to read down the middle of the page and only the short sentences. Keep your content focused and short, so that it will not distract the readers of low literacy, but also so that the content that is important will not be overlooked.

***Slide 38: Low Literate Readers***

In this example, you can see that the amount of text on the page completely overwhelms the readers, so they jump around and probably don’t comprehend any of the information.

***Slide 39: Graphics***

Having identified the challenges of low literate readers we can change their perspective by crafting materials that address health literacy need. First, on the left, we can use good headings, however, when we look at placing organs in the body, it is important that they are anatomically placed rather than just shown on the page. Most people with low education or low literacy won’t identify what body parts are when they are just randomly placed. Additionally, we can eliminate too much texts by using bullets, and chunking information to where it’s more easily understood and more easily digested. We can also include adequate white space and only use the need-to-know information to help us in our efforts to chunk the information and limit the amount on the page.

***Slide 40: Make it look Easy***

Although this example has a good use of questions for headings, there is still not enough white space and features too much texts. Some ways to achieve more white space would include increasing the space in between paragraphs, increasing leading space between lines, chunking longer paragraphs, and deleting content–especially content that is nice-to-know versus need-to-know.

***Slide 41: Make it look easy***

When applying health literacy concepts to postpartum materials, this document shows how important headings can be for your document. Using difference colors help them stand out for easy scanning for the topic the reader is most interested in or to indicate the symptoms that they might be experiencing. Headings actually help us to chunk the information by topic. However, although this document has good use of headings and titles, language is still too complex for a low literate reader.

***Slide 42: Make it look easy***

This hand-out indicates postpartum warning signs that a mom might experience when going home from a hospital, after giving birth. Although it has good use of table, w*hat is the most important information on here?* What to do in an emergency. The most important information should be first--look at red box at the top—this is the most important information on the sheet. So, it’s listed at the top, and indicates that a mom should call 911 if she is experiencing these symptoms.

*What else might be important on this sheet?*

Phone numbers, address, emergency procedures, etc. This is buried at the bottom in small print. And although this print is important, there is too much text and the language are too complex. So, moving those numbers for contacts for emergency services to the top and simplifying and bullet pointing the information at the bottom would make this handout simpler and more effective and following health literacy guidelines.

***Slide 43: Make it look easy***

This handout shows how moms could be eating healthy after birth, not only to help them reducing their weight after birth, but also to help them nourish their body and nourish their babies through their breast milk. It shows real examples of starches and protein, so moms know what that particular verbiage means when its discussed with them by their dietician. The ruler at the bottom shows the correct size of the plate so that moms can be sure that they are getting the appropriate portion size to help them get the appropriate amount of calories, but also to help them balance between their proteins, starches, vegetables and other nutrients that those contain to have a balanced diet. It’s a great use of graphics.

***Slide 44: Use Images… to guide Users***

Additionally, we can use pictures or images to guide users to the information we want them to read. In this graphic, you can see that the image of the baby because of the red-infrared highlighting is what the reader would be focusing on the most. So, having a cute baby on the page is actually a distraction in this example because it takes away from what we want the readers to read.

***Slide 45: Use Images… to guide Users***

However, if we shift the gaze of the baby towards the text that we want the readers to consume, the reader is more likely to follow the baby’s gaze and consume the information that in intended by the graphic in the first place.

***Slide 46: Use Images… to guide Users***

Additionally, using images that guide the readers and how to use a specific product is another effective way to use images to guide users.

***Slide 47: Eliminate***

Remember, our goal is to be short and concise, and to eliminate excess words that confound the information that we are trying to convey to the readers. Some common sources of wordiness include

* Passive voice
* Redundancies
* Prepositional phrases
* Hidden verbs
* Unnecessary modifiers
* Failure to use pronouns

Remember in our previous examples, using active voice and inserting pronouns can actually help us to cut down the information and maximize the space that we do use with that information that is most important. So, to eliminate excess content, think about your purpose, your topic, and your audience. If content doesn’t further your goals, don’t include it.

***Slide 48: Use Pronouns… Speak to the Reader***

Also, remember to use pronouns. Pronouns speak directly to readers. They make your writing more relevant, requires less translation and help you to eliminate words.

Effective Use of Pronouns is using “we” to refer to your agency, using “you” for the reader. If you are using Question and answer format, use “I” in the questions and “you” in the text.

***Slide 49: Use Active Voice and Pronouns***

Here is an example of how using active voice and pronouns can help to cut down the content and make it more concise and clearer. Passive voice is wordy and confusing. *The paperwork must be completed by the patient and received by the doctor’s office at the time designated by that office.*

Active Voice is concise and clear:  *We must receive your completed paperwork by the deadline that we establish.*

In this scenario, you are using 21 words for passive voice and 12 words for active voice. You can see how this can help make the information more easily chunked and only provide the need-to-know versus nice-to-know or excess wordiness.

***Slide 50: Check Yourself… CDC Clear Communication Index***

When checking for health literacy, use the CDC Clear Communication Index to measure your materials crafted for patients to take home. The CDC Clear Communication Index is a tool to help produce materials that are easy for people to understand. The items represent the most important characteristics that enhance and aid people’s understanding of information. There are four main message indicators and one call to action.

1. First, *does the material contain one clear message?* Remember that having too many messages may clutter the main message and make it hard for people to understand.
2. *Is the main message at the top, beginning or at front of the material?*
3. *Is the main message emphasized with visual cues?*
4. *Does the material contain at least one visual cue that conveys or supports the main message?*
5. *Does the material contain one or more calls to action for the primary audience?*

If your materials score a five, then you know that you are doing well to meet the health literacy needs with the materials that you have crafted.

***Slide 51: Patient Self-Efficacy & Self-Advocacy***

Research shows that women sometimes have difficulty communicating postpartum emergent symptoms to their health care providers. Additionally, health care providers sometimes either don’t know that women had recently had a baby or are not sensitive to the needs of a postpartum woman and therefore, emergent symptoms may be overlooked. It is important that women are educated and feel self-efficacy or self-empowerment and self-advocacy or the strength to advocate for themselves in the health care settings so that they can communicate when they have emergent symptoms that require medical attention.

***Slide 52: Build Self-Efficacy***

To build self-efficacy or the capacity of patients to act on their own behalf:

* Providers should be educated on using reflections or paraphrasing or restating what the person said
* Open-Ended Questions are another way to build self-efficacy. As they allow patients to express themselves from their own perspectives rather than being guided by the provider.
* Self-Efficacy is about a person believing in their own ability to accomplish a task. In this scenario, their ability to communicate what they are feeling to their health care provider.
* Reflection provides opportunity to clarify with different words or elaborate and even achieve a breakthrough in self-awareness for your patients.

***Slide 53: Self efficacy and self-advocacy***

Educating women on the Ask-me-3 principles can help them to build self-efficacy and self-advocacy needed to seek emergent care when they have symptoms related to their postpartum status. Ask Me 3 is an educational program that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.

1. What is my main problem?
2. What do I need to do to treat that main problem or to seek further care?
3. Why is it important for me to do this?

***Slide 54: Self efficacy and self-advocacy***

Designed by health literacy experts, Ask Me 3 is intended to help patients become more active members of their health care team, and provide a critical platform to improve communications between patients, families, and health care providers; in this scenario, between postpartum moms and their health care providers. Like all of us, health care providers have busy schedules, yet they want you to know all you can about your condition, why this is important for your health and steps to take to keep your condition under control or to stay healthy and well. Asking these questions can help you to take care of your health, prepare for medical tests, and take your medication in a proper way. If you aren’t on medication or don’t have current issues, this program can help you to be in tune when you do have problems and do need to contact your providers.

***Slide 55: Let’s Practice***

***Slide 56: Before…After***

Let’s take a moment to practice. Consider the material that is presented and think about ways that you can re-organize, cut out words, change to active voice, use pronouns, chunk the information, use headings, include white space and make other health literacy changes as we have discussed to make it more understandable and user-friendly.

***Slide 57: Before… After***

***Slide 58: Plain Language***

What is plain language? Plain language is a language that people can understand the first time they read it or hear it. Plain language is effective in improving understanding, usability and the ability for people to act on health information provided by their health care provider.

***Slide 59: Why use Plain Language?***

Why use Plain Language? Plain Language shows customer focus, communicates effectively, eliminates barriers, reduces time spent explaining, improves compliance, and reduces phone calls later saving providers time and energy. Plain language tells a reader or the listener only what they need to know.

***Slide 60: Avoid Jargons and Acronyms***

Plain language avoids jargons and acronyms, losing complex words and replacing them with simple words that are easy to understand.

***Slide 61: Plain Language = “Everyday Words”***

Plain language equals everyday words that people can understand. In this activity, we take the medical term and replace it with a plain language term that improves the understandability. Let’s look at the term on this particular activity.

* Prenatal means before you have the baby.
* Daily means every day.
* Screening simply means a test.
* Prevention means stopping something from happening.
* Referral means that we will send you to another doctor or clinic.
* And lastly, acute means a sudden or short-term illness.

These plain language terms create a more casual environment that facilitates dialogue between providers and clients.

***Slide 62: Focus Outward… On the Patient***

Not only is plain language important, but also clear communication focuses outward on the patients. It’s not to focus on what we want to say or how we can protect our interest or even what could we do to impress our patients. Instead from a cultural humility standpoint, we want to know what the patients need to know, how can we best serve the patient's interest and what can we clearly express to the patients. To do so, we want to filter, package and stage the information in bite size chunks over time so that its more absorbable by the patients and more usable at the end.

***Slide 63: Key messages***

When developing key messages as stated earlier, the most important message should be first. Additionally, we want to limit the number of messages provided at one time listing no more than 3-7 bullet points in each section. Clearly state the action that's needed when we do the Cult action. Highlight the positive, tell them the gain of the information and keep it short and encouraging like we're talking to a friend.

***Slide 64: Key messages- Exact actions***

For example, when stating exact actions instead of saying 'Following safety precautions can prevent foodborne illness and protect you & your baby' which gives them no concrete information about how to act. Instead we want to say, 'Follow these rules to avoid getting sick from food ' and then give them concrete actions such as 'Cook meat until it is not pink in the middle. Wash your hands after touching raw meat. Wash fresh fruits and vegetables before eating them and Keep hot food hot and cold food cold.'

***Slide 65: Exact Actions-Example***

Here's an example of an educational handout that has good use of pictures and good use of plain language. However, despite the fact that exact actions are given, the actions provided are given in a negative tone. Telling the moms what they shouldn't do or what they don't do instead of encouraging them by providing positive action steps that can be taken.

***Slide 66: Key messages- Positive and Simple***

So, let’s look at the negative messages that are provided and see how we might change them to be positive and simple. Instead of saying 'Don’t use the bottle as a pacifier. Don’t put your baby to sleep with a bottle. Avoid putting sugary drinks in a bottle.' What might you say instead?

Now, that you had time to think of some other ways to state more positive actions, think about these ' Use a pacifier instead of a bottle. Put your baby to sleep with a pacifier or rock them to sleep. Only put water in your baby’s bottle if it is not feeding time. At feeding time, use only breast milk or formula. 100% real juice goes in a cup. Your baby does not need sugary drinks'.

***Slide 67: Plain Language and Readability: The Key***

Plain language and readability are the keys to opening communication lines and helping to empower patients to communicate with their health care providers in a manner that benefits both and keeps patients healthy and well while circumventing potential catastrophic outcomes. In order to achieve this, following the guides that we have just discussed today for writing in plain language, using short and no jargon words, using short sentences can all lead to readability level that works for most patients.

***Slide 68: Developing health communication materials***

Let’s summarize the key steps for developing health communication materials. First, we want to identify the intended audience and define key health problems or interests. Second, get to know key characteristics about your audience (gender, race/ethnicity, location geographically, beliefs, needs, behaviors, culture, literacy skills, and knowledge about identified topic). Third, determine key messages and test with intended audience. Fourth, design the draft of materials and pretest with intended audience.

***Slide 69: Developing health communication materials***

Fifth, we would then tweak the materials according to the feedback that’s been received. Sixth, determine the best ways to communicate once we have the material ready to go with that intended audience such as print, audio video, web mobile, remembering that communicating with seniors might be a whole different bugging than communicating with millennials. Sevenths, we want to decide how to distribute the materials. Again, using the example from before, it’s going to be different for different demographic groups. Do we want to mail them, do we want a brochure, display, web page, app etcetera? And lastly, evaluate the audiences’ satisfaction, use of the materials and understanding, Revise as needed.

***Slide 70: Clear communication***

This quote speaks volumes about the importance of clear communication. For most people, medicine is a foreign country and it has its own languages, customs and morals. Our patients are immigrants to this country, and many feels very disoriented. Our job, as a provider is to translate this alien world to them, to help them acclimatize and hopefully thrive.

***Slide 71: Cultural Aspects***

***Slide 72: Cultural Awareness***

When we think about cultural awareness, we use to only think of race and ethnicity as culture. But we now know that culture is a broad concept that can go ways beyond race and ethnicity and can include many factors. These factors include Age, Educational level, Geographic origin, Group history, Language, Life experiences, Religion, spiritual beliefs & practices, Abilities/disabilities, Gender orientation, Socio-economic status and many other critical life-shaping forces.

***Slide 73: cultural competency***

We used to think of cultural competencies as memorizing different aspects of each race or ethnicity. However, as cultures mix and new culture arise, there are new and unique cultural aspects of which we all should be aware. cultural competency is now defined as the capacity of health professionals and organizations to respond appropriately and effectively to people of diverse background and identities. It requires that we recognize and address imbalance in power caused by the health care system and also results in differences in access to resources such as information, time, influence and funding. and we need to recognize those disparities. The goal of developing cultural competency is to establish cultural safety to all patients and families.

***Slide 74: Cultural humility***

Cultural humility is a best practices approach towards understanding culture. Culture humility differs from cultural competency in that its interactive and it has a provider approach another person with openness to learn. Providers should ask questions rather than make assumptions and strive to understand rather than to inform. Cultural humility requires commitment to lifelong learning, continuous self-reflection on one's own assumption and practices. Providers should be comfortable with not knowing and recognize the fact that the power privilege imbalance that exists between patients and health professionals can create barriers.

***Slide 75: Cultural humility***

In cultural humility as in self efficacy, asking patients open ended questions and following their lead about appropriate ways to facilitate communication within families and between families, and their health care providers or in this scenario, between post-partum women and their health care providers, helps to build trust and empowers women to communicate the symptoms that they are feeling or their other needs to their health care providers. Open ended questions can include things like 'what is important to you about' or 'Tell me more about 'which lead open ended questions available for the patients to fill in with the information important to them. By planning, writing and designing materials and questions that reflect the audience and are as inclusive as possible, we bridge the gap of health literacy. Plain language works across cultures to address cultural, linguistic, and functional challenges, making our patients feel more empowered to communicate with their health care providers.

***Slide 76: Please… Don’t Leave me Confused***

***Slide 77: What questions do you have?***

***Slide 78: Contact information***