



# Plain Talk: Communication Practices to Increase Understanding and Trust

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Making Cancer History®



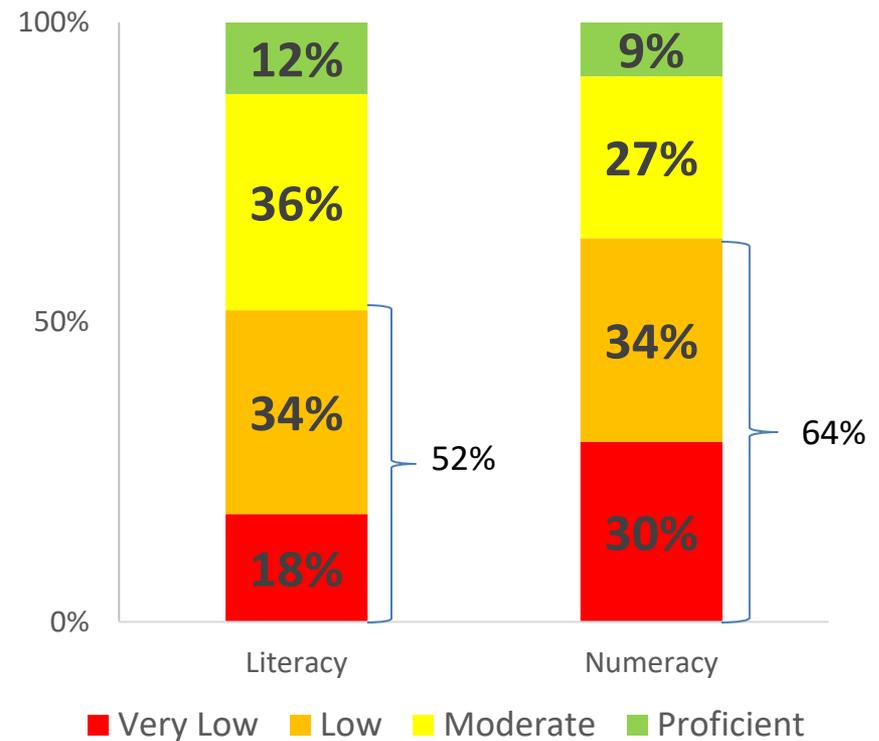
# Communication Hiccups

- Assuming that meaning resides with the speaker
- Thinking you remember what was said
- Not recognizing the impact of emotions and trust (or distrust) on how people interpret your words

# Health Literacy: A Prescription to End Confusion

- Half of American adults have trouble understanding and acting on health information
- Health information is too complex
- Health professionals need plain language training

How Well Americans Understand Written Words & Numbers



National Assessment of Adult Literacy



# Health Literacy & Numeracy

**HEALTH LITERACY** is the ability to **read**, **understand**, and **act** on health information.

**HEALTH NUMERACY** is the ability to **access**, **interpret**, and **use** quantitative information to manage one's health.

But health literacy & numeracy go beyond the individual. It also depends upon the **skills, preferences, and expectations** of the **people providing care and information** – the doctors, nurses, administrators, and YOU.



# patients with low **HEALTH LITERACY...**



Are more likely to visit an

**EMERGENCY ROOM**



Have more  
**HOSPITAL STAYS**



Are less likely to follow  
**TREATMENT PLANS**



Have higher  
**MORTALITY RATES**

[www.cdc.gov/phpr](http://www.cdc.gov/phpr)





# Comprehension Can Also Drop When...

**People are not familiar with medical terms or how their bodies work, or**

**They are diagnosed with a serious illness, or**

**They are experiencing a new medical situation (cancer diagnosis, surgery ...)**

**They have to interpret numbers or risks to make a health care decision, or**

**They have complex conditions that require complicated self-care.**



# Plain Language Solution

**PLAIN LANGUAGE** can close the gap between what health professionals know and what everyone else understands...

It is communication that your audience can understand the **first** time they read or hear it.

- ✓ Clear
- ✓ Concise
- ✓ What you need to know
- ✓ It can help establish connection, reduce patient fear and uncertainty, and build trust



# The Curse of Knowledge

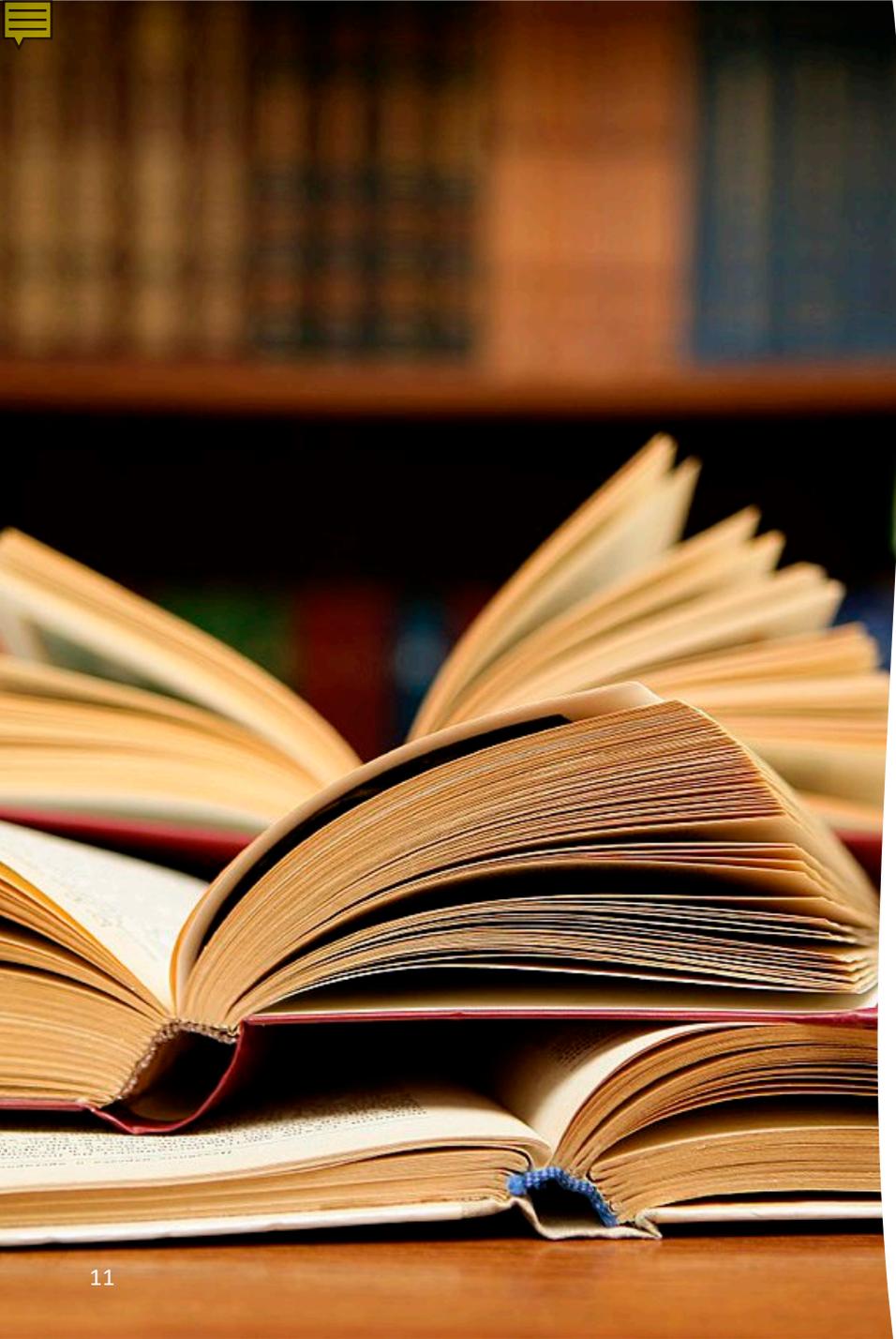
*Once we know something, we find it hard to imagine what it was like to not know it - Chip Heath & Dan Heath, *Made to Stick**

*It's easy to make things hard, but very hard to make things easy – Jos de Blok*

# How Many Words?



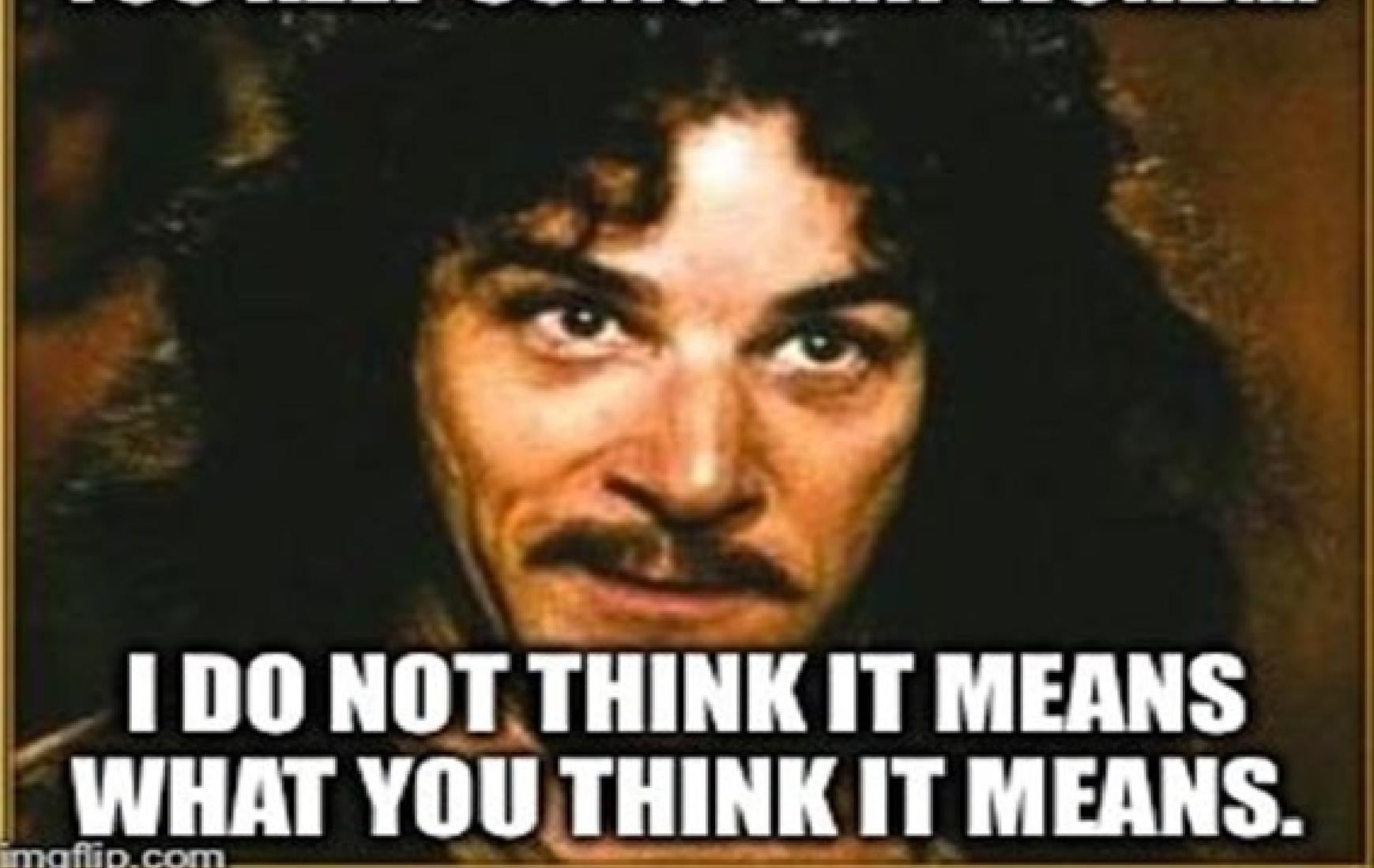
- How many are fluent in a language other than English?
- How many words does it take to be fluent?



# Speak Their Language

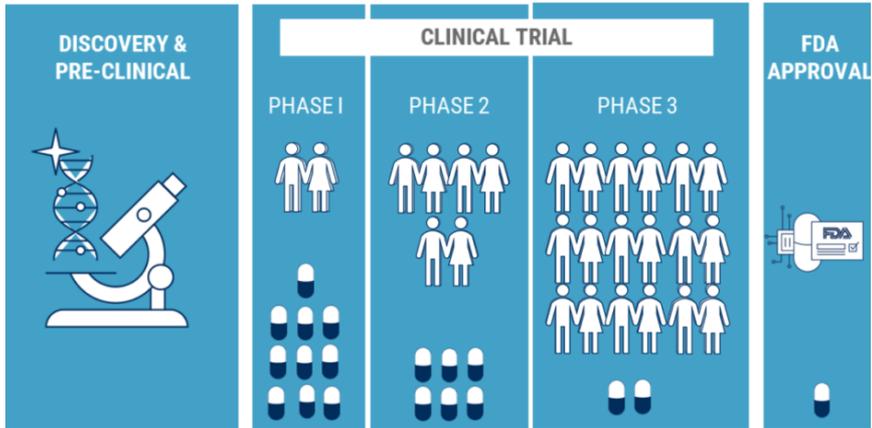


**YOU KEEP USING THAT WORD....**



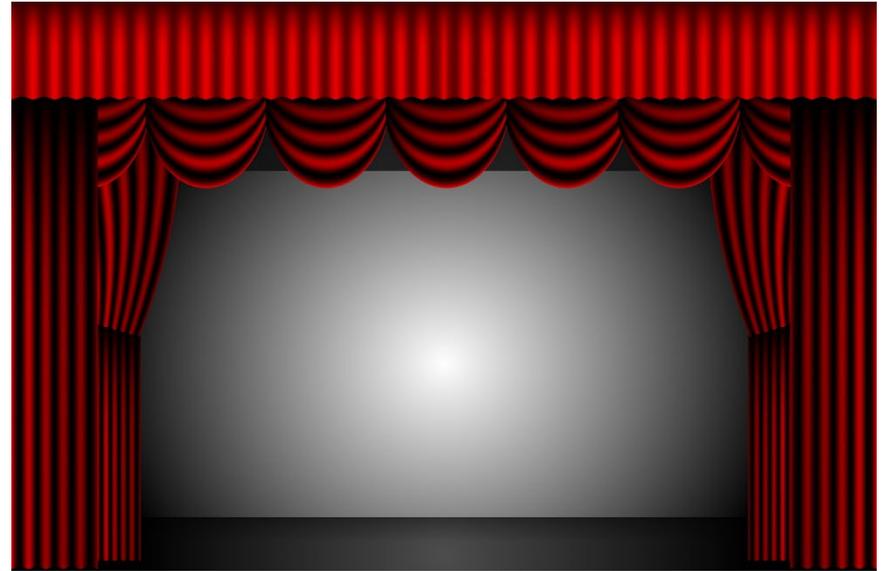
**I DO NOT THINK IT MEANS  
WHAT YOU THINK IT MEANS.**

# “Trial”



# “Stage”

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# Consistent With Metastatic Disease

Likelihood patient has cancer:

- a) 0% - 25%
- b) 26% - 50%
- c) 51% - 75%
- d) 76% - 100%

Terms used in radiology reports & likelihood of patient having cancer

- Diagnostic for
- Represents
- Likely represents
- Probably
- Consistent with
- Compatible with
- Concerning for
- Suspicious for
- May represent
- Cannot exclude

# Some Common Cancer Terms and Concepts That Are Not Common For The Public

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- ❖ Ambulatory
- ❖ Prophylaxis
- ❖ Neoadjuvant therapy
- ❖ Adjuvant therapy
- ❖ **Placebo**
- ❖ Triple negative breast cancer
- ❖ Aspiration biopsy

# Some Cancer Terms and Concepts That Are Confusing For Patients

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Neurofibromatosis  
Carcinoma  
Genetic Neutrophils Negative  
Adjuvant Cardiac Nephrologist  
Carcinoid Reduction MBC  
Clear Inheritance Acute  
Acronyms Pulmonary Stage  
Marginal Test Tumor Cell PRN  
MDA Risk Results NPO  
Triple Blood Failure  
Kidney Immunotherapy  
Integrative Residual  
Toxicity Prognosis



*A communication is in plain language if its wording, structure, and design are so clear that the intended readers can easily find what they need, understand what they find, and use that information.*

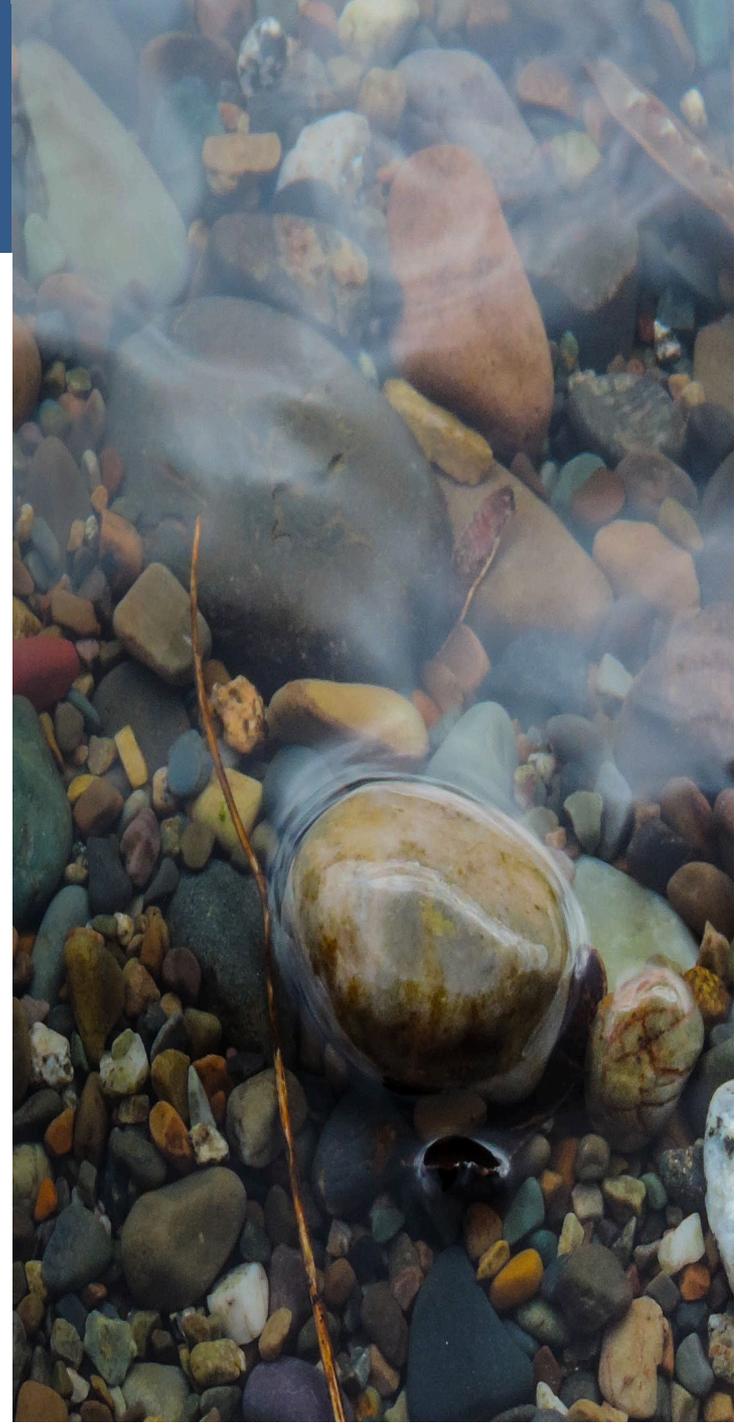
- The International Plain Language Federation



# Plain Language Strategies

- Use common, everyday words, cut jargon
- Short, 1-subject sentences (20 words max)
- Short, 1-topic paragraphs (7 lines max)
- Use headings, bullet lists (7 items max)
- Write in active voice
- Use “you” and other pronouns
- Use positive form

**Results: Easy to read, understand, and use**





# Use Common, Everyday Words

BEFORE	AFTER
This is an informed consent and <b>authorization</b> form for a research study	
You are <b>eligible to participate</b> in the second phase of this research study	
Take one <b>inhalation twice daily</b>	



# Skip the Jargon

BEFORE	AFTER
<p>The grant will <b>utilize</b> a systems-level perspective to examine the impact of a patient-informed Medical-Legal Partnership intervention on health-harming legal needs in pediatric families enrolled across the health system's clinics.</p>	



# Use Short Sentences

## (14 Words or Fewer)

### BEFORE

At any time during the study, you are free to skip any questions that you do not wish to answer

You are required to quarantine at home for a period of 10 days after your travel

Our Decision Tool is now available to support women in making an informed decision to screen for breast cancer using mammography. Complete this short online form to get a personalized report.

### AFTER

# Short, 1-Topic Paragraphs

## BEFORE

The Dietary Guidelines for Americans recommends a half hour or more of moderate physical activity on most days, preferably every day. The activity can include brisk walking, calisthenics, home care, gardening, moderate sports exercise, and dancing.

## AFTER



# Use Headings, Bulleted, or Numbered Lists

## BEFORE

Many situations can put you at risk for damaging your hearing and lead to hearing loss.

A common situation is getting older. Age-related hearing loss is very common among older people.

Also, being constantly exposed to loud noises such as loud machinery can also damage your hearing.

Finally, having a close family member with hearing loss, or having a family history of genetic disorders with hearing loss increases your risk for hearing loss.

## AFTER



# Use Active Voice

## BEFORE

Complete the application form online. All supporting documentation **must be** attached and submitted with the application when you submit the application. Any application that does not provide any required supporting documentation will **be** considered ineligible and will not **be** considered

## AFTER



# Use Positive Form

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- **POSITIVE** form makes your message very clear, and increases the listener's ability to understand. It is easier for our brain to understand what something ***IS***, rather than what it ***is not***.
- **NEGATIVE** form – especially with the word ***not*** – increases the chance for misunderstanding.



# Use Positive Form

Avoid "no/not" next to words with negative prefixes (un-, mis-, in-, and non- )

These are *not uncommon* side effects

These test results are *not insignificant*

Avoid "no/not" with other words that have a negative meaning (e.g. absence, without, fail, terminate, void, preclude)

If you *fail* to respond by tomorrow, we *cannot* include you in the study

A negative test *doesn't preclude* the possibility that you have COVID



# Put Context First

## Instead of

## Say

You'll need to get a blood test if you've had a TB vaccine

Call 911 or go to the nearest emergency room right away if your child's fever is 104 degrees or higher

Of the people indicating an interest in this study, only half will be eligible

# Visualize It

- Visuals can be much more effective than text
- Clear line drawings are okay. Childish cartoons to illustrate concepts for adults are not.
- Visuals can help to clarify steps in procedures and can show concepts that are hard to put into words (i.e. how to do something)
- Visuals can communicate a lifestyle, or send unintended messages. If the pictures don't fit into what the patient knows, or is familiar with, the message may lose meaning and relevance



# Fonts & Layout Matter!

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- Simple & familiar fonts are easiest to read.
- Limit visual noise – no more than 3 different fonts in document
- White space is important
- Use contrast (like bolding & size) to separate ideas
- AVOID ALL CAPS
- Use strong contrast between backgrounds & type





# Recognize Jargon & Code Words

- Game changer
- Landmark study
- Ground-breaking
- Latinx
- Marginalized / underserved
- Untapped communities
- Bench science



# Best Practice: Speaking

- We typically speak faster than we think. Pace your speech, clearly enunciate all words. Watch for tone drop at end of sentence.
- Encourage questions
  - Ask: What questions do you have? NOT “Do you have any questions?”
  - Ask: We discussed a lot of information. What would you like to review again?  
NOT “Was anything unclear?”
- Review each point and repeat several times.
- Summarize key points at the end of the visit

# Health Literacy

Health Literacy is how a person:

-  **finds**
-  **communicates**
-  **understands**
-  **uses**

vital health services and information.



According to the Agency for Healthcare Research and Quality, **nearly 9 out of 10 adults lack the skills needed to fully manage their health care and prevent disease.** Even well-educated people may have trouble understanding medical forms or instructions (The Institute of Medicine).

## Limited health literacy affects how patients:



## Call to Action

Patient Education writes materials below 8<sup>th</sup> grade reading level.



**Contact Patient Education** to review and develop health literate patient education materials. Use the **New Project Request form** online.



Review Patient Education's **Health Literacy** and **Numeracy Guidelines** online.

## Be a Health Literacy Hero



**Use plain language.**  
Skip the jargon.  
Use short sentences and words.



**Use a friendly and helpful tone.**



**Use a story or example** to explain complex topics in a clear way.



**Ask open-ended questions** to learn how much information a patient understands.

**5x5=25**

**Simplify numbers.**  
Do the math for patients.



# Numeracy

Numeracy describes a person's ability to understand clinical and public health data. We use numeracy to make decisions about screening and treatment options, as well as whether to participate in a clinical trial

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## Best Practices

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Present only numbers the audience uses

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Use common numbers

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Explain why the numbers are important

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Provide context

---

Do the math

---

Use the same denominator

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Health numeracy is how a person:



finds



interprets



communicates



uses

numerical information and ideas related to health behaviors and medical outcomes.

**Health numeracy affects how patients engage with, understand and trust numerical information, including how they:**



Take medicine



Understand nutritional information



Make decisions based on probability and risk



Interpret test results



Create schedules

Even people who are well educated and highly literate can have trouble using numerical information to make health decisions.

**Communicate with patients using words, numbers and visuals**



Write every number as a numeral.

Your blood pressure is 138/87.



Provide range parameters.

Normal blood pressure numbers are 120/80 or lower. You have high blood pressure. We want both of your numbers to be lower.



Be aware of how you frame risk.

Most people do not have side effects from this medicine. 2 out of 10 patients experience some nausea.



Do the math.

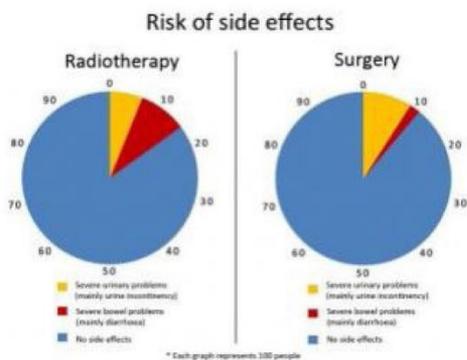
Do not take these medicines together. Take medicine X at 7 a.m. and wait 2 hours. After 9 a.m., it is safe for you to take medicine Y.



Ask follow-up questions to check understanding.

You take medicine X at 7 a.m. What time is it safe for you to take medicine Y?

# Chart Preferences & Understanding

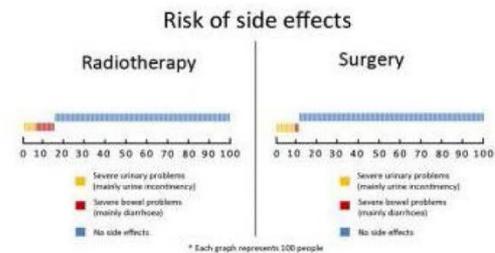
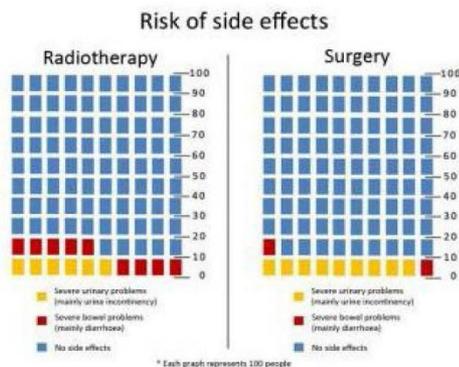
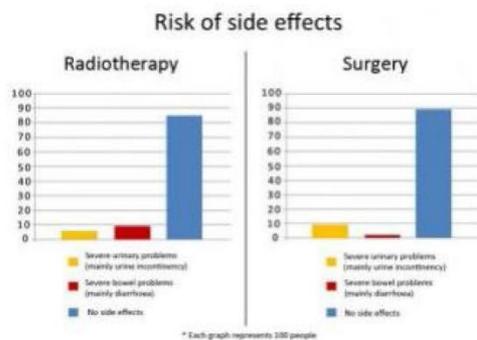
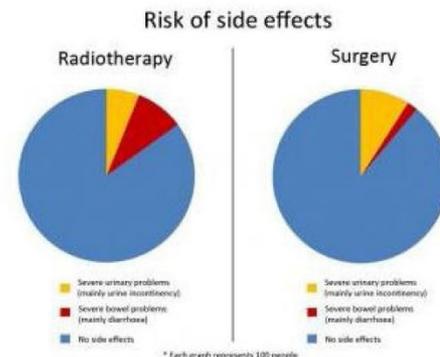


Risk of side effects

Radiotherapy	Risk
Severe urinary problems (mainly urine incontinency)	6 in 100
Severe bowel problems (mainly diarrhoea)	9 in 100
No side effects	85 in 100

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Surgery	Risk
Severe urinary problems (mainly urine incontinency)	9 in 100
Severe bowel problems (mainly diarrhoea)	2 in 100
No side effects	89 in 100



Julia C.M. van Weert, Monique C. Alblas, Liset van Dijk, Jesse Jansen. Preference for and understanding of graphs presenting health risk information. The role of age, health literacy, numeracy and graph literacy. *Patient Education and Counseling*, Volume 104, Issue 1, 2021, Pages 109-117.



# Chart preferences & understanding

## Van Weert et al (2021)

- Pie and clock charts are often preferred, but not well understood.
- Bar charts are often preferred and relatively well understood.
- **Tables** are not often preferred, but very well understood.

## Hamstra et al (2015)

- **Pictograph** with **2 numbers** very well understood
- To communicate risk: use a combination of numbers & graphics, specifically pictographs
- Pictographs not preferred, but very well understood.

## Zikmund Fisher et al (2011)

- Risk better understood when presented **sequentially**, by therapy types (compared to receiving information about all choices at once)
- **Absolute risk** vs relative risk



# Final Thoughts

- Communicating in Plain Language requires **mindfulness** and a constant focus on your words & intentions
- It takes a lot of **practice** to undo the Curse of Knowledge and to re-acquire Beginner's Mind
- There are lots of **resources** available that can help!
- NO ONE will ever complain that you're too easy to understand!



# Health Literacy Tools & Resources

- **CDC:** <https://www.cdc.gov/healthliteracy/>
- **Federal government:** [www.plainlanguage.gov](http://www.plainlanguage.gov)
- **AHRQ's Pharmacy Tools** <https://www.ahrq.gov/health-literacy/improve/pharmacy/tools.html>
- **NIH** <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/plain-language/plain-language-getting-started-or-brushing>
- **Center for Plain Language**  
<https://centerforplainlanguage.org/learning-training/templates-tools-training/>
- **Medline** <https://medlineplus.gov/healthliteracy.html>
- **Maximus style manual**  
<http://www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf>
- <https://www.cdc.gov/ccindex/pdf/ClearCommUserGuide.pdf>

# More Literacy Tools & Resources

- CDC [Plain Language Material & Resources](#)
- CDC [Clear Communications Index](#)
- [Pharmacy Health Literacy Assessment ToolExternal](#) (Agency for Healthcare Research and Quality, 2007)
- [AHRQ Health Literacy Universal Precautions ToolkitExternal](#) (Agency for Healthcare Research and Quality, 2010)
- [The Health Literacy Environment of Hospitals and Health Centers – Partners for Action: Making Your Healthcare Facility Literacy-FriendlyExternal](#) (Harvard School of Public Health, 2006)
- [Building Health Literate Organizations: A Guidebook to Achieving Organizational ChangeExternal](#) (Unity Point Health, 2014)
- <https://www.cdc.gov/healthliteracy/>
- Interventions for Patients with Limited Health Literacy  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2799039/table/T1/>

# Inclusion

- JAMA Network's [Inclusive language for reporting demographic and clinical characteristics](#)
- CDC [Health Equity Guiding Principles for Inclusive Communications](#)
  - See also [Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language](#)
- Rosh Review: [Inclusive language for medical & health education](#)
- NIH [Person First and Destigmatizing Language](#)
  - See also [NIH Style Guide](#) for more

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