



Communicating with clients and their families: The written form

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DISCLOSURES



EMPOWERMENT ISSUES

- ▶ **Health Literacy** “cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.
- ▶ By improving people’s access to health information and their capacity to use it effectively, health literacy is critical to empowerment.”

World Health Organization (2015)

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- ▶ One of the leading indicators is Access to Health Care (Healthy People 2000-2001)
- ▶ For minorities, financial, structural and personal barriers prevent access to health.
- ▶ Personal barriers include language competency in first and/or second language, and literacy in first and/or second language

THE ISSUES



- ▶ Health literacy is one barrier responsible for the health gaps in minority populations. Agencies must address health literacy in order to decrease health disparities.
- ▶ Literacy research shows that people read three to five grades lower than educational attainment. 21 million cannot read. 50% read materials at the 5th grade level.

THE ISSUES

- ▶ A large portion of minorities is at risk because of their low literacy skills (less than 5th grade). They include:
 - ▶ individuals without appropriate educational levels,
 - ▶ learners of English as a second language,
 - ▶ persons with learning disabilities or acquired disabilities.

THE ISSUES



- ▶ Rapid Estimate of Adult Literacy in Medicine (REALM) – Screener to assess ability to read common medical words of body parts and illnesses (2-3 mins. To assess). Participants read words (different numbers of syllables) in columns.
- ▶ Test of Functional Health Literacy in Adults (TOFHLA) (also in Spanish) (22 mins) – tests numerical abilities and comprehension using Cloze procedures.

MEASURING LITERACY



- ▶ Research has demonstrated that a large portion of consumer education material is above recommended readability levels. The Institute for Health Advancement summarized that materials:
 - ▶ usually appear at the 10th grade level or higher,
 - ▶ include too much information,
 - ▶ do not explain uncommon words, and
 - ▶ are accompanied by complex instructions.

ISSUES

- ▶ We use the written form to communicate with our clients and families for:
 - ▶ Prevention: language development milestones; dangers of noise exposure.
 - ▶ Counseling: nature of a disorder; evaluation and treatment options.
 - ▶ Treatment: treatment reading materials; carryover activities.
 - ▶ Research: recruitment of participants; research materials.
 - ▶ And others.

THE ISSUES

- ▶ Readability formulas (FOG, SMOG, Flesch Reading Grade, Flesch Reading Ease)
 - ▶ Techniques developed to provide an objective way to measure readability.
 - ▶ Presented in the form of regression formulas that describe the relationship between two variables.
 - ▶ They predict difficulty.
- ▶ Other measures
 - ▶ Format
 - ▶ Pictures
 - ▶ Spacing
 - ▶ Reader cognitive style
 - ▶ Others

THE WRITTEN FORM

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- ▶ When producing materials:
 - ▶ Sentences should average 15-20 words per sentences, few clauses.
 - ▶ Use concrete everyday words (ex: “start” instead of “initiate”), few syllables.
 - ▶ Writing styles (cohesiveness, active voice, etc.).
 - ▶ Document design – few pages, illustrations, lots of white spaces.
 - ▶ Format – bullets, bold/italic titles, 12+ point,
 - ▶ Offer examples.

RECOMMENDATIONS



- ▶ When using brochures:
 - ▶ Consider consumer literacy level.
 - ▶ Accompany brochures with other information to facilitate understanding (pictures).
 - ▶ Accompany brochures with verbal explanations.

RECOMMENDATIONS

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- ▶ An Idea – Talking Photonovelas
 - ▶ www.myhealthstories.com

RECOMMENDATIONS



My Health Stories

Helping a Stroke Victim



I was worried.



I am so happy to see you!

What happened?



Your father had a stroke.
We came to the hospital quickly.

What is a stroke?



A stroke is like brain attack.

Blood can't reach the brain because something is in the way.

Without blood, the brain can't get oxygen.



**THANK
YOU!**

