

Lessons Learned in Field Testing with a Low Health Literacy Audience

Katherine Leath¹, MPH, MA; Alison Caballero¹, MPH, CHES; Kristie Hadden¹, PhD
¹Center for Health Literacy, University of Arkansas for Medical Sciences, Little Rock, AR



BACKGROUND

More than 80 million Americans struggle to understand health information.¹ In addition to using plain language best practices for public-facing materials, we recommend that content writers get feedback from their target population about the organization, design, formatting, tone, and understanding of printed and online health information.²

The Center for Health Literacy at the University of Arkansas for Medical Sciences (UAMS CHL) conducts field testing with English and Spanish speakers within our academic medical center and for external clients. When we apply what we learn from field testing, we increase our chances of developing materials that are truly user-centered.

As we use focus groups to gather user feedback on written health information, it is important to include individuals who struggle with health literacy. Including members of this population, who are often left out of focus groups, helps us widen the reach of our material by making sure users at all skill levels can understand the information. This is challenging work, but we have discovered ways to reduce barriers so we can get important input from those who are more likely to struggle to understand.

PROJECT DESCRIPTION

The purpose of this work was to establish standardized practices in field testing health-related materials with a low health literacy audience and to ultimately improve materials so that they are easy to read, understand, and use. The lessons learned that are described in this poster focus on recruiting an often hard-to-reach participant group and using specific facilitation techniques with individuals who are more likely to struggle to understand and often reluctant to provide feedback.

METHODS

Each practice was reviewed by the team of health literacy experts at the UAMS CHL. Standards were created based on evidence from the literature and our collective experience which evolved as we interacted with this unique participant group.

RESULTS

Recruiting individuals with inadequate health literacy

- **Participant database:** Our database includes over 1,100 participants with 560 Spanish speakers. In-person recruitment has been most successful, so that we can better describe what we are doing and address concerns. We recruit participants from various places, including:
 - Churches
 - Literacy councils
 - Parent meetings
 - Free health clinics
 - Community health fairs
 - Other community events
- **Health literacy screening:** To ensure representation of those with inadequate health literacy in each focus group we screen new participants using the validated Newest Vital Sign (NVS).³ In the last 2 years, 69% of our focus group participants demonstrated risk for inadequate health literacy through validated screening.
- **Incentives:** We have found that participant incentives (\$25 Walmart gift card for a 1-hour session) and providing a meal are useful recruiting tools.
- **Timing of recruitment and reminders:** To optimize participation, we recruit no more than 2 weeks before the focus group, send reminder letters, and make reminder phone calls the day before.

Engaging individuals with inadequate health literacy

To promote high levels of engagement and ensure that feedback from our target audience translates into meaningful changes to the health material being tested, we established these standards of practice:

- **Material length:** In a typical 1-hour focus group, we test no more than 3 (250-word) pages. This prevents participants from feeling rushed and prompts us to focus on the most important key messages or high stakes material.
- **Ground rules:** To ensure the group makes the best use of time and gives each participant an equal voice, it is important to establish ground rules. Early in the session, the facilitator reviews these rules, and a poster hung in the room serves as a constant reminder.
- **Role framing:** Participants with limited health literacy might be especially shy about giving feedback. To make them feel comfortable, we make sure they know they are there to judge *our* work.
- **Innovative Stoplight Coding Method⁴:** We developed this method to gather feedback from participants who struggle to understand and might otherwise be hesitant to join traditional focus group conversations. During a color coding exercise, participants are asked to mark the documents with colored pens:
 - Red for the information that we made difficult; that is, it makes them stop, or is otherwise hard
 - Yellow for the information that we could make better
 - Green for the information that we made easy to understandAfter the color coding exercise, the facilitator leads participants in a discussion about the items they marked in each color. Speaking about what one marked as “red” or “the writer made this hard to follow” (rather than what “I don’t understand”) has proven to be a comfortable process for participants.
- **Adapted methods for non-readers:** During recruitment, we describe options for traditional sessions (like above) and for sessions in which we read the health information to participants and they use the stoplight colors to identify needed improvements. This option allows us to include those who do not read well in our work.

GROUND RULES

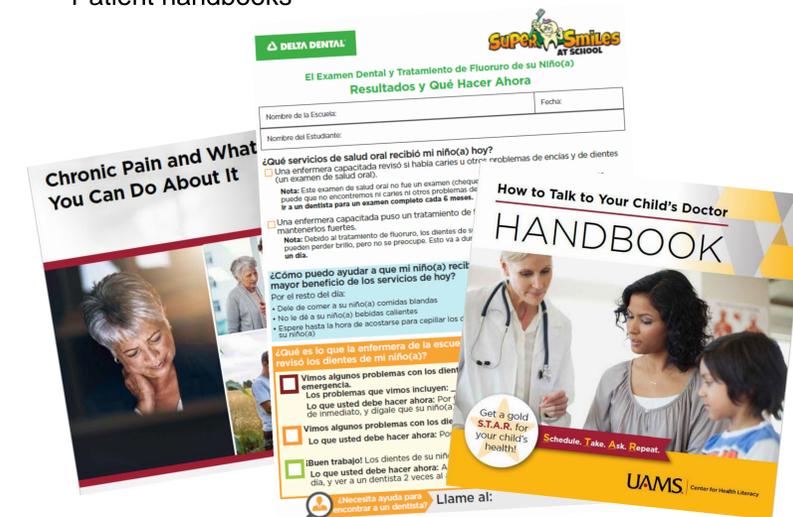
1. There are no right or wrong answers.
2. Respect others opinions.
3. Give everyone a chance to express their opinion.
4. There are no stupid questions.
5. Vegas Rule of Confidentiality



OUTCOMES AND IMPACT

The outcome of this work was the establishment of standardized practices to field test health information with low health literacy participant groups. Having such standards yields tangible improvements to all the health materials we field test, making them more readable, understandable, and actionable for the patients and consumers they will ultimately reach, including those who struggle most with health content. Through this work the UAMS CHL developed an internal training manual that reflects our current practices. This ensures consistency in the delivery of focus groups and results in rich feedback that we incorporate into the health materials we develop for CHL programs and for our clients. Examples of materials that we have field tested using these standards include:

- Patient decision aids
- Health education materials
- Self-care instructions
- Health-related forms
- Patient handbooks



IMPLICATIONS FOR PRACTICE

The findings from CHL’s work will allow other organizations to learn ways to recruit and engage people with low health literacy for the field testing process. This will allow health communicators across industries to ensure their health materials are influenced by consumers who struggle most with health information.

REFERENCES

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