



America's Health  
Insurance Plans

# Health Literacy

## and America's Health Insurance Plans:

### *Laying the Foundation and Beyond*

Summaries of the  
Health Literacy  
Activities in 30 AHIP  
Member Companies



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## Introduction

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In this unique publication, AHIP summarizes the health literacy programs of 30 member companies and describes their commitment to providing consumers with information on their health and benefits that can be easily understood and used to good advantage.

### Why are the Health Literacy Programs of Health Plans so important?

Research shows clearly that health and benefits information plays an important role in the health status of individuals and that those with poor health literacy who cannot easily access, understand, and act upon such information are more likely to experience poor health and incur significantly higher health care costs, less likely to be engaged in their care, and have a harder time managing their chronic diseases.

A study published in the *Journal of the American Medical Association* by authors from Kaiser Permanente found that patients with congestive heart failure and low health literacy are three times as likely to die in a given year as patients with better health literacy skills.<sup>1</sup> Several other studies and reports, including the HHS National Action Plan to Improve Health Literacy, document the importance of health literacy as part of a person-centered process that is essential to the delivery of cost-effective, safe, and high-quality health services.<sup>2</sup>

The National Action Plan to Improve Health Literacy released in May 2010 highlights the importance of engaging all stakeholders linked in a multi-sector effort to improve health literacy. The report highlights strategies that particular organizations and professions can take to further the key goals identified to improve health literacy. Promoting change in the health care

system through improved health information and communication, informed decision-making, and the development and dissemination of health information that is accurate, accessible and actionable, can have a demonstrable impact on the health and quality of life of millions of Americans.

Increasingly, stakeholders across the health care system have recognized the important linkage between health literacy and health status, and are working to provide consumer health and benefits information that promotes “clear communication” and: (1) is easy to access, understand, and act upon; (2) promotes consumers’ engagement in their own health; and (3) results in better health outcomes.<sup>3</sup>

Achieving these goals requires a collaborative, system-wide commitment that involves all of the professionals, organizations, and disciplines communicating with consumers, whether directly or indirectly, via the spoken or written word.

Nearly nine out of ten adults have difficulty using health information to make informed decisions about their health, profoundly affecting their health and access to care. Yet, in 2014, millions of newly insured individuals will be accessing the system, and will need assistance in seeking appropriate providers and sites of care. Recognizing that consumers all too often are unable to understand medical terms and instructions, a collective effort by key stakeholders is needed to provide information consumers can understand and use to make decisions about their benefits, personal care and care for their families.

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1 Peterson PN, Shetterly SM, Clarke CL, Bekelman DB, Chan PS, Allen LA, Matlock DD, Magid DJ, Masoudi FA. Health Literacy and Outcomes Among Patients With Heart Failure, *JAMA*.2011;305(16):1695-1701. doi: 10.1001/JAMA.2011;512

2 Office of Disease Prevention and Health Promotion. (May, 2010). National Action Plan to Improve Health Literacy. Washington, DC: U.S. Department of Health and Human Services

3 *Health Literacy Universal Precautions Toolkit*. AHRQ Publication No. 10-0046-EF, April 2010. Rockville, MD: Agency for Healthcare Research and Quality. <http://www.ahrq.gov/qual/literacy/index.html>.

## Introduction (continued)

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### How are Health Plans Engaged in Addressing Health Literacy?

Health plans view health literacy as a key component in engaging patients in self management of their chronic diseases, in care during transitions (including transitions from hospital to home), in medication adherence, and in wellness and prevention.

Written and verbal communication that can be easily understood and acted upon can improve all consumers' ability to use their benefits to their fullest and maximize their own health.

Health plan efforts to reduce disparities in care include programs such as cross-cultural training of physicians and other clinicians to improve communication and address health literacy. Many AHIP member health plans participate in a national collaborative—celebrating its 10th anniversary in 2014—whose mission is to share what has been learned and advance efforts to reduce disparities in care that have been identified in our sub-populations. These plans are identified in the book by the National Health Plan Collaborative logo as a large reminder of the important link between work that promises equity and work that promises clear communications. For more information visit [www.nationalhealthplancollaborative.org](http://www.nationalhealthplancollaborative.org).

A growing number of health plans are actively engaged in working to improve health literacy. Several years ago, with interest from other stakeholders, AHIP convened a Health Literacy Task Force, which includes representatives from approximately 65 member plans. The Task Force includes medical directors, nurse educators, and a pharmacist, as well as professionals engaged in the quality enterprise, cultural competency, disparities in health, and communications. It is focused on increasing awareness of health literacy and encouraging the development or expansion of health literacy programs. In addition, the Task Force identifies and develops tools to help health plans initiate

and advance their programs, and participants share information and best practices.

The set of tools developed includes:

- An **organizational assessment tool**, developed with Dr. Julie Gazmararian of Emory University under a grant from the Robert Wood Johnson Foundation. This tool was pilot tested in 18 plans and is now widely used by plans to determine if they have the infrastructure in place to promote good written and verbal communications about health and benefits;
- A **toolkit** outlining the five basic steps to implement and advance a health literacy program, including bringing together a team; making the case for moving ahead; assessing the organization, developing policies, procedures, and an action plan; and training of staff;
- A **tool** to guide contracting with vendors;
- A **model policy** for organizations to adapt/adopt;
- A **toolkit** relating to verbal communicating; and
- A **“mentoring” program** that matches professionals from programs that are more advanced with companies that are just starting out.

There continues to be significant startup activity in this area, with interested parties seeking information on program development and tools to sustain and advance health literacy programs once they are underway.

Health plans also have engaged with multiple public and private partners. This includes working with the Agency for Healthcare Research and Quality (AHRQ) to pilot test the health literacy Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey item set for health plans. This new survey item set will help examine consumers' perspectives on how well health information is communicated by health plans and health professionals in a health plan setting. This is a step forward in improving how plans and providers are addressing the health literacy needs of individuals and delivering health information that is understandable to the vast majority of Americans.

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## Introduction (continued)

Many one-on-one interviews with our health plan members as well as submissions that culminated in this publication provided insights into how health literacy programs are continuing to evolve. Although some initially focused on medical information while others focused on benefits information, these programs have evolved to embrace both.

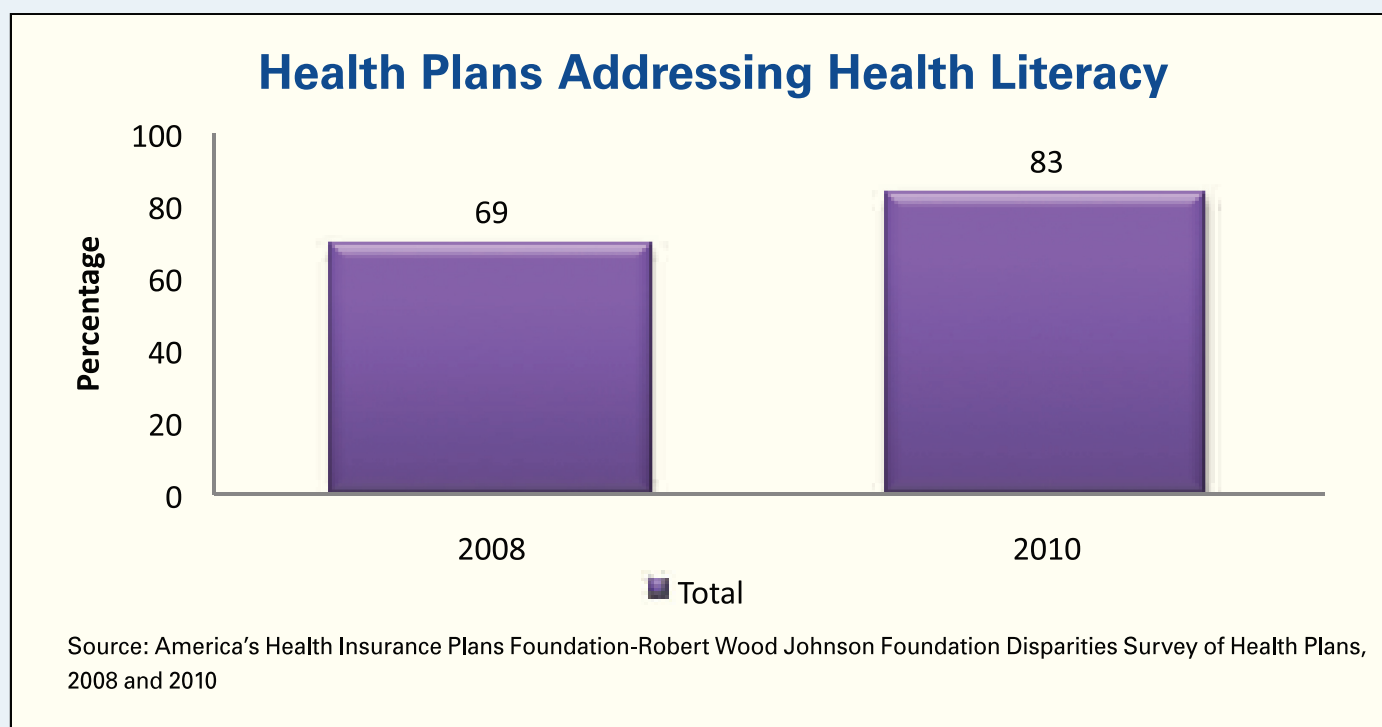
Work in the area of written communication is generally more advanced than verbal communication, though many plans are now focusing more attention on verbal communication, and there is considerable activity in both areas. In fact, a number of our member companies require all employees to have some understanding of plain language. Many plans have begun to be interested in how they can use social media in a health literate way, as they move from a focus on more traditional means of communication to make use of the channels best suited to today's audiences. Finally, we are beginning to see the emergence of health plan-based research from

plans that are interested in contributing to the body of evidence about health literacy and its potential.

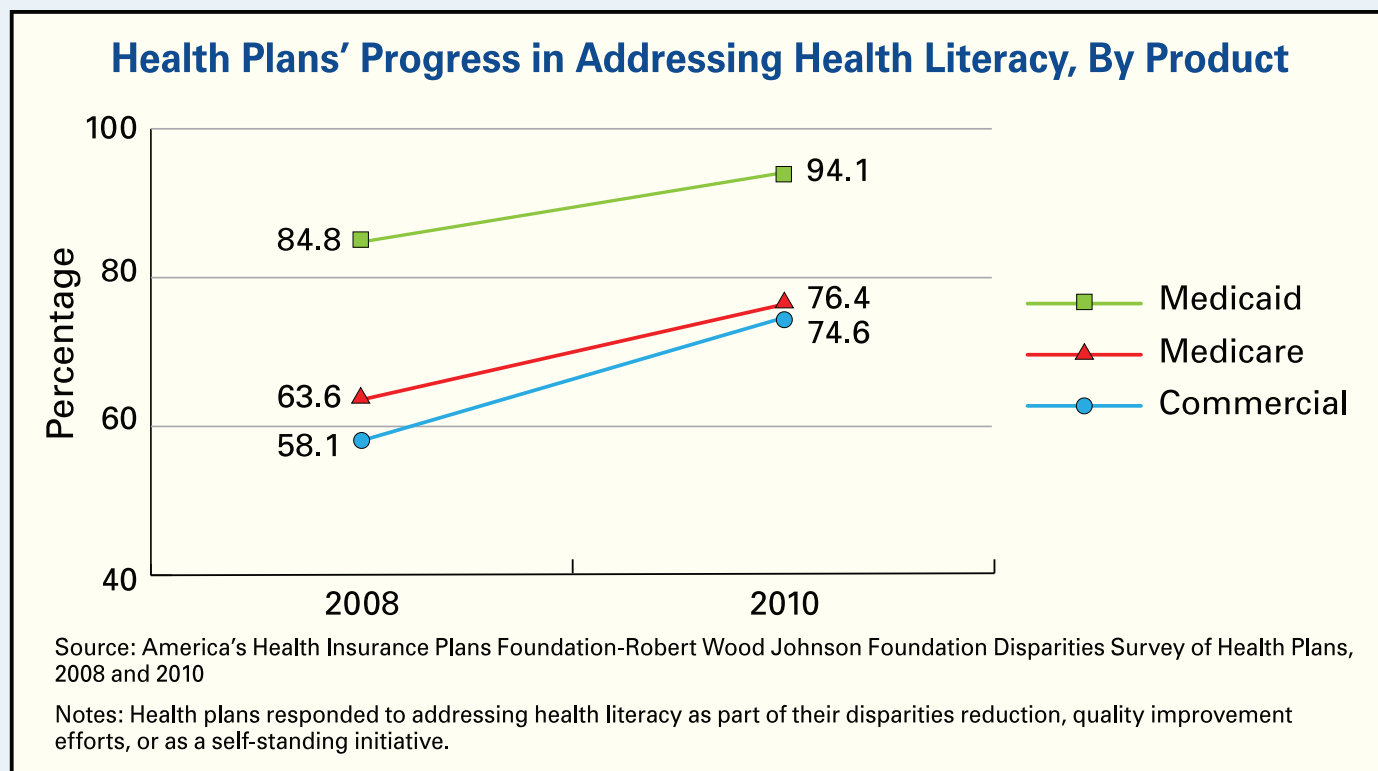
The AHIP Foundation (AHIPF) health plan surveys on disparities in health, funded by the Robert Wood Johnson Foundation (RWJF), reveal increased activity in the foundational elements of health literacy programs, such as assessments and dissemination of low-literate materials, development of organizational policies, and training of staff.

Five years ago, this national survey showed that approximately 69% of health plans had introduced some components of a health literacy program; this grew to 83% in 2010. About half of these programs are housed as part of health plans' disparities or quality improvement activities, while others are integrated into plan efforts relating to culturally and linguistically appropriate services, patient engagement, patient satisfaction, and communications and marketing.

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## Introduction (continued)



In 2010, according to the AHIPF-RWJF survey, almost all health plans were adopting a targeted reading level for written consumer communications (90%) and standardizing member communications in clear, plain language (81%). Health plans also have improved awareness and training among plan staff, specifically those who prepare written communications for members or who interact directly with members, on the principles of clear health communication (increasing from 58.4% in 2008 to 70.6% in 2010). The survey also showed that 67% of health plans in 2010 ensured that all documents, including those translated from English into

other languages, meet a targeted reading level. Although not assessed in these surveys, the reading levels may vary across health plans and among states, with ranges between 4th – 8th grade reading level.<sup>4,5</sup> About two-thirds of health plans adopt a company-wide approach to clear communication through the development of policy and procedures. Other common approaches to improving clarity and understanding of written communications included avoidance of jargon and medical terms, and translation of materials into commonly spoken languages other than English.

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4 Gazmararian, JA. (2009). America's Health Insurance Plans' response to health literacy. PowerPoint presentation at the Institute of Medicine workshop on measures of health literacy. Washington, DC, February 26.

5 Health Literacy Innovations, LLC. (2007). National survey of Medicaid guidelines for health literacy. Bethesda, MD <http://www.healthliteracyinnovations.com/information>.

## Introduction (continued)

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### What are the Most Common Health Plan Approaches to Improving Health Literacy?

Through these national surveys, outreach and interviews with our member plans, we have identified eight common approaches that could serve as models to assist other entities in improving health literacy:

- Assess the organization to determine if an infrastructure exists to provide clear, easy to use information.
- Convene teams of professionals from all of the organization's units that touch consumers via the written or spoken word to address health literacy. This allows infusion of health literacy across an organization.
- Use tools such as the organizational assessment as a way to jump start a program, or as a planning and prioritization tool.
- Adopt a targeted reading level.
- Conduct inventories of jargon and acronyms used by the company and create lists of "words to avoid" and "words to use" as alternatives. These are generally company specific as companies tend to develop their "own language."
- Create checklists (or use electronic tools) for evaluating written documents to assure that they conform to principles of clear health communications.
- Consider a company-wide policy that new documents and those being revised must conform to principles of clear health communication.
- Provide training to a broad group of employees to increase awareness and enhance skills.

Looking forward, the health plan community is intensely focused on improving communications to consumers, recognizing that clear written communications tend to be at a more advanced stage than clear verbal communications. Consumer testing of materials is an important priority for achieving further progress. While the costs associated with such testing and difficulty in getting consumer engagement have been limiting factors, health plans are creative in getting feedback on their materials, including obtaining this information through existing assessment tools or through employees who are engaged in activities unrelated to the materials being tested.

The information in this publication will be updated regularly, an important step in an endeavor that is developing and evolving rapidly. It is our hope that providing this information to our member companies will spur further development in this important field of activity.

## Aetna, Inc. | Health Literacy Initiative

### How and when did you start your efforts?

According to researchers, more than 90 million<sup>1</sup> people in the U.S. struggle to understand basic health information. Using this information, we estimated that approximately 7.5 million of our members had problems reading, understanding and using information to make good decisions about their health and health care.

In response, we created a Health Literacy Workgroup in 2006 to address the problem. The group began by raising awareness about the issues and then moved on to proposing solutions. In 2012, the formal workgroup ended. However, the executive committee continues to meet and the group's legacy lives on. Now there is a company-wide focus on the importance of health literacy and plain language.

### What are your goals?

Our mission remains the same: to improve health outcomes by using universal health literacy strategies. Our goals are to:

- Research the effect poor health literacy has on consumers and its impact on health outcomes
- Increase awareness about health literacy among Aetna employees, health care professionals and Aetna members
- Give people tools and resources to address poor health literacy
- Use simple language so all audiences can understand us

### How have you made the case internally?

Employee champions weave the concepts of health literacy and plain language into the fabric of our organization. They have become best practices rather than "events." This increases the value of our brand, reputation and business success. Every Aetna employee receives annual awareness training about health literacy

and plain language. We also have online courses on the topics that are open to all employees.

#### WE USE THE COMPANY INTRANET

To convey the importance of health literacy and plain language to our employees, we use the company intranet. Permanent features include *Jargon Alerts* and grammar tips. These help employees figure out better ways to communicate.

In addition, we sponsor contests during national Health Literacy Month to promote clear communications. One of the most popular asks entrants to rewrite a paragraph to reduce its reading grade level and enhance its clarity.

#### WE BRING IN EXPERTS

We speak about the cause to Aetna employees, industry trade groups, professional associations and others. In addition, we've hosted experts to speak to employees. These include Drs. Darren Dewalt, Bob Like and Barry Weiss. Janet Ohene-Frempong, a plain language and cross-cultural communications expert, also spoke.

#### WE TRAIN AND CERTIFY WRITERS AND REVIEWERS

We urge all employees who write as part of their jobs to become Aetna-certified writers and copy quality reviewers. To support them, we recently launched the Writers' Center for Excellence. The website is part of the Aetna Brand Center, which gives employees the tools they need to write to the company's brand standards.

We write at a 5th grade level for member materials and 9th grade for providers, brokers and plan sponsors. In addition, our brand voice calls for communications that are clear, conversational and genuine. The Writers' Center sponsors a training program that strives to ensure that our communicators:

- Inform, educate and engage consumers
- Follow Aetna brand and writing guidelines
- Write in plain language

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<sup>1</sup> Kirsch IS, Jungebut A, Jenkins, L, Kolstad, A. *Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey*. Washington, D.C., Department of Education 1993.



## Aetna, Inc. | Health Literacy Initiative (continued)

In 2013, the Writers' Center captured top honors in the annual ClearMark competition from the Center for Plain Language. The Writers' Center won for best use of plain language by a website in the private sector.

### What are some of the key elements of the program?

We used plain language to simplify more than 200 codes for our explanation of benefits statements. To improve understanding and satisfaction, we've also simplified more than 150 member letters.

#### WE COLLABORATE WITH OTHERS

One of our medical directors serves on the program committee of the American College of Physicians Foundation. An Aetna vice president is an active member of the Institute of Medicine's Round Table on Health Literacy, as well as chair of AHIP's Health Literacy Taskforce. We also collaborate with the American Medical Association Foundation to distribute their continuing medical education course on health literacy to clinicians.

#### WE CONTACT CLINICIANS

We talk to doctors and nurses about their role in helping people understand their health and health care. We created awareness activities for doctors, including:

- Health literacy education to physicians via text messages
- Stories about health literacy in our physician newsletter
- A health literacy reference tool on our provider education website
- A cultural competency course for clinicians

#### WE CONDUCT RESEARCH AND FUND PROGRAMS

We research and analyze the effect of health literacy on consumer understanding of health information and its impact on health outcomes. Examples include:

#### *Asthma Health Literacy Study*

Our first study measured the impact of materials written in plain language. The Institute for Healthcare Advancement named us a winner of its 2008 Health Literacy Award in the research category. The study was funded in part by GlaxoSmithKline.

In 2011, we launched an asthma pilot program for Medicaid members in Delaware. This program aimed to improve health outcomes of Hispanic and African American patients who struggle with the disease. The goals of the initiative were to control asthma better and reduce the need for emergency room visits through:

- Culturally appropriate educational materials written in plain language
- Disease management programs
- Environmental assessments of homes

In addition, the *Aetna Foundation* funds health literacy and racial and ethnic equity efforts, including grants that support:

- Young health services researchers from under-represented minority groups
- A hospital, primary care clinic, pharmacy, and lab facilities which combine state-of-the-art medicine with Native American healing traditions
- A community health promoters' program to assist residents who are uninsured, cannot afford preventive health care and have health risks including obesity, poor nutrition, diabetes and heart disease

### What lessons have you learned?

Health literacy is more than whether you can read and understand medical terms. It is also whether you can understand the language of health care and health care benefits. We've also learned:

- Awareness is good, but it's not enough. We need to be eternal advocates for health literacy, plain language and member empowerment.

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## Aetna, Inc. | Health Literacy Initiative (continued)

- Health literacy and plain language do not “dumb down” communications. We insist that the only thing “dumb” is to continue to give people information they can’t understand.
- Everyone can benefit from health literacy strategies. (Busy people and sick people value the simple, clear approach, too.) This is why we advocate for a universal health literacy approach.
- Educating doctors to have a health literate office means educating the entire office staff (both clinical and non-clinical).
- Low health literacy affects spoken and electronic communications, as well as written materials.
- Find the people in your organization with passion for this work (your “evangelists”) and empower them to drive your program forward. Provide them with recognition and support, especially from the top of your organization.
- Funding is important for growth. A grassroots campaign can be very effective: our program started with a handful of champions. However, for the program to become an integral part of your organization, it needs financial support.

And in a related effort, our brand team is conducting audits to rate the quality and consistency of materials produced both internally and by our agencies. This improves our ability to spot communication gaps and address them more quickly.

The future is bright. We want to encourage our employees (and all who work in our industry) to become better at translating business, marketing and clinical messages into benefit-focused and reader-friendly communications. Health care reform is here. It’s more important than ever to simplify the way we do business, welcome new users into the health care system and help them get the most from their health care benefits and services.

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### What’s next?

We’re at an exciting time in the evolution of our program. We want to be an organization where health literacy and plain language are part of how we work each day. We’re creating an employee community that works across boundaries with one common goal: to better communicate with the people we serve.

With the launch of the Writers’ Center, we now have a robust resource and training website for communicators. We are certifying more writers and quality reviewers than ever before. Also, we offer coaching and mentoring to those employees who need more support in meeting our plain language goals.

## AmeriHealth Caritas Louisiana | Health Literacy

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### When and how did you get started?

AmeriHealth Caritas Louisiana, a part of AmeriHealth Caritas, launched as a Medicaid Managed Service Provider in February of 2012. Even before the plan began taking members, there was one full time staff member who focused on promoting and creating a plan that had Culturally and Linguistically Appropriate Services (CLAS) for all members, as well as a CLAS workgroup, for which health literacy is a significant component. Incorporating appropriate processes and fostering an environment that promotes health literacy is important for the entire AmeriHealth Caritas enterprise.

### What are the current components of your program?

In addition to grade level testing of all member materials and mandatory AmeriHealth Caritas Louisiana-wide health literacy training in July 2012 for all associates, the plan thought it would be a good idea to begin its first year with the AHIP Health Literacy Assessment developed in conjunction with Emory University. AmeriHealth Caritas used the assessment to find areas for opportunity and improvement. As a result, the plan learned that they needed to implement a verbal health literacy toolkit, or guide, for all associates with member contact. AmeriHealth Caritas has set that goal for this year, and they plan on using the AHIP verbal health literacy guidebook. AmeriHealth Caritas will also be conducting website navigation tests using a sample of people that mirrors its membership population. Over time, AmeriHealth Caritas hopes to build on this momentum with larger goals.

### How have you made the case internally for your work?

AmeriHealth Caritas has made these components integral to the company since its inception. It is the culture and modus operandi of the company. It is something that is expected.

### What have you learned?

AmeriHealth Caritas has learned that health literacy is a continual process and there are always new goals to set.

### What is next?

AmeriHealth Caritas' mission is helping people get care, stay well, and build healthy communities. The plan also follows the AmeriHealth Caritas vision to lead America in health care solutions for the underserved. AmeriHealth Caritas understands that in order to excel in these goals, they have to provide care in a way people can understand and take an active role in their health. Health literacy is an integral part of these goals and the plan will continue to expand its health literacy efforts to achieve this.

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## Blue Cross and Blue Shield of Minnesota | “Health Literacy Ambassadors”

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“Health literacy touches Blue Cross and Blue Shield of Minnesota at many levels. As a system, we strive to make our access points easy to use and understandable by all. As employees of a health company, we seek to provide clear and simple communications that inspire our members to stay or get healthy. And as consumers of health care services, our employees can be empowered to ask questions and take charge of their health care by being engaged and prepared patients. Our health literacy program works at addressing each of these levels.”

### How and when did you get started?

Blue Cross Blue Shield of Minnesota’s health literacy program began in 2005. Initial efforts focused solely on increasing awareness of the issue and the impact of low health literacy. By 2007, it was clear that more needed to be done. A new innovative approach was started to engage employees from across the company. This program is called the Health Literacy Ambassadors. Today, the program has representation within every division in the company. The ambassador name was used to set it apart from other work groups and focus on generating good will across the company, exporting ideas through peer participation and learning.

The goal of the ambassador program is to create a culture of health literacy across the organization. The ambassador program is one component of a larger program; it aims to increase awareness, identify resources and best practices, educate employees across the company and align with the corporate strategy and brand identity.

### What are the key elements and accomplishments?

The ambassadors hold quarterly meetings where information is shared on resources, trends in the field, and current health literacy activities. The ambassadors help identify opportunities for the overall health literacy program of the company. Many ambassadors also

have individual goals which are included in their annual performance reviews. This helps bring legitimacy to the program by institutionalizing the work and making leadership more aware of each individual’s efforts.

Ambassadors play a key role in building an effective health literacy program at Blue Cross. Ambassadors are trained in health literacy best practices and serve as advocates and resources throughout the company. They developed a tool for review of materials, including both a checklist and user’s guide and helped train staff responsible for writing member materials. In addition, “Health Literacy 101: understanding the basics,” an e-learning course, was developed. This course is included in the learning and development suite of courses at Blue Cross.

Ambassadors also help create and distribute a newsletter, published on the intranet and available to all employees. The newsletter includes information about what is happening in the health literacy program, ambassador activities, tips on how to take charge of your health care, tools and resources for employees working with members, and overall communication strategies.

Ambassadors serve as key contributors and organizers for the annual health literacy corporate campaign. For several years Blue Cross has engaged in an awareness building campaign during health literacy month—October. This campaign may include posters, presentations and education sessions, quizzes and prizes, and stories about how health literacy is being incorporated into work across the organization.

Other accomplishments of the health literacy program over the years include:

- Health literacy best practice training for care coordinators working with older adults
- Completion of AHIP’s health literacy assessment tool
- Addition of health literacy considerations to case studies reviewed by clinical staff

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## Blue Cross and Blue Shield of Minnesota | “Health Literacy Ambassadors” (continued)

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- Formation of a team to look at opportunities to improve understanding of medical policies
- Presentation aligning customer service soft skills with health literacy best practices
- Several reviews of member focused materials using the health literacy checklist
- Health literacy content added to new hire training for both clinical and customer service staff
- Incorporation of health literacy into quality improvement projects
- Community involvement, such as membership in The Multilingual Health Resource Exchange and founding member and chair of the Minnesota Health Literacy Partnership
- Training for provider groups interested in learning more about health literacy and starting up their own health literacy programs

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### What lessons have you learned?

***It's all about alignment and collaboration.***

Collaboration is key. It is important for others to be involved in health literacy efforts and see the importance of striving towards clear communication and improved understanding. Remind others that it's not about adding more work but adjusting the way they do the work. Many areas are already doing work that aligns with health literacy best practices and it can be helpful to point those out first and then add where there are opportunities for growth.



## Blue Cross of Idaho | “The Top Ten”

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### **What was the impetus for your program or project? What are its goals?**

Blue Cross of Idaho looks at their work in benefits literacy—“The Top Ten Things You Need to Know”—as a way to improve customer satisfaction and the customer experience. An analysis of data suggested that consumer understanding of health insurance drives overall satisfaction and experience, and that the more consumers understand, the happier they are with their plans. Blue Cross of Idaho has seen a ten percent increase in satisfaction since implementing the program five years ago, an increase that tracks directly with improvements in consumer understanding of their benefits.

Blue Cross of Idaho’s analysis of questions directed to customer service indicates that 80 percent of the questions received relate to a small number of issues, and so the focus of their consumer materials has been on a “top ten” approach, i.e., not providing all information at once, but focusing on the task at hand and the most critical areas, defining them and helping consumers understand how to navigate the health care system and use their benefits through a focus on a select number of components.

First the company defined the key insurance terms that often confuse consumers, and developed “The Top Ten Things You Need to Know about Health Insurance.” These definitions were included in wallet size cards, in newsletter articles, and with any mailings sent for any reason, e.g., with Explanation of Benefits (EOBs). The focus on the simple definitions was followed up by a series of articles in monthly member newsletters that highlighted how members could navigate the health care system by understanding how to use their benefits. These articles were based primarily on the same concepts that were highlighted in the “top ten things.” The final component of this project built on the previous elements that outlined “Ten Things You Can Do to Reduce your Health Care Costs.”

### **What lessons have you learned?**

Blue Cross of Idaho believes that a key to success lies in understanding your goal and conducting research to back up what you do.

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## Centene Corporation | The Centene Book Series

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### What was the impetus for this program or project?

The *Centene Book Series* grew out of an initial project that focused on the 900,000 children who are served by the company. Centene developed the original *Children's Book Series* because there weren't good materials available to teach kids about their diseases, and children need to be part of the solution in managing/preventing disease conditions. Dr. Mary Mason, Senior Vice President and Chief Medical Officer, met a children's author who helped develop the series. The success of this groundbreaking endeavor—and the need for materials to address the needs of other populations served by Centene—led to the development of a broad based initiative called the *Centene Book Series*.

### What are its key elements?

The “Adventures of Boingg & Sprockette” is a children's book series with Darby Boingg, a fun-loving wallaby, that addresses such important topics as bullying, not smoking, foster care, and eating healthy. The first book in the series focused on obesity. Centene didn't just send out the book, but tried to bring it to life. Centene brought the author to schools along with mascots to make the learning fun, and used the author's visits as opportunities for children to ask her questions about her career. Children typically took the free book home with a parents' guide that is designed to encourage conversation between the parent and child about wellness topics. It was well-received, and was in great demand.

At these *Author Reading Events*, held in a variety of school and community settings, pre- and post-tests are given to the audience to determine the impact of the messaging.

Many of the children served by Centene have breakfast, lunch, and an afternoon snack at school. The book included information about how to make choices; in these school settings, the children are making choices



on their own, often without guidance, and it is important for them to understand the importance of their decisions about food.

In addition to the book on obesity, Centene has produced an eight minute DVD on asthma. A second book, “Smokey Yuckpack,” launched in 2011, teaches children in the 5-9 age group why they should not start smoking. The first in-school programs featuring the new book began in October 2011.

“Off the Chain” is a series of teen books, using modern language to address various life challenges such as asthma, teen pregnancy, and the physiological and emotional changes that occur during adolescence. Centene reaches out to schools and organizations (e.g., the National Urban League) for distribution of books to their audiences.

The “My Route to Health” adult series features topics such as “how to be a new dad,” asthma, heart disease, nutrition for babies, overall health lifestyles, HIV, and Sickle Cell Disease. Centene provides these books to the Medicaid population to promote health education and consumer empowerment. The majority of books are hand delivered to members.

*continued*

## Centene Corporation | The Centene Book Series (continued)

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The purpose of the book series is to address consumer educational needs on a variety of health topics using modern and conversational language, in both Spanish and English. Through the series, Centene aims to improve the health of the populations it serves, improve the quality of care in specific clinical areas, and reduce disparities in care for racial and ethnic populations.

### What results have you had?

Centene was able to study outcomes related to the children's book series. Over 500,000 books have been handed to children between the ages of newborn to 5th grade over the past five years.

Centene reviewed pre- and post-tests of 908 individuals from Kindergarten to 5th grade. Improvements were noted in multiple areas relating to health behaviors. For the book called "Fitropolis," a book on healthy eating and exercise, Centene demonstrated a 12% increase in awareness that milk is a better choice than sodas in restaurants, and 11% improvement in knowing energy drinks are not very healthy because of their high sugar content, and a 9% increase in knowing that one needs three healthy meals a day. Using the "Smokey Yuckpack" book, Centene saw a 14% increase in awareness that a person can indeed quit smoking, a 22% increase in awareness that smoking is expensive, and a 6% increase in awareness that second hand smoke is dangerous.

### What lessons have you learned?

Buy in for these programs takes time. It takes time for organizations to understand what you are trying to do. We believe (and this is our goal) that changing behavior early on through education that resonates will have an impact throughout the lives of children and their families.

Packaging matters, and that argues for different formats to reach different people. Centene is having success with making information available in a variety of formats. All of Centene's books are bilingual and recorded for those with literacy issues and those who learn better via the recorded format.

It is important for a program such as this to have a long-term plan so that we have a sense of where we want to be in three to five years and keep moving to advance it in that direction, not getting bogged down by all that could potentially be done, but moving forward by setting priorities.

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## Cigna | Creating a Culture of Communications Excellence

### What was the reasoning behind your project or program? What are its goals?

Cigna<sup>1</sup> is dedicated to helping people improve their health, well-being and sense of security. This requires extremely effective communication. Seventy percent of health insurance vocabulary is too difficult for the average reader to understand. As a result, customers feel confused and upset when they don't know how to correctly use their benefits. Even worse, some feel that our industry is trying to deceive them with complicated insurance-speak. This creates mistrust and a resulting lack of satisfaction.

To address this challenge, Cigna is creating a new approach to producing customer communications. Following the lead of many successful companies in other industries, we're actively building a centralized customer communications team. The team strives to create and deliver coordinated, relevant and effective communications that build trust, long-term satisfaction and lasting relationships. Our ultimate goal is to improve the overall customer experience.

The team we've built is comprised of consultants, strategists, writers, multicultural communication experts and project managers who eliminate industry jargon. By speaking clearly, simply and consistently, we help our customers understand and use their benefits more effectively. Our goal is to drive brand consistency across the enterprise with a focus on simplicity, clarity and overall appeal. Clear, unified, consistent messages increase efficiencies across the organization, support the brand and are an expression of our corporate responsibility to focus on health literacy and equity.

### What are the key elements?

The team promotes Cigna's clear communication effort. Clear communication is information our readers can understand the *first time* they read it. We emphasize

plain language, short sentences and paragraphs, an active voice and logical organization. The following eight criteria are the building blocks of our clear communications campaign. We strive to create customer communications that successfully embody each of these attributes.

IMPACTFUL	SIMPLE	PERSONALIZED	HELPFUL
PASSIONATE	PERSONAL	ENGAGING	ENJOYABLE

The team functions as a center of excellence and partners with the individual business areas. Centralizing the process improves integration, oversight and efficiency. The team brings a big-picture view to a project. We advise on simplifying communications by using plain language principles that result in engaging, relevant and informative material. Our experts ensure that communications are personalized, integrated and culturally appropriate interactions that happen at the right time, in the right language. A governance group of senior executives monitors compliance with strategy and guidelines. Working closely with each Cigna business area, the team helps to plan, develop, and distribute communications designed to:

- Deliver relevant messaging and content
- Build and protect company branding
- Address cultural and other unique needs
- Engage customers and build relationships
- Recognize customer communication preferences
- Ensure that all customer communications meet our clear communication guidelines

*continued*

<sup>1</sup> "Cigna" is a registered service mark used by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries.

## Cigna | Creating a Culture of Communications Excellence (continued)

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### What lessons have you learned?

- Centralizing the customer communications process improves consistency of messaging and application across the enterprise. The central team emphasizes various tools and resources and educates on the power of clear communication. We promote tools such as “Words We Use,” a glossary of commonly used terms; Clear Communication Training, a series of three online courses; and our internal website.
- One size does not fit all. The rapidly changing demographics of our nation are having a significant impact on our clear communication effort. In response, Cigna integrates cultural competency into the way we do business. It’s part of our customer-centricity, health equity, diversity and inclusion, clinical and quality efforts and is an expression of our corporate responsibility. Cigna employees educate themselves on cultural competency training with online courses, newsletters, presentations and interactions with diverse peers.
- Promoting cultural competency necessitates dedicated resources. Cigna has an established Health Equity Team that serves as a resource for gathering and disseminating information that promotes health equity and demonstrated outcomes. The team advises on developing material that drives behavior and encourages healthy lifestyles.
- Cultural competency also means more than simply translating documents. To ensure that communications are relevant and engaging to a diverse audience, Cigna considers the cultural preferences of specific

ethnic groups, applies best practices and keeps the desired outcome in mind. We also use the multicultural expertise of over 1,000 volunteers from the Cigna Health Equity Council and Colleague Resource Groups to provide feedback on projects in creation.

### What are the results?

- Improved usefulness of print and other types of customer communication
- A heightened awareness of the customer experience
- The use of national best practices to create and maintain cultural and translation guidelines to ensure relevance, engagement, accuracy and consistency
- Cigna has won several communications-related industry awards for a variety of projects, including a simplified Explanation of Benefits form, and a targeted campaign for Haitian Creole customers, as well an award from the Center for Plain Language for the Cigna.com Health Care Professional Directory. Forrester Research and the Temkin Group, along with J.D. Power, have recently cited Cigna’s improved customer communications as a key contributor to improvements with customer experience and customer satisfaction survey scores, respectively.

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## EmblemHealth | Assuring a Clear and Meaningful Conversation

### What was the impetus for your health literacy program? What are its goals?

Our health literacy program begins at our very foundation—with the EmblemHealth brand promise—in which we pledge members a relationship they can count on to stay healthy, get well and live better. To help members achieve health goals, we provide information in a way they can understand. In fact, one of the tenets of our brand promise states that we will “communicate in terms that are clear in intent, simple in language and consistent in message.”

### What are the key elements of your health literacy program?

- With the advent of health reform, we’re focusing on innovative ways to engage consumers and make care approachable and understandable. That’s why we recently opened two EmblemHealth Neighborhood Care locations—so that we can engage consumers where they feel most comfortable—at home in their community. These storefront sites are warm and welcoming living-room-like spaces in Harlem and Queens, designed to provide face-to-face customer service and personal attention from benefit experts and health care professionals. By understanding consumers’ lives, linking them to resources and simplifying processes, we’re removing barriers that prevent them from leading healthier lives.
- EmblemHealth was among the first health plans in the United States to begin using Health Literacy Advisor software to enhance the readability of our communications. We find it such a useful resource that we license it for our entire communications staff.
- We recognize that how well patients understand health and benefits information plays a major role in their health status. That’s why we have a formal operations policy standardizing fifth to ninth grade reading levels for member communications, depending on line of business.

- We acknowledge that properly addressing religious and cultural beliefs is a key element of providing patient-centered care. That’s why we collaborated with the Tanenbaum Center for Interreligious Understanding, a secular nonprofit organization, to create resources that help providers understand how religion and culture intersect with medical science. *The Medical Manual for Religio-Cultural Competency* offers practical information to help the practitioner understand how patients’ medical decisions can be influenced by their religious or cultural observances. Nearly 3,000 physicians have requested this first-of-its kind publication, which is offered to network practitioners at no cost.
- To further help practitioners understand how cultural practices and religious beliefs influence patient decision-making and treatment options, EmblemHealth offered providers a free 60-minute online cultural competency course with CME credit.
- To facilitate communication between patients and their care team, our member newsletters regularly include “questions to ask your doctor” to help get the conversation started. Our provider newsletter also includes articles on health literacy topics, including tips for improving communication skills and use of the teach-back method to assure patient comprehension.
- We recently launched redesigned Explanations of Benefits, which feature a streamlined design, plentiful white space, intuitive formatting, plain language and definitions of terms. These improvements are making it easier for members to use, interpret and understand our claims settlement statements.
- Our member welcome materials now include Quick Start Guides. These one-page “cheat sheets” feature plain language and help members understand the basics of their plan, make the most of their benefits and smooth over any possible abrasion points.

*continued*

## EmblemHealth | Assuring a Clear and Meaningful Conversation (continued)

- We continue to revamp our interactive voice response system, including rewriting phone menus and prompts to incorporate plain language.
- We offer our employees a comprehensive online communications toolkit. It includes a guide for communicating in the EmblemHealth voice, reminding staff that “Our voice is always easy to understand and focused on helping members get answers to their questions...” It also contains writing guidelines that emphasize plain language and design resources to ease navigation through our communications. Links to plain language sites are another helpful resource within the toolkit.
- A design responsive to most user devices, including PCs, laptops, tablets and smartphones.
- Alternative text (alt text) describing graphic content and skip navigation (skip nav) to allow users to bypass repetitive navigation links. Both of these features are helpful to visitors with special needs who access the site using screen reader assistive technology.

### What lessons have you learned?

With the advent of health reform, the time is ripe for enhancing consumers’ understanding of health care and health insurance. Opportunities may not present themselves with an official “health literacy” label, but if we approach every initiative as a way to provide information that is accurate, accessible and actionable, inroads toward a more health literate society can certainly be made.

### For example?

Our Web site was completely redesigned and recently relaunched. Emphasizing clarity to ease comprehension for visitors of all health literacy levels and organized logically to aid navigation, the site features:

- Over 100 rewritten pages with easy-to-scan content that uses common words.
- “How Do I?” questions placed prominently in the center of the member home page.
- Clean design with adjustable font resizer.
- Plentiful white space to reduce visual noise.
- Hierarchical organization with clear heading structure.
- Improved navigation requiring fewer clicks.

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#### TOOLS OR INFORMATION TO SHARE:

##### **Tanenbaum Center for Interreligious Understanding**

The link for this tool is:

[www.tanenbaum.org](http://www.tanenbaum.org)



## Fallon Community Health Plan (FCHP) | Initiative: Plain Language & Simplification

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### What was the impetus for the program or project? What are its goals?

Our efforts in promoting health literacy and plain language began a couple of years ago. An FCHP colleague who attended an AHIP conference brought back material on health literacy, and an FCHP representative joined the AHIP Task Force as a result. The concepts of health literacy tie nicely into Fallon Community Health Plan's mission of *making our communities healthy*. Based on information and learning from Task Force participation, this representative prepared a presentation that defined health literacy and the extent of the problem, and laid out what the company can be doing to address it.

### What are the key elements?

The first step was to create awareness and get organizational support for the effort. The FCHP representative to the AHIP Task Force gave individual presentations to more than 20 different senior leaders in the company, asked for, and got their support in moving forward. The next step was to incorporate plain language principles into all member materials. At FCHP, a mechanism already existed to centralize member materials for this purpose because all are routed through the communications department, which has oversight of the plain language initiative.

A style guide used in the development of all materials addresses areas such as clarity, the member perspective, font size, and grade level. Today, a checklist is also used for each communication piece to ensure health literacy principles are included, and a formal training program in writing in plain language has been taught to appropriate staff.

FCHP tested ideas and materials with an on-line community of 300 individuals in the area, getting valuable feedback on what they find clear and easy to use, versus what they find confusing. The company has

since reformatted key member materials, in part based on what they have learned from this innovative process. FCHP also launched a retail storefront where it holds programs to help members learn about their health insurance coverage and where members can stop by and have their questions or concerns answered face to face.

### What lessons have you learned?

As health insurance becomes increasingly complicated, individuals of all education levels and backgrounds require simple, easy to understand information. Keep moving forward and incorporate health literacy principles into communications as they need to be updated. Small changes can make a big difference. Test content and language. Hold people accountable. Training has been very important for those who are creating communications and has made a positive impact on the materials.

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## Group Health | Plain Language Initiative

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### **What was the impetus for your program or project? What are its goals?**

In 2006, Group Health’s patient education team became increasingly aware of the problems related to limited health literacy in the U.S. and embarked on an awareness campaign with employees and leaders at Group Health. They were also concerned that the organization lacked a strategy for assessing or eliminating health literacy barriers based within their system. The team talked about launching a program—they were excited by the prospect—and then talked to a colleague at the Group Health Research Institute, Jessica Ridpath, (see page 16) about the “Program for Readability in Science and Medicine” (PRISM).

Jessica led a subsequent brown bag for that team and other staff from communications and web services that got people fired up. In the discussion that followed, participants realized that they were missing opportunities to collaborate and share resources. A group of participants in the brown bag then formed a cross-functional network. The first network meeting drew 30 participants from across the organization.

They brainstormed the question: “What can we do to improve health literacy at Group Health?” and made a long list of potential tactics in response. They recognized that they would get much more support if they could frame the issue as a solution that was relevant to all areas of the organization, rather than a problem that didn’t have a clear solution or clear accountability. As a result, like a number of other companies, Group Health chose to frame their health literacy work as “plain language.”

One of the first key steps to developing a formal organization-wide approach was getting leaders to sponsor an initiative to adopt a plain language communication culture at Group Health. Leaders

recognized the potential to improve many aspects of patient care and communications: patient safety, adherence to medicines and treatment plans, reducing follow-up calls to clarify information, and patient preparation for surgery. Ultimately, it would improve health outcomes and overall patient satisfaction.

### **What are its key elements? What does the program or project do?**

The multi-disciplinary team began to meet quarterly to set priorities and organize the work. A first goal was to develop and implement an awareness-raising campaign that would be launched in October of 2006, which is health literacy month. Another key goal was to identify plain language champions in various departments throughout the organization. One of the strengths of the initiative is that it has involved every discipline from communications professionals to pharmacists to physicians.

While Group Health’s plain language work has focused primarily on written communications, it has also promoted use of plain language in oral communication. A subgroup of the network developed a toolkit that includes alternative words to use for jargon and complicated terms, and offers examples of patient-friendly documents.

Another goal of the program was to build individuals’ skills in communicating in plain language. Members of the network provided training for champions and groups from other departments so that they would raise awareness among their colleagues and use plain language in their own work.

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## Group Health | Plain Language Initiative (continued)

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Since the Group Health Plain Language Initiative was started in 2006, all printed and online patient education has been edited for plain language, outreach and pharmacy letters are in plain language, consent form templates have been developed in plain language, plain language is included in the organization's communication standards, and plain language has become a core communication value in the organization. These successes appear to be deeply ingrained and sustained. The Network no longer meets quarterly, but members share information and collaborate on specific projects as needed.

### What lessons have you learned?

Getting senior leaders buy-in was essential. Building awareness through a network of champions worked. Creating tools (toolkit and training) helped people apply what they learned. Framing the issue as a solution that was relevant to all departments was critical to getting support.

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### Group Health Research Institute, Program for Readability in Science & Medicine (PRISM)

#### What was the impetus for the program or project? What are its goals?

Staff at Group Health Research Institute (GHRI)—the organization's public-interest research center—realized that informed consent documents and other study participant materials were at too high a reading level to meet the needs of patients enrolling in clinical trials and other health care research studies. This led to the development of the work called "Program for Readability in Science and Medicine" (PRISM) in 2005. Before PRISM, documents that optimally should be at the 6th to 8th grade level were sometimes scored as high as college level. PRISM was created to help overcome this problem by providing researchers with plain language training, tools, and editing services tailored for the research community.

#### What have you done?

PRISM started as a 6-month project focused on internal training. As the work gained acceptance and was shared with collaborating institutions, the scope of the project increased and requests for training and editing began coming from outside organizations. GHRI responded by promoting PRISM from a short-term project to an ongoing program.

PRISM's centerpiece is a public-domain readability toolkit that illustrates how to use plain language in consent forms and other research materials. Supported by a grant from the National Institutes of Health (NIH), the project leader was able to evaluate how well the toolkit was meeting the needs of users, and this analysis informed development of the next version of the toolkit, which doubled in size based on what was learned. A corresponding training module based on the principles

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## Group Health | Plain Language Initiative (continued)

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in the toolkit has been presented by PRISM staff at more than 30 workshops for researchers, institutional review board (IRB) members, and other health care professionals across the country.

In October of 2010, a free on-line plain language training module was launched to make PRISM training available to a wider audience. Development of the hour-long training was supported by a grant from NIH.

### What are the results?

- Before PRISM, research consent forms averaged near a college reading level. Of more than 40 consents edited since 2005, the average reading level is below 8th grade.
- A 2007 grant-funded toolkit evaluation showed that 88% of respondents rated it as “useful” or “very useful.” More than 10,000 toolkits were downloaded from the GHRI public website the following year.
- 30 months after its launch in October 2010, more than 400 people had registered for or completed PRISM Online Training. Of 330 users who answered the built-in evaluation, more than 94% say they learned helpful plain language strategies and would recommend the course to others. Users include researchers, clinicians, public health professionals, students, health educators, writers, and others.

### What lessons have you learned?

PRISM has succeeded because it provided a solution to a problem, as IRB requirements came into play, and the teams started our work in partnership with the IRB. Subject matter experts who often advocated for more complicated language were convinced there was a regulatory reason to adopt plain language.

The PRISM team also attributes the program’s success to three other factors:

- PRISM builds a trusting partnership between plain language experts and subject matter experts—meaning readability edits are expected and welcomed.

- It provides a range of complementary resources: training to build skills, a toolkit to support post-training success, and expert editing advice.
- The team was able to demonstrate how PRISM aligns well with existing organizational priorities and initiatives related to patient-centered care, health literacy, and ethical research.

### What’s next?

The PRISM team is hoping to further expand the readability toolkit to include modules on numeracy and problematic words such as “risk,” “screening,” and “prevent.” With additional grant funding from NIH, PRISM online training continues to be disseminated in a variety of settings, including public health, clinical trial research, and national quality improvement and patient safety initiatives.

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#### TOOLS OR INFORMATION TO SHARE:

**PRISM Readability Toolkit**

The link for this tool is:

<http://www.tinyurl.com/prismtoolkit>

**PRISM Online Training**

The link for this tool is:

<http://prism.grouphealthresearch.org>



## HAP ClearComm | Building a Culture of Health Literacy

### How and when did your program get started?

In early 2011, Health Alliance Plan (HAP) completed the *Health Plan Organizational Assessment of Health Literacy Activities*, which revealed opportunities to move from a fragmented approach with varied goals toward a streamlined culture of health literacy across the organization.

One important first step was to establish readability standards for written materials and a process for tracking readability statistics over time. HAP's health literacy champions also developed a *Health Literacy and Plain Language Guide* and disseminated it to all employees.

To continue to build a culture of health literacy, integrate it into each member interaction and ensure that member communication is easy to understand and act upon, HAP launched a more formal, multi-disciplinary initiative in 2012 called "HAP ClearComm" and identified three initial objectives:

- 1) Improve scores in at least three areas of the organizational assessment;
- 2) Provide health literacy resources to employees and training for select employees and vendors; and
- 3) Increase the number of materials written at grade 8 or below reading level by 15 percent; decrease the number of materials at grade 9.3 or above by 10 percent.

### What are the key elements of your program?

HAP ClearComm was structured around four key tactics:

- 1) **Establishing standards for written materials, using universal precautions<sup>1</sup>, to ensure simplicity, standardization and clarity.** HAP established an 8th grade reading level standard for written materials and replaced technical jargon, medical terms, and terms coined by HAP as a result of proofreading standards.

- 2) **Streamlining editorial review processes.**

All communications are routed through a consolidated editorial review board to ensure accuracy, tone, branding, messaging and compliance.

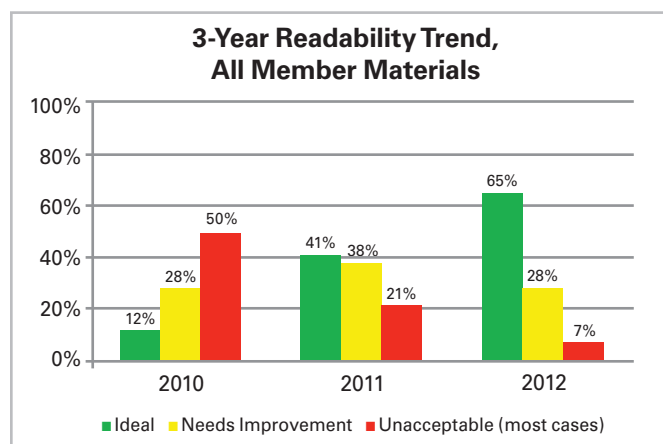
- 3) **Utilizing evidence-based Health Literacy Advisory (HLA) software<sup>2</sup>** to review all materials prior to publication.

- 4) **Educating and training employees and vendors.**

### What are the results?

HAP has made significant strides in improving the readability of member materials in less than two years as a result of engaging employee champions, establishing standards, replicating best practices and utilizing evidence-based software.

A readability audit of more than 500 member materials produced from 2010 to 2012 revealed promising trends. In 2010, only 12 percent of member materials were written at the target 8th grade level or below, while 50 percent of materials were written at 9th grade level or higher. By 2012, those numbers reversed to 65% and 7%, respectively.



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<sup>1</sup> *Health Literacy Universal Precautions Toolkit*. AHRQ Publication No. 10-0046-EF, April 2010. Rockville, MD: Agency for Healthcare Research and Quality. <http://www.ahrq.gov/qual/literacy/index.html>

<sup>2</sup> A Health Literacy Innovations™ product designed to simplify health information, measure readability and replace 12,000 hard-to-read words with plain language alternatives.



## HAP ClearComm | Building a Culture of Health Literacy (continued)

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HAP's "Understanding Blood Pressure" workbook is a good example of how *HAP ClearComm* is paying off. Honored as a third place finisher in the 2012 Health Literacy Innovator Awards' ReadsEasy Publication category, the workbook replaced a collection of materials from a variety of sources that were inconsistent in voice, messaging and brand and did not meet HAP's plain language standards. The impressive new workbook explains a serious health threat in a non-intimidating, easy to digest format with tabbed sections, checklists, user-friendly charts, space for writing personal goals and action steps, appealing and appropriate photos and more.

The company also launched a health literacy training and certification program for wellness vendors and made the training available as an on-demand webinar.

### What lessons have you learned?

- Building a culture of health literacy takes time and constant championing.
- Be proud of small victories...they add up to big change over time.
- Establish standards and offer guidelines and tools to help employees comply with the standards.
- To get buy-in from leaders and employees across the company, tie your health literacy goals to your organization's mission and strategy.
- Constantly remind writers, reviewers and subject matter experts that plain language and clear communication are about respecting the reader, not dumbing it down.

### What's Next?

HAP's health literacy champions have their sights set on establishing lower grade level readability targets and exploring opportunities to improve verbal communication utilizing the new *Effective Oral Communication for Insurance Customer Service: A Health Literacy Toolkit*.

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#### TOOLS OR INFORMATION TO SHARE:

***HAP ClearComm Health Literacy & Plain Language Guide***

The link for this tool is:

<http://www.ahip.org/HAP-ClearComm-Guide/>

***HAP ClearComm Understanding Blood Pressure Guide***

The link for this tool is:

<http://www.ahip.org/HAP-Blood-Pressure-Workbook/>

## Harvard Pilgrim HealthCare | Health Literacy Initiative

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### What was the impetus for this program or project? What are its goals?

Harvard Pilgrim began its efforts in health literacy as a way to reduce observed disparities in health care. As part of Harvard Pilgrim's disparities work, it monitors for differences in quality measure results by race/ethnicity, education, and income. Educational attainment is not collected directly from members, but instead is imputed to a member based on census data for their neighborhood. Harvard Pilgrim compares quality results among members who live in neighborhoods where at least 25 percent of residents have less than a high school degree with those for members living in neighborhoods where at least 50 percent of residents have a college degree and those in neighborhoods that fall in between. While low educational attainment and low health literacy are not the same, Harvard Pilgrim believes that disparities in care among members with low educational attainment can be an important marker for potential health literacy issues.

Harvard Pilgrim began working on health literacy in 2009 as part of a disparities reduction initiative around colorectal cancer screening. Educational disparities in screening had persisted even after several improvements in the member outreach program had successfully reduced racial/ethnic disparities. At the outset, clinical program managers realized that a broader health literacy initiative could help to address disparities in other preventive services, as well as improve self management of chronic conditions. However, they needed to gain organizational support for launching a health literacy initiative as a complement to existing disparity efforts. Fortunately, AHIP was working on the development of a health literacy self assessment tool for health plans with Emory University at the time. Harvard Pilgrim volunteered to participate in the pilot testing of that tool. Program managers used the self assessment results as a way to document problem areas and they were brought to the Medical Management and Quality

Committee for review. There was strong support for a broader initiative to address health literacy issues among Harvard Pilgrim members and this initiative was added to the annual quality work plan. A health literacy team was formed and the results from the self assessment helped the team to prioritize what needed to be done and how they were going to get there.

While the initial focus of Harvard Pilgrim's health literacy initiative was on health education and member outreach to support its internal clinical programs, the health literacy initiative has recently been expanded to include health insurance literacy, particularly health benefits information. Members who do not understand their benefits may not access or may delay needed care, leading to increased costs over time. They may also experience claims issues that can lead to dissatisfaction with the health plan. Addressing health insurance literacy has become an important component of Harvard Pilgrim's clinical programs and preventive care outreach initiatives, as well as its marketing and customer service initiatives. The target audience was expanded to include both prospective, as well as current, Harvard Pilgrim members. This expanded focus has become increasingly important as the plan moves toward health insurance exchanges and compliance with ACA requirements.

### What does the program or project do?

In late 2009, Harvard Pilgrim provided health literacy awareness training for a group of twenty-seven managers from all areas of the company that communicate with current or prospective members, either verbally or via written materials. Those who participated indicated that they needed both targeted skills training and easy-to-use tools to help them conform to principles of clear health communication.

In February 2010 a writing skills workshop was held for staff that have primary responsibility for assessing or developing written health education materials for

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## Harvard Pilgrim HealthCare | Health Literacy Initiative (continued)

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members. That workshop was led by an external health literacy expert and focused on both plain language writing skills and suitability assessment of written materials. The latter was particularly important when selecting written materials that were developed outside the health plan for use with plan members.

Using a bibliography of resources provided by the trainer and others identified through web searches, Harvard Pilgrim's health literacy team documented the principles and recommendations for clear communication that had been proposed by various health literacy experts and/or included in guides developed by different federal agencies. The team then distilled the principles and guidelines that were held in common by the majority of tools, guides and recommendations they had identified. These became the basis for a two page checklist and scoring tool, the Harvard Pilgrim Health Literacy and Cultural Appropriateness Checklist (hereinafter referred to as "Checklist").

The Checklist was designed for use by staff writers to guide their development of new written materials and by staff reviewers as a way to "score" written materials that were developed either by Harvard Pilgrim writers or by external organizations. The scored sections of the Checklist are: content, literacy level, layout and typography, and cultural appropriateness. A separate section addresses topics that may not apply to every document, such as visuals, translation, and the need for field testing. That section is not scored, but is used to provide relevant feedback. A Companion Guide to the Checklist provides instructions on how to use the Checklist to score a document. It also includes a reference guide with examples of how to implement each of the guidelines. These tools have been incorporated into a revised curriculum for the written skills training course. Harvard Pilgrim trainers use them to train new staff in targeted business areas. The Checklist and Guide were disseminated to all staff in May 2011.

At the same time, a Health Literacy page was launched on the Harvard Pilgrim Intranet, "LiveWire," to help keep this topic in the consciousness of staff. There are now several health literacy pages within an open Health Literacy Group in LiveWire. Important reference documents, such as the Checklist and Guide, instructions for testing readability of documents, recommended word substitutions, and other useful tools now reside on the LiveWire Health Literacy pages, along with the recent addition of a health literacy blog. Interested staff can choose to "follow" the Health Literacy Group. A monthly column of tips for clear communication, including topics such as clarity of purpose, using simple sentences, word substitutions, and assuring cultural appropriateness, is distributed through LiveWire. It is also a vehicle for Q & As about health literacy topics.

In early 2012, Harvard Pilgrim began the process of adopting a company-wide policy on health literacy. The Harvard Pilgrim Corporate Health Literacy Policy is adapted from a model policy provided by the AHIP Health Literacy Task Force. A key component of the corporate policy is staff training, including health literacy awareness training for all staff; written health literacy skills training for staff with responsibility for creating, reviewing or maintaining written documents and the corporate website; and verbal health literacy skills training for Care Management and Customer Service staff. It was soon recognized that the corporate policy could not be fully implemented until these trainings were available. A formal rollout of the policy was delayed until the trainings were in place.

During 2012, the health literacy team reviewed existing online health literacy training programs for feasibility, relevance and appropriateness for all health plan staff. The majority of online trainings they identified focused on physician-patient communication. While the principles included in these trainings are appropriate for Care Management Nurses, Disease Management

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## Harvard Pilgrim HealthCare | Health Literacy Initiative (continued)

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Nurses and Health Coaches, most health plan employees do not engage in clinically-focused conversations with members. Two online training programs focusing on public health and population health management were appropriate for clinical programs and quality improvement staff, as well as staff in Harvard Pilgrim's Wellness programs, but they were not very relevant to the many staff working in insurance-related business areas. Most of the courses required more time and went further in depth than the team felt was reasonable for an all-staff health literacy *awareness* training program. Many of the topics could be addressed more appropriately through skills-based training for staff in targeted business areas. Most important, none of the available online courses addressed health insurance literacy, a critical component of health literacy awareness for health plan staff. The team began working on the design and development of a health literacy awareness training course that was suitable and relevant for all Harvard Pilgrim staff. The goal was to develop a brief (20-30 minute) self-administered, online training course that would:

- Convey the importance of health literacy to current and prospective members,
- Alert staff to the problems associated with low or limited health literacy,
- Illustrate the business case for improving health literacy,
- Identify simple practices that can improve health literacy, and
- Engage staff in all business areas in becoming ambassadors for health literacy throughout the organization.

Working with an eLearning vendor, an online interactive training course was developed. The course uses member-based scenarios where a poor outcome can be averted through staff interventions to improve the health literacy of member communications. The course was designed to “meet staff where they are” through the use of optional background modules. It was also

designed with the option to alter the background colors and logos, along with the collateral materials, for use by other health plans that might potentially wish to license the course through the eLearning vendor. The course was rolled out to all Harvard Pilgrim staff in August 2013. It includes a course evaluation survey to assess whether the course achieves the goals listed above. Evaluation results were shared with the AHIP Health Literacy Work Group in October 2013.

A verbal health literacy training guide was developed by AHIP in the fall of 2012 and most of the content from this guide has been incorporated into a revised training curriculum for the Harvard Pilgrim Customer Service representatives. The revised curriculum was piloted with newly hired staff and will be introduced to existing Customer Service staff in early 2014.

With these trainings in place, the Corporate Health Literacy Policy was formally rolled out to all staff in October 2013. While it is currently viewed as aspirational, rather than as reflective of current practice, managers will be expected to bring their business areas into compliance by the end of 2014.

### What are the results?

Results are being measured three ways:

- A process measure based on the percentage of outreach and educational materials that attain “Superior” scores on the Harvard Pilgrim Health Literacy and Cultural Appropriateness Checklist/scoring tool;
- An outcome measure of reduction in educational disparities in care in areas where new written or verbal (e.g., telephonic scripts) materials for members were introduced as part of a quality improvement or disparities reduction initiative; and
- An outcome measure based on members’ experiences with written and verbal communication with Harvard Pilgrim as measured by health plan CAHPS.

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## Harvard Pilgrim HealthCare | Health Literacy Initiative (continued)

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Baseline data in all three areas have been collected and target dates for measuring improvement on specific initiatives have been discussed. Follow-up samples of health plan communications have shown improvement in the percent of documents achieving a Superior score on the Harvard Pilgrim Health Literacy and Cultural Appropriateness Checklist since its dissemination. Small, but encouraging reductions in educational disparities were observed in some of the areas where new or revised outreach and educational materials were implemented over the past two years. Continuous improvement is key to these efforts. Improvements on the CAHPS measures are not anticipated until all aspects of the Corporate Health Literacy Policy have been implemented.

### What lessons have you learned?

Harvard Pilgrim credits its ability to move forward to prioritization of efforts, a logical progression from one initiative to another rather than trying to do everything at once, piloting new processes/tools before disseminating them widely within the organization and evaluating the impact of each intervention.

### Other initiatives:

Implementation of other provisions of the Harvard Pilgrim Corporate Health Literacy Policy will be an important focus of the health literacy team's efforts in 2014. Incorporation of health literacy principles into vendor selection and employee performance expectations, as well as integrating health literacy into departmental workflows, are key areas for strengthening existing processes.

In the fall of 2013, Harvard Pilgrim will be introducing a new online member decision-support tool, "Now I Know," that will provide comparative cost and quality information about clinicians and facilities in the Harvard Pilgrim provider network. The cost information will be tailored to the member's specific benefit plan and the deductible phase they are in at the time of a query.

A pilot project to improve health insurance literacy is focusing on the design and content of communications within this online comparison tool, as well collateral marketing materials. A plan for measuring members' understanding of both how to use the tool and how to understand its results is currently being developed and will be implemented in 2013-2014. Harvard Pilgrim expects that the online tool will go through multiple releases during this period, with opportunities for measurement and improvement in both health and health insurance-related literacy with each release.

Culturally appropriate, plain language translations of member outreach and educational materials, as well as information on the Harvard Pilgrim website will be another focus of our health literacy efforts in 2014. Many of these materials are currently available in Spanish, the predominant non-English language among the health plan's members. However, not all of the translated materials correspond to areas where Harvard Pilgrim has identified disparities, most of the translations have not been culturally adapted, and some may not comply with our current health literacy standards. Transcreation is a process wherein a translated document undergoes assessment and adaptation for cultural appropriateness for the target population prior to health literacy assessment. Harvard Pilgrim recently contracted with a new translation services vendor that provides both transcreation services and health literacy expertise. The team will prioritize materials for submission to this new vendor in 2014.

Health literacy experts recommend that written communications be field tested with the target audience prior to distribution. Some organizations use focus groups for their field testing. However, it can be prohibitively costly and time-consuming to organize, operate and distill the results of these groups, especially given the large number of marketing and member communication materials developed each year.

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## Harvard Pilgrim HealthCare | Health Literacy Initiative (continued)

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During 2014, the health literacy team will develop and implement criteria for selecting materials to be tested. They will also recommend an efficient, low cost process for testing the selected materials. For example, Harvard Pilgrim has established employee resource groups, comprised of staff volunteers of different racial/ethnic backgrounds, to support our corporate Inclusion Strategy. The team may recommend that these groups serve as an internal sounding board for documents that do not rise to the level of requiring field testing, as well as serving as first line reviewers of materials that will be field tested. Staff employed on the insurance side of the business could review health education and clinical outreach communications, while those employed in clinical areas could review insurance documents. Likewise, the team will identify efficient processes for securing external feedback from plan members and community residents in the target population groups. For example, many polling organizations have developed online panels to quickly test public opinion or reaction to innovative ideas. Similarly, recruiting a panel of diverse health plan members and community residents, who would be willing to provide timely review of marketing, benefits or health education materials for a nominal fee, is a feasible option that would enable quicker turnaround at a much lower cost than focus groups. Harvard Pilgrim's Customer Experience team is currently in the process of establishing Harvard Pilgrim Member Panels to support their work. Integrating health literacy assessments into the Customer Experience initiative will be an efficient and timely way to enhance both efforts. Working with local libraries to identify participants in their adult literacy and English as a Second Language programs may be an efficient way of recruiting community members to provide similar feedback.

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**TOOLS OR INFORMATION TO SHARE:*****Updated Checklist***

The link for this tool is:

<http://www.ahip.org/Health-Literacy-Checklist/>***Updated Resource Guide***

The link for this tool is:

<http://www.ahip.org/Health-Literacy-Checklist-Guide/>

## Health Care Service Corporation (HCSC) | Health Literacy Initiative

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### What was the impetus for your program or project? What are its goals?

HCSC's formal health literacy initiative began in 2009 as part of its vision to provide health care coverage that is simpler, more affordable, and more accessible. When this vision is applied to communications, messages need to be made as simple and easy to understand as possible. But when communications are created in numerous departments throughout an organization, the challenge is finding and influencing member touchpoints that could make the most impact whether through Explanation of Benefits (EOBs), ID cards, customer service scripts, letters, direct mail, online content, email or social media.

The Marketing Communications Department has worked to become a credible business partner with other areas and committees throughout the organization to assist with message development. "We help with editing and evaluating messaging, using tools such as software and checklists, to ensure communications are simple and understandable before being posted, printed or distributed," says Jo Poorman, Senior Director, Product Marketing Communications.

Additionally, we focus on providing communications in a variety of formats (such as video, electronic, print and email) so that our audiences have different ways to receive and act on the messages. Some people understand and remember a print message, others receive and remember the message better if it is visual. Multiple formats reinforce the learning process.

### What have you done?

In order to streamline messaging and make it engaging, HCSC focuses on the content, layout and the media (email, video, print, online, etc.). Writers are trained in plain language approaches. Health Literacy Advisor software is used to challenge writers to take a second look at health care-related words and phrases that might be simplified. The glossary of the software has been customized for specific requirements at HCSC.

Company health literacy guidelines apply to online, print and electronic messaging and address areas such as design, layout, typeface, and white space. The right photography and design elements complement the content and help to visually tell the story in a way that is interesting to the reader. Messaging and graphic design go through several levels of review and approvals before publication, and must conform to health literacy guidelines. But beyond the message and layout, the overall packaging of the message, or alternative media, is just as critical to the health literacy program because the availability of smart phones, social media and electronic tablets has given consumers many choices to receive messages.

We've found that different people want to receive messaging in different ways. Variety is the best approach to reach more audiences with health and wellness information. "Studies show that multi-modal learning (using multiple methods of learning such as videos, personal coaching, verbal instruction and written brochures) is more effective than using only one medium such as a brochure," says Susan Zimny, Senior Manager of Web Communications at HCSC. "Additionally, video has been shown to be more effective than a brochure alone."

- Our [www.BeSmartBeWell.com](http://www.BeSmartBeWell.com) website uses simple, understandable language and video to tell real stories about everyday people, educating visitors on topics such as childhood obesity, mental health, sexually transmitted diseases, domestic violence and high-risk pregnancies. HCSC serves as a conduit between subject matter experts and the general public to provide information on these topics. There is also a parallel site called [www.BeSmartBeWell.com/works](http://www.BeSmartBeWell.com/works), which gives employers resources to help them communicate with their employees on these topics. BSBW has had over 486,000 visitors since its inception.

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## Health Care Service Corporation (HCSC) | Health Literacy Initiative (continued)

- HCSC's health plans use social media, including Twitter and Facebook, to offer insurance education, health tips, games, videos, community activities and feedback opportunities. HCSC has seen its Facebook fan base grow from just over 4,000 fans at the end of 2009 to nearly 144,100 today. And our plans now have 11,423 followers on Twitter.
- Research shows that healthy changes in behavior most frequently take place in small steps, which is why we created eCardsforHealth.com. This is a website where visitors can choose from a number of healthful actions including walking more, eating fewer desserts, taking medication correctly, stopping smoking and more. Users choose a card that speaks to their new commitment and email it to a friend or loved one. The cards are created to appeal to all age groups from children to adults, and to relatives, friends or co-workers, married or single. Screensavers with wellness tips and reminders, added to the site in early 2011, can also be downloaded. The 121,347 visits to the site and 16,493 eCards sent since the launch in October 2009, and 1,893 screensavers downloaded since March 2011, demonstrate that alternate media are reaching people in new ways.
- For employer groups, the BlueResource<sup>SM</sup> library of health and wellness communications was developed to help inform employees about health issues and wellness tips. The Internet-based health and wellness communications library contains hundreds of electronic files of posters, fliers, paycheck stuffers, postcards, monitor signs and copy for email and newsletter articles. These communications, designed to help employers discuss health and wellness with their employees, are pre-formatted and ready to download, post online and/or print. Health topics—covering a wide range of subjects from nutrition and walking to home safety and dental health—include tips on prevention, health care common sense, disease prevention and lifestyle choices.

### What lessons have you learned?

As HCSC continually works to improve the member experience there is a focused effort to improve high-volume, standard claims letters. These letters equate to 90 percent of the claims mail volume. In addition to overall letter redesign that is a benchmarked best-in-class approach, the letter content has been updated to provide a friendly, clear, concise message to the member primarily focused on impacting the Health Literacy reading levels. As a result, HCSC has reduced the levels by three grades. In addition to the print version, these letters will be available electronically in Blue Access for Members.<sup>SM</sup> Ultimately, members will have a consistent and better brand experience. Our EOBs, letters and digital messages are the most impactful way to reach our members. Our goal is to create correspondence that is consistent in tone and style, yet friendly and easy to understand. We want our members to have the same great Blue Cross Blue Shield customer experience from advertising to correspondence to talking with our call centers and beyond.

### What's next?

The public health insurance exchanges will bring new consumers into the health insurance arena, many of whom may need assistance understanding insurance products. We're determining what additional communications and media will be required to support their health information needs.

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## Health Dialog | Health Literacy Program

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### **What was the impetus for your program or project? What are its goals?**

At Health Dialog, two factors were the impetus to make health literacy a priority: 1) internal demand from staff trained in the principles of clear language and 2) a desire to be more competitive in the marketplace when responding to requests for proposals that inquired about the reading level of materials. It was at that point that the company realized it had to improve from the existing level of about 8th grade. The case was easily made, and Health Dialog then launched a two year project to overhaul all of its standard outreach mailings to health plan members and to achieve a 6th grade or lower reading level.

Health Dialog's outreach materials were revised to be Clear Language Certified in January 2010. As part of that process, Health Dialog worked with an independent health literacy consultant who evaluated materials and made recommendations. Health Dialog applied an aggressive readability instrument—the Suitability Assessment of Materials Test (SAM)—for determining that a document meets criteria for clear language certification. Health Dialog developed an extensive Health Literacy Style Guide to standardize its approach to developing clear communications. The guide provides clear language standard rules regarding how to appeal to a specific target audience to provide clear, action-oriented materials that empower members to better manage their health. The rules include instructions regarding simple wording including: tonality (positive), active voice, and appropriate reading levels (5th-6th grade). The guide also includes clear recommendations on layout design and a checklist to ensure that content, formatting, graphics, and clear language guidelines are applied. The member communications team has had formal training and has trained others in the company,

ensuring that all staff clearly understands the reasons for improving the clarity of materials. This has generated extensive support for the health literacy work led by the company's communications professionals.

Health Dialog has also revamped its bilingual materials, integrating health literacy and cultural sensitivity efforts, and has tested the materials to make certain that the language, visuals, and general design are all effective.

### **HEALTH DIALOG ACHIEVEMENTS**

Health Dialog's writers have won awards for several major new clear language documents, including a 2009 Institute for Healthcare Advancement award for their Weight Loss Toolkit, a 2010 gold award from the New England Society for Healthcare Communications for their Living Tobacco Free Toolkit, and a 2010 silver Lamplighter award for biometric screening flyers. They were also finalists for a 2010 Center for Plain Language ClearMark award for chronic condition materials. In 2011 and 2012, Health Dialog won ClearMark awards from the Center for Plain Language for the Growing Older: Staying Well web module and booklet; Cataracts booklet; Depression short web video; and HD Care Compass™ web site. Most recently, Health Dialog won the 2013 ClearMark Merit award for its Anxiety booklet.

Health Dialog believes that this public recognition is important because it brings understanding and visibility to the issue of health literacy. To further this goal, Health Dialog testified in July of 2010 before the Employee Retirement Income Security Act (ERISA) Industry Council about the problem of health literacy and the cost implications of poor health literacy.

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## Health Dialog | Health Literacy Program (continued)

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### DIGITAL ENGAGEMENT & HEALTH LITERACY

Health Dialog is now in the process of incorporating what the company has learned from its work in print to digital communications, including Web, mobile, and social media communications. By addressing health literacy through these new channels, Health Dialog is ensuring that it is reaching and engaging a broader population and applying health literacy principles to all new and emerging technologies.

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Health Net®

## Health Net, Inc. | “Clear and Simple”: Health Net’s Plain Language Initiative

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### What was the impetus for this program or project? What are its goals?

For over a decade, Health Net focused on achieving 6th-grade reading level for member materials and ensuring culturally and linguistically appropriate member communication as part of its contract with Medi-Cal. But the results of research done in conjunction with UC Berkley and California’s Office of Patient Advocate (OPA) in 2008 found that health plan materials and instructions about how members navigate their benefits were unclear, and the company realized that it needed a broader initiative to focus more concertedly on plain language. Health Net refers to the work as “plain language” rather than “health literacy” so that associates within the organization immediately understand the goal of the work.

An ad hoc group was formed to address the issue, and the new “Clear and Simple” initiative was rolled out during Health Literacy Month in 2010 in order to increase awareness of the effort and draw the most attention.

### What are the key elements?

The ad hoc group focused on increasing the skill sets of Health Net associates with a sustained training effort which included producing tip sheets on plain language and developing a glossary dedicated to the use of plain language. The group of 20-30 individuals met monthly to review materials, and work on preparations for Health Literacy Month, and the group also consolidated the various policies and procedures that exist in different departments into a unified corporate policy on plain language.

### What are the results?

Health Literacy Month is a major enterprise-wide focus of the group, which sees it as an opportunity to reach out to all departments to remind them of available

resources, and to engage associates across the company. Each October, Health Net raises awareness around health literacy issues, conducts contests that involve rewriting complex sentences and paragraphs, encourages associates to take the online Plain Language 101 training and surveys departments on application of plain language skills. Hundreds of associates take part annually. This typically results in an increase in inquiries about writing in plain language as well as requests for assistance on rewriting complex letters and materials for members.

One big achievement is the implementation of Readability Studio health literacy software enterprise-wide. Initially three professionals piloted the software but we were able to make the case for expanding the use of this software because the quality of documents improved, and the production timelines were compressed.

### “T2X” (formerly “Teen2Xtreme”)

Under a grant from the National Institutes of Health, Health Net, in collaboration with the UCLA Fielding School of Public Health and EPG Technologies, Inc., tested whether a social media health literacy intervention would encourage adolescents to better use their health insurance benefits. Originally open to adolescents ages 13-17 who were Health Net members, the program has expanded to 13-18 year olds nationwide. The social network site T2X forms a community of users, and includes teen- and professionally produced content, storytelling formats, competitions, games, quizzes, blogs, video and picture sharing, text messaging, and other interactive and participatory communication methods. The project’s objectives are to increase teens’ capacity to access and use their insurance, become more engaged in their health care and health behavior decisions, and develop pro-health attitudes.

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Health Net®

## Health Net, Inc. | “Clear and Simple”: Health Net’s Plain Language Initiative (continued)

The site currently has 1724 users. There are currently six educational campaigns running on the site: Talking to Your Doctor; ReThink Your Drink (which discourages consumption of soft drinks); Pertussis; Meningitis; Stop Bullying; and Smoking Prevention. Each campaign can be accessed via the website, through text messaging, or a combination of the two. Each campaign has a pre- and post-test to determine knowledge gained and change in intention about a health behavior, and about 10 social media activities to engage the teens in learning about the subject. T2X will launch additional educational campaigns on STDs and flu in coming months.

Results to date have been impressive. For example, the ReThink Your Drink health campaign showed a 21% improvement in knowledge, 26% change in attitude, and 19% change in intention for positive behavioral change. There was an 74% overall completion rate for participants who began the campaign with more participants finishing the campaign exclusively via text messaging. Two new health programs lasting six to 12 weeks, with the goal of affecting long-term behavior, will be launched soon: a weight management program and a smoking cessation text messaging program. This smoking cessation program will help smokers set a quit date and provide the appropriate education and reinforcements throughout the quitting process. All T2X health campaigns and program contents are reviewed for plain language standards and to ensure that messages are designed to resonate with the target population.

### What lessons have you learned?

We think it takes a big effort to do something on a small scale—so try to think big. The Readability Studio work is a good example. The big push was getting started, and scaling up to using the software enterprise-wide was easy. We’ve also learned a lot about the importance of creating buzz (Readability Studio is a good example of this also) and the importance of champions for the work.

Initially, it helped to use the term “plain language” rather than “health literacy” to make it easier for associates to understand and begin to engage in the work. Both the UC Berkley/OPA research and the UCLA research described above are important contributions to the field, and have helped make the case at Health Net for a focus on health literacy.

### What is next?

The next step is to focus on enriching our multicultural communications and advancing our work in the area of the spoken word. We are also aiming to upgrade our efforts related to medical information for patients and are conducting research across products around the member experience to determine how “Clear and Simple” affects customer loyalty and member satisfaction.

Text messaging is becoming the preferred method of communications for teens. T2X has begun to create more educational programs using text messaging as the primary mode of communication. For educational campaigns and programs that involve more videos and recording of physical activity, text messages link teens back into the T2X website. T2X is also exploring gamification and simulation to engage teens active learning.

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## HealthPartners | Health Literacy Initiative

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### **What was the impetus for this program or project: What are its goals?**

HealthPartners “Consumer Friendly Communications Checklist” started out as a facet of the organization’s overall consumer engagement effort designed to close the gap between current reality and the ideal consumer experience. One element of the gap was identified as an information gap; member information was not clear or easy to use.

### **What are the key elements?**

A cross-functional team, representing many areas of the health plan including product management, legal, quality improvement, customer service and more, created the checklist. The checklist took nine months to develop and was completed in the summer of 2010. It’s designed to help create a standard for readability and exceptional experience for members. The checklist includes the elements known to have an effect on readability and ease of use, such as grade level, absence of jargon, etc. An accompanying style guide outlines words to avoid and words to substitute in their place, as well as examples of communications “before” and “after” the checklist has been used.

Since its original development, the checklist has evolved. While the main questions have stayed the same, they’ve been categorized by the HealthPartners brand attributes—empowering, caring, simple and trusted. By organizing the checklist this way, users can see how each question impacts the consumer’s experience in a positive way and reflects back on the experience HealthPartners wants to provide.

### **How has the checklist been implemented?**

The checklist continues to be used through the organization. In 2011, HealthPartners revamped their open enrollment materials with an eye toward providing information in a way that helps members easily and confidently choose their health insurance. Instead of

including all the details of the products, programs and services that are offered, HealthPartners asked this question: what information does the member actually need at this point in time? The goal is to provide consumers with just the right type and amount of information (with an easy path to more details). For example, instead of providing a long list of customer service and member support phone numbers, HealthPartners created a simple chart that started with the reasons why a member would call for help, and then listed the phone number they could use. HealthPartners continues to make improvements to their open enrollment materials to make them easier to understand.

While there was pushback internally from those who subscribe to the idea that the member needs to be told everything all at once and in one place, research conducted with members helped to make the case for the consumer-centric approach. HealthPartners has built into their work not only traditional market research but also feedback from a patient council that works with them on an ongoing basis.

They’ve also spent time sharing the evolving approach to member communications with employers and brokers, providing focus group results and tips/resources for purchasers in their own employee communications.

Another key component of providing consumer friendly communications is training. At HealthPartners, all new employees who create consumer-facing communications go through training to learn the concepts and walk through exercises to apply them. Concepts include everything from the philosophy behind consumer-friendly communications to how to write using the checklist. HealthPartners also created a group of representatives from each marketing communications team to serve as a consumer-friendly communications board. This group regularly brings new ideas back

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## HealthPartners | Health Literacy Initiative (continued)

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to their teams and provides training throughout the company. They also send out a monthly e-newsletter that reinforces the concepts and offers quick and simple writing tips.

### What lessons have you learned?

In terms of lessons learned, the professionals who work on the program indicate that it is important to understand it takes time to alter the culture, and it takes constant reinforcement of the concepts and rationale. The more feedback from members, the better. And, before and after examples of the communications are powerful.

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## Highmark Inc. | Health Literacy Initiatives

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*Highmark Inc., an affiliate of the Blue Cross Blue Shield Association, seeks to improve health literacy among its members, health care providers, employees and the community at large. Highmark's Health Equity & Quality Services department launched its health literacy initiative in 2009.*

### What was the impetus for this program or project? What are its goals?

Through Highmark Health Equity & Quality Services (HEQS), Highmark works to reduce health disparities among its health plan members. HEQS's programs focus on cultural competency; health literacy; the voluntary collection of race, ethnicity and language data on our eligible members; closing gaps in care and the promotion of health and wellness in our communities. Our initiatives impact members, network providers, Highmark employees and our communities. Health literacy is an integral part of HEQS's mission to lead Highmark in achieving health equity for its members through targeted programs that improve health and wellness.

### What are the key elements?

#### MEMBER AWARENESS

Highmark is focused on building awareness through educational outreach to members, the community at large, providers and its workforce.

Encouraging members to ask questions when seeing their doctors enhances effective communication between patients and doctors. To assist members, a booklet was created that members can use to write down their questions for their doctor. This booklet, "Tips for Getting the Most Out of Your Doctor's Visit," includes tips for what to do before, during and after your appointment. It is available in nine languages. The "Tips" booklet is a popular give-away at community events and some of our practitioners have even requested these booklets for their patients.

Member outreach and educational strategies continue to include articles in our member newsletter and in minority community media.

The Highmark member website features patient information on medical conditions and illnesses, including questions to ask the doctor.

#### PROVIDER TRAINING AND RESOURCES

The online Provider Resource Center features tools and resources for physician practices, such as the AHRQ Health Literacy Universal Precautions Toolkit and links to other health literacy websites, including free continuing medical education resources.

Other methods used by Highmark to promote health literacy awareness to providers include provider newsletter articles, presentations at physician meetings or forums, webinars, and collaboration with a local university medical school to develop a CME course on health literacy.

#### WORKFORCE RESOURCES AND SUPPORT

Highmark's Health Equity & Quality Services has a SharePoint site available to the workforce that includes health literacy information, resources and links. A Health Literacy Style Guide was developed to assist staff that develop communications for our members.

The company has invested in electronic readability tools for staff who develop or revise member communications. Software demos and individual training are provided as needed. Consultation on specific projects is available and has been utilized by various organizational units.

An internal Health Literacy Task Force was formed initially to launch awareness of health literacy. The members of this Task Force continue to promote health literacy and integrate plain language principles throughout the organization.

*continued*

## Highmark Inc. | Health Literacy Initiatives (continued)

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### Other initiatives:

In 2013, a health literacy component was added to the Quality Blue Hospital pay for performance program. Health literacy awareness has also been incorporated into the educational objectives for our patient-centered medical homes.

Highmark added two questions from the AHRQ Health Literacy Item Set to its annual NCQA accreditation CAHPS® survey:

1. Did your provider give you easy to understand instructions about taking care of your health problems or concerns?
2. How often did your provider ask you to describe how you were going to follow these instructions?

Responses to these questions are assessed annually by race and ethnicity to determine whether gaps exist. Ongoing interventions targeting minority members are developed with cultural competency and health literacy concepts in mind.

Highmark added a question to its voluntary race, ethnicity and language data collection process that allows members to register educational level attained.

### What's next?

Highmark continues to focus on our members by incorporating health literacy awareness into our provider and care delivery strategic initiatives. We know that these efforts will lead to better and more effective communication with our members.

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#### TOOLS OR INFORMATION TO SHARE:

visit our press kit at:

<http://tinyurl.com/mylId4z>

## Horizon Blue Cross Blue Shield of New Jersey | Health Literacy Initiative

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### **What was the impetus for this program or project? What are its goals?**

The Health Literacy Initiative began in December 2010. This statewide health care literacy initiative, designed to incorporate different stakeholders in the state of New Jersey, is a collaboration between Horizon BCBSNJ; Rutgers University; and various pharmaceutical companies. The goal of this statewide initiative is to increase awareness of health care literacy, improve member outcomes, and increase the accessibility of resources to health care providers and patients.

### **What are the key elements? What does the program or project do?**

There are several key elements to our program: clearer communication to our members (including overcoming language barriers), community empowerment to improve health literacy, and training for staff with tools and materials that help in delivering clear messages.

### **What lessons have you learned?**

Health literacy is a real issue that requires immediate and ongoing attention. Literacy skill is the strongest predictor of an individual's health status. There is an abundance of materials and resources currently available, and it is not necessary to reinvent the wheel. These materials can be turned into programs and initiatives to address this issue. Together, through a working partnership, we are making a difference for our members and the overall well-being of residents in the State of New Jersey.

Health care provider awareness of health literacy is crucial, and through motivational interviewing, adherence kits and various other tools, we can help providers improve health outcomes. In addition, educating members on their pharmacy benefits and appropriate utilization provides members with better understanding of pharmacy related processes.

### **What are the results?**

To improve our communications to Medicare members, Horizon BCBSNJ revised all Medicare member letters to improve wording and formatting with the guidance of health literacy experts. In addition to routine review for clinical accuracy, communications are also reviewed periodically for health literacy, and member resources are developed in different languages.

Horizon BCBSNJ also created "*A Guide to Your Pharmacy Benefits*" to help Commercial members understand general concepts related to their pharmacy benefit. See our website for a copy of the book: <http://tinyurl.com/nsekoup> which explains important topics such as: what a formulary is, how to find information about your formulary, and how to read a prescription label. A key section of the booklet is dedicated to describing utilization management (UM) and safety programs to explain the clinical reasoning behind them, as some members may view UM simply as a limitation. The flip book also includes a glossary of pharmacy benefits-related terms that members can use as a quick reference.

In 2012, The Horizon Foundation for New Jersey granted \$110,000 to projects focused on improving healthy literacy across the state. The grants will empower organizations to improve health literacy by: connecting low-income neighborhoods with health information and assistance services; producing a documentary about translation services, overcoming language barriers, and highlighting programs that combat childhood obesity for the New Jersey Latino community; holding workshops and screenings for disease prevention for low-income residents of Camden; and delivering health lectures, health assessments, on-site primary care, medication assistance, and case management through a nurse practitioner-led interdisciplinary care team.

*continued*



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work*<sup>SM</sup>

## Horizon Blue Cross Blue Shield of New Jersey | Health Literacy Initiative (continued)

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All pharmacy staff members and Rutgers students on rotation receive health literacy and motivational interviewing training to help them better address members' concerns. Lectures on health literacy awareness, tools, and impact are given to Rutgers students by Horizon BCBSNJ pharmacists.

A collaboration is also underway with Rutgers students who speak more than one language. Horizon BCBSNJ is looking to reach members who do not speak English or for whom English is a second language by going out into their communities and providing medication reviews and education on health exchanges.

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## Humana | Health Literacy: A Piece of a Larger Puzzle

### Humana's dream is to help people achieve lifelong well-being.

To reach that dream, we have embraced a business model centered on the individual, with the understanding that every person's circumstances are unique. That means we spend much of our energy getting to know our members, their needs, their challenges and their dreams. We're taking what we've learned from our members and are working to discover and develop the communications, products, and services that will help transform their challenges into achievements.

Our goal is to deliver a simplified, personalized and connected experience that inspires people to achieve their best health. In doing so, Humana can foster long-lasting relationships as a trusted partner and guide them on the path to health and well-being.

### What are its elements?

At Humana, Health Literacy is a vital element in the pursuit of well-being. In order to effectively partner with people about issues related to their health, it's important to understand the kinds of communication that are most effective as well as, more broadly, what members want (and don't want) from their health insurer. Additionally, using a human-centered design approach helps us gather feedback throughout the development life cycle, from prototyping and iterative testing to measuring pilot learnings prior to launch.

### Health care experience framework

Through extensive consumer research, we've developed design principles that help our organization internally align our member experience efforts to externally deliver upon our member's needs.

Using this framework, we design the functional aspects of the member experience and also intentionally design for the accessible and emotional elements as well.

### Specific health literacy efforts:

- **Summit Sponsorships**—Humana promotes health literacy through a variety of channels, including its ongoing support of events like the Health Literacy Kentucky Summit and the Wisconsin Health Summit.
- **Culturally and Linguistically Appropriate Services (CLAS)**—Humana recognizes the importance of providing culturally competent care to our increasing multicultural member population. We are integrating culturally and linguistically appropriate services (CLAS) systematically across the enterprise. To integrate CLAS into our daily work, we are developing benchmark Organizational CLAS Assessment and conducting CLAS Standards awareness training, which will have great impact on the health services that we provide to our members.

Humana is focused on integrating our end-to-end experiences at every level of our company. We are aligning all member experience efforts with our brand, mission, vision and values. Redesigning our end-to-end member experiences is a key component as we rethink our internal routines to simplify health care delivery.

### What lessons have you learned?

- **One Team, One Dream, One Humana**—One clear lesson is that understanding and integrating the member is not the mission of one team or department. Keeping the individual experience in mind has to become a core value, part of our corporate culture and something that's integrated into every aspect of the business. As such, we're working to collect, curate and disseminate member stories highlighting lives changed, health transformed and well-being achieved through interactions with Humana.

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## Humana | Health Literacy: A Piece of a Larger Puzzle (continued)

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- **Building our Internal Capabilities**—Also, understanding our members’ needs means refining our approach and our own internal systems so that members with multiple chronic conditions, for example, might receive a higher-touch level of interaction in order to achieve the best possible health outcomes.
- **Starting with our Associates**—We also know that empowering and cultivating the uniqueness of our internal associates and partners is key to delivering on this promise.
- **Health Partners for Life**—We have recognized that it takes more than functional excellence to build loyalty and develop long term, trusting relationships with our members.
- **Integrated End-to-End Experiences**—Perhaps the most valuable lesson Humana has learned so far is that member experience integration isn’t so much an initiative or a project, which suggests something short-term, or an experiment of limited duration. At Humana, understanding the personal experience is a value, and values have no end date.

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## Independence Blue Cross | “Clear and Simple” Language Initiative

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### What was the impetus for your activities? How did they begin?

Our initiative originated in 2005 at the request of our then CEO, who had just come into the role and was stunned by the steady stream of pointed complaints he received from members and customers who were offended by the tone, the tenor, and the language we were using in our communications. Our CEO asked us to fix the situation and to make it a high priority.

In the beginning, we didn’t think of what we embarked on as a “health literacy” initiative. But we followed a pattern that is similar to what other organizations call health literacy. To start, we conducted an organization-wide audit of all external communication materials, including correspondence. We identified an enormous number of pieces, which was daunting, and we quickly recognized that most of the material needed to be upgraded so that we could optimize our members’ understanding of their benefits plans and increase their satisfaction with our services.

### What are the elements of your work?

After we prioritized the materials so that we could work on the most sensitive and high-volume documents first, we established a workgroup, led by two senior executives from Corporate Communications and Legal. Part of our challenge was that, in addition to the staff in Corporate Communications, the professionals who were writing these materials were located in several different operating units throughout the company. Then:

- As a first step, the workgroup brought in an outside consultant with deep experience in developing clearly written corporate communications, and together we established a set of standards for communications materials that apply to everyone across the organization who develops external communications.
- Second, we asked Corporate Communications to be responsible for reviewing all materials sent out from our company.

- Third, we developed and conducted training on the standards.
- Fourth, we incorporated these standards into a writing style guide that covers the language, fonts, layout, and grammar rules we follow.

In the seven years since then, our standards have been followed throughout the organization. While we are constantly making small updates to the standards, we have only revised them once. In addition, we have developed a standard communications planning template that emphasizes the importance of sticking to consistent key messages across all audiences from initial concept to delivery of communications. We are now in the process of implementing an eighth-grade reading level target for member communications.

Most recently, we kicked off our “Clear and Simple” language initiative, aimed at reducing confusion among consumers, who, research shows, place a high priority on clarity in terms of their satisfaction with their health plan, and in turn, their loyalty as a customer. This phase of our efforts involves a large number of people as we work on ensuring that our member interactions are clear, consistent, and compelling, particularly with the ongoing implementation of health reform.

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## Kaiser Permanente | Health Literacy at Kaiser Permanente

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### How and why did you get started?

Kaiser Permanente's health literacy work has grown organically from our historical commitment to equity. There was no specific point in time when we began this work, because the principles and values behind health literacy have been baked into our work from our inception. For example, we've invested heavily in health education for decades, we embraced all 14 CLAS standards from their inception in 2000, and our 25-year-old educational theatre program now promotes literacy for young children through dramatic performances in schools. Many aspects of plain language are already built into our brand positioning.

So our challenges around health literacy have not been about how to get started. Rather, our challenges are how to make our commitment to health literacy more explicit, systematic, and strategic.

In particular, we are extending our health literacy commitment more deeply into the non-clinical fields of marketing, sales, and service. We began this exploration with a series of about 100 interviews, soliciting information and advice from a wide range of people, both within Kaiser Permanente and outside of our organization. These interviews addressed two inter-related questions:

1. What would it mean for us to be a more culturally competent health plan?
2. How can we best address health *plan* literacy?

The interviews provided the foundation for a self-assessment and strategic framework, which have in turn led to a vision for the future and a roadmap to becoming a more health literate organization.

### What are the current elements of your program?

The interviews helped us frame our approach both conceptually and tactically. Conceptually, we determined that we needed our work to be more explicit, systematic,

and strategic. Tactically, we determined that we need to engage in a large set of mutually reinforcing activities that enable us to continually simplify, listen, and adapt.

#### SIMPLIFY

We recognize that health and health insurance are complex domains that very few people fully understand. Rather than trying to stratify the simplicity of messages for different audiences, we aim to communicate in plain, simple language with everyone.

To be more explicit about simplifying our language, we reviewed all of the best practices, guidelines, tips, and standards we could find on plain language and health literacy. Based on these, we created a list of 80 discrete best practices. We then made a grid with best practices down the left side, and our standards documents across the top (e.g., editorial style guide, brand standards, web and mobile guidelines). We used this grid to map best practices to standards documents, and to assess whether each best practice was adequately represented in the appropriate standards document. This was not just an academic exercise in updating our binders—it provides the structure for training, communication, and audits going forward.

We also quickly saw that legal and regulatory concerns sometimes lead to language that is difficult to understand. So we initiated a strategic partnership with key leaders in our Legal, Regulatory Services, and Government Relations departments, with a goal of creating a shared culture that values plain language, based on a belief that plain language and risk mitigation do not have to conflict with each other—they can actually be mutually reinforcing. We are taking several steps toward this culture. For example, we conducted a four-hour workshop with a writer, an editor, a Marketing Communications manager, a lawyer, a regulatory consultant, and a government relations specialist.

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## Kaiser Permanente | Health Literacy at Kaiser Permanente (continued)

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Together, we edited existing copy to make it more comprehensible, and along the way developed and assessed tools and techniques that we are now using in our normal workflow. These tools include a risk assessment matrix that assesses both legal/regulatory risks and communication risks, a format for specifying legal and regulatory requirements, and workflows that enhance collaboration.

### LISTEN

Simplifying is the critical first step, but it does not guarantee successful engagement. The next activity in Kaiser Permanente's engagement cycle is to listen—deeply, continuously, and with empathy. We already had many listening mechanisms in place, so we looked for ways to focus existing activities on plain language and health literacy.

For example, we want to test the comprehension of content with our target audience, and we want to do this not just occasionally, but continually, with many pieces of content. So we needed an approach that was easy, fast, and inexpensive. We already had an online "member voice panel" composed of 25,000 members who use our web site. We have started using this panel to conduct very short and simple comprehension tests. These are templated surveys that enable 25-30 health plan members to give us feedback on how easy or hard our materials are to understand, and to identify the content areas that are most problematic. Since the member voice panel infrastructure is already in place, we can now conduct comprehension testing on a piece of content for just \$50, with a 24-48 hour turnaround time.

To better understand the scope of health literacy issues, we have analyzed the educational and linguistic profile of our membership and our markets. To do this, we used an existing internal datamart that combines our own membership data with census data and proprietary data sources. This datamart was originally designed to analyze health disparities, so it lends itself well to exploring the demographics of health literacy.

We are also using methods and staff from our web usability efforts to help with plain language in all channels. This includes applying usability testing, journey mapping, and ethnography to better understand what our members experience so that we can adapt in ways that are helpful to them.

### ADAPT

Once we simplify the message and listen carefully to the response, the next step is to adapt based on what we learn. Again, a loose collection of mutually reinforcing activities will help us adapt to meet the health literacy needs of our members and markets.

For example, we adapt to each individual by personalizing communications. We don't want to use personalization to determine which people to communicate with in plain language, and which to communicate with in confusing language. Rather, the better we get at personalizing messages to individuals, the more we can strip out information that is irrelevant and confusing to a reader or web user. So if we know you don't have a health reimbursement account, we can leave out the paragraph that says, "If you have a health reimbursement account,...."

We have also adapted the language we use for coded terms. We created a lexicon of "Patient-Understandable Names," that maps all CPT and ICD codes to terms that patients can understand and use. We use these names in all communications that generate language based on CPT and ICD, whether they be after visit summaries or explanations of benefits.

### How have you gained organizational support for the work?

This work was initiated by senior leaders, so we did not have to convince them to support us. Instead, we are working to systematically build the processes and sensibilities of health literacy into our existing strategies.

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## Kaiser Permanente | Health Literacy at Kaiser Permanente (continued)

We start by framing health literacy as more than a “nice-to-have.” Health literacy is tightly bound to our mission and goals, so we are tying our activities to core metrics, building these activities into strategic planning processes, and making these issues visible in annual goals and budgets. That’s the top-down direction. And we’re also working bottom-up, mapping out the tools, training, and support that all staff will need to fulfill this strategic need. We want to make it easy to do the right thing.

### What have you learned?

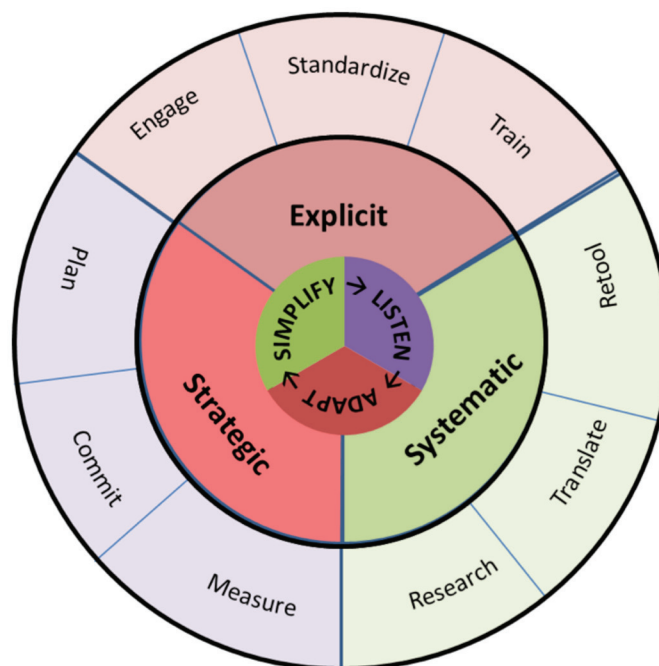
We have learned that health literacy is both more than a stand-alone initiative, and less than a stand-alone initiative. It is more, because the activities required for success span many initiatives. We aren’t trying to manage or track them all in a tidy Gantt chart or bring them all under a single budget. We will succeed only by supporting a broad collection of loosely-related, mutually-reinforcing activities. And health literacy is less than a stand-alone initiative because it is not an end in itself. It is an enabler to a broader goal of responsiveness and inclusion, which ultimately lead to equity.

Put all those concepts together, and we’ve found that to be successful, we need to emphasize both the conceptual and the tactical. Without the concepts and strategic vision, the tactics won’t get broad traction. And without the tactics, the concepts are just empty words.

### What is next?

#### SIMPLIFY

- We still need to do a systematic audit to assess existing marketing, sales, and service materials against our new plain language standards.
- We are currently assessing software tools to help us analyze and adapt our content for low literacy.



#### LISTEN

- We are in the process of scaling up our use of our Member Voice Panel for comprehension testing.
- We are expanding our recruitment techniques for the Member Voice Panel to ensure adequate representation of members with high school education or less.
- We are exploring partnerships with our Multicultural Business Resource Groups—employees who form a link between Kaiser Permanente and their communities.

#### ADAPT

- We are beginning to expand our plain language efforts into translated material.
- We are looking into technology that will make our web content easier to understand by providing optional voice-over reading of online text.

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## Kaiser Permanente | Health Literacy at Kaiser Permanente (continued)

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### Summary

We continually remind ourselves that each of these items in isolation is insufficient, but the overall collection of mutually reinforcing activities keep us on a path to continual learning and improvement. We need to keep simplifying our approach to health literacy; we need to keep listening to understand where we're succeeding and where we need to improve; and we need to keep adapting to the marvelously diverse people we serve.

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## Keystone First | “Addressing Health Literacy from the Inside and Out”

### What was the impetus for this program? What are its goals?

A fundamental goal for Keystone First is to encourage patients to adopt healthy behaviors using a multipronged approach to health literacy that addresses the needs of the plan’s staff, as well as its members and providers. Ideally, increasing health literacy in the member population will 1) improve members’ confidence and effectiveness in self-managing their non-emergent care; 2) improve communication between the member and primary care provider; and 3) connect members to the appropriate Keystone First resources, including the 24/7 Nurse Hotline and the Keystone First Care Management team. Ultimately, improved health literacy will reduce the burden of symptoms stemming from untreated acute and chronic illnesses and reduce the rate of non-urgent visits to the emergency room (ER), thus improving efficiency and reducing medical costs.

### What are the key elements?

Much of Keystone First’s health literacy program emerged from the plan’s focus on the Culturally and Linguistically Appropriate Services (CLAS) standards. The recent introduction of new CLAS standards reinforced Keystone First’s approach of weaving cultural and health literacy awareness into a variety of company processes and programs. The new CLAS standards, as well as the National Committee for Quality Assurance’s (NCQA) Multicultural Health Care (MHC) distinction requirements, support the need to address all forms of cultural and language needs for the plan’s diverse member population.

Keystone First takes a three-step approach to its health literacy work:

- Process and standards for member materials.
- Staff and provider education.
- Outreach in the community—“feet on the street.”

### STEP 1: PROCESS AND STANDARDIZATION

Solid, health-literate patient information is a building block for the plan’s overall efforts. Organization-wide, Keystone First has adopted the principles of clear health communication for all member materials, both in content and design. Although the Pennsylvania Department of Public Welfare currently mandates that all member materials be prepared at a sixth-grade reading level, the plan strives to generate member material at a fourth-grade reading level.

Today, health literacy is part of the fabric of Keystone First’s culture, and is woven into all of the plan’s interactions with members, such as the development of a simple fact sheet on “How to Prepare for your Doctor Visit.” All of the plan’s health literacy efforts work to improve members’ health status, both at the individual and population level [as reflected in Keystone First’s Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores].

### STEP 2: STAFF AND PROVIDER TRAINING AND EDUCATION

Keystone First provides health literacy awareness and training for staff with direct member interactions as part of their orientation, as well as annual updated training sessions thereafter. Additionally, Keystone First is currently developing a training module for *all* associates. From outreach reminders to the delivery of medical information, this approach integrates health literacy-related awareness into all areas and organizational levels within the company, including medical and dental affairs, member services and public affairs. This training has been well-received by staff.

One of the health literacy-related issues that directly impacts patient care is the observation that calendar dates for appointments are often written in numerical formats (MMDDYY) that members may find confusing

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## Keystone First | “Addressing Health Literacy from the Inside and Out” (continued)

(particularly those from cultures that use a DDMMYY format). Since this was brought to the attention of providers, many have converted to using a clearer format whereby the day of the week and the month are spelled out in full (e.g., Tuesday, August 9, 2011). Many providers comment that the information provided during training is helpful, as they had not realized the confusion their patients experienced.

### STEP 3: COMMUNITY OUTREACH

The cornerstone of Keystone First’s Health Literacy program is the plan’s community outreach initiatives, ranging from community programs to “high-touch” member interactions. The plan’s health educators engage target populations on topics including diabetes (“Lose to Win”), self-management of health (“40-Day Journey”), and non-urgent pediatric use of the ER (“4 Your Kids Care”).

The “4 Your Kids Care” initiative employs health literacy principles to reduce non-urgent, avoidable ER utilization. Having touched more than 1,500 families in the Greater Philadelphia area, the program educates parents/caregivers on managing common childhood illnesses at home. The parents/caregivers participating in the program developed improved health literacy and confidence in managing their children’s care, as well as greater connectivity with their primary care providers and health plan resources.

### What are the results?

Keystone First has had success in all three facets of the plan’s health literacy program.

First, health literacy concepts are at the forefront of developing and approving member programs and materials.

Second, health literacy awareness and tips are presented annually to associates in direct contact with members. With the addition of health literacy awareness training

for *all* associates in the AmeriHealth Caritas Family of Companies, Keystone First will continue to reinforce the importance of making all member encounters count in a way that members can understand.

Third, community outreach initiatives involving health literacy components have been very successful. For example, 4 Your Kids Care was effective in demonstrating statistically significant reductions in the rate of non-urgent ER use (by >30 percent over that of nonparticipants) at significant cost savings (by >20 percent over that of nonparticipants) among pediatric members through parental/caregiver education. Moreover, satisfaction among participants was high, and participants demonstrated significant gains in their understanding from the pre- to the post- assessment evaluations.

Finally, Keystone First has earned and retained the NCQA MHC distinction, one of only seven Medicaid health plans so designated.

### What lessons have you learned?

Increasingly, Keystone First sees its role as helping members better navigate the health care system.

When communicating with members, it is important for providers, clinicians and nonclinical staff to use “living room” language that translates complicated medical and clinical terminology into concepts and terms the average person can understand.

Indeed, clinicians are beginning to recognize the value of having patient information presented in clearer, easier-to-use language and formats. One clinician recently commented that information on autism she had prepared was better suited for members after it was edited to conform to principles of clear health communication.

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## Keystone First | “Addressing Health Literacy from the Inside and Out” (continued)

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### What’s next?

As Keystone First continues to grow, the standardization process, staff training efforts, and community outreach initiatives have become a standard component of the plan’s implementation and operation in new markets.

The company is also in the process of redesigning its websites for easier access and navigation from a health-literacy perspective.

Finally, for community outreach initiatives, Keystone First also expects to replicate the plan’s successes with direct, in-person outreach initiatives in other public health care concerns in different service areas.

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## L.A. Care Health Plan | Addressing Health Literacy: A Multi-Cultural Approach

### Introduction

L.A. Care Health Plan, the largest public health plan in the nation, serves over 1.3 million low-income Los Angeles County residents. L.A. Care membership reflects the rich cultural diversity found in Los Angeles—68% are Hispanic, 12% are black, 9% are white, and 5% are Asian Pacific Islanders. Over half of our members speak a language other than English. L.A. Care was recently awarded the National Committee for Quality Assurance's (NCQA) Multicultural Health Care Distinction for exemplary care for diverse and minority populations.

The cultural and linguistic diversity among members and L.A. Care's commitment to meeting member need directly influences L.A. Care's approach to addressing literacy and health literacy. According to the 2003 National Assessment of Adult Literacy<sup>1</sup> Hispanic adults have lower average health literacy than adults in any other racial/ethnic group. Forty-one percent of Hispanic adults have below basic health literacy skills, followed by American Indian/Alaska Native (25%), black (24%), Asian (13%), and multiracial and white (9%). Furthermore, recent group needs assessment data illustrates strong cultural and linguistic learning preferences. Overall, video/DVD is the preferred method of acquiring health information, particularly among Tagalog speakers. Spanish and Khmer speakers, however, prefer to attend a class and Russian speakers state a preference for reading a brochure.

### Readability of Print Materials

L.A. Care strategies to ensure comprehension of health information are as diverse as our membership and range from culturally and linguistically appropriate, easy-to-understand print materials to videos/DVDs and audio tapes. All member-focused print materials, including health education materials and member informing materials, are written at a maximum 6th grade reading

level and undergo a comprehensive review to ensure content, format, images and translations are accurate and member appropriate.

### Use of Fotonovelas

Another strategy is the use of fotonovelas. Fotonovelas are a media messaging strategy common in Latin America. Fotonovelas tell dramatic stories using photographs and simple dialogue with likable characters overcoming common everyday health situations. The goal of health related fotonovelas is to empower Latino community members by providing them with the knowledge, skills, and motivation to make informed decisions about disease prevention, treatment choices and compliance, and appropriate help-seeking behaviors. In collaboration with the University of Southern California School of Pharmacy, L.A. Care produced four fotonovelas over a 5-year period: *Sweet Temptations* (diabetes), *Secret Feelings* (depression), *Oscar and The Giant* (pediatric asthma) and *Rosa, Out of Control* (pediatric obesity). These fotonovelas incorporate cultural norms and myths related to their respective health topics while explaining pathophysiology without the medical jargon or confusing terminology. To ensure appropriate messaging, fotonovela photo sequences were shot in urban Los Angeles using actors native to the community and are dual language English/Spanish pieces.

In addition to distributing the fotonovelas over the past five years to its provider network, L.A. Care Health Plan uses them with members during health education group appointments and regional member meetings, as part of peer-to-peer outreach campaigns, and makes them available through our Family Resource Centers.

To build upon member's stated preference for videos/DVDs and to offer a visually engaging alternative to print material, L.A. Care converted the *Rosa, Out of Control* fotonovela into an audio-visual format in both English

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<sup>1</sup> Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006-483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

## L.A. Care Health Plan | Addressing Health Literacy: A Multi-Cultural Approach (continued)

and Spanish which will soon be posted on the L.A. Care website along with other health related videos.

### Seniors & People with Disabilities

Seniors and people with disabilities (SPD) comprise approximately 25% of L.A. Care's direct membership. As such, L.A. Care must address cognitive accessibility and the special communication needs of our visually impaired members. A recent survey of visually impaired members indicates the majority (57%) prefer an audio format over Braille. Coupled with the declining rates of the ability to read Braille<sup>2</sup>, L.A. Care has proactively begun the process of converting our Evidence of Coverage (EOC) into an audio format. Initially available in English and Spanish, L.A. Care will convert the EOC into remaining Los Angeles County threshold languages (Armenian, Chinese, Khmer, Korean, Russian, Tagalog and Vietnamese) upon request.

### Writing in Plain Language Training

To ensure the readability of all member materials produced throughout the organization, beginning in September 2011 the L.A. Care health education staff developed and began offering *Writing in Plain Language*. The goal of this training is to increase staff awareness of the importance of producing understandable member materials and to improve staff writing skills. The training covers sentence structure and length, appearance, readability, word replacement, and L.A. Care's readability software. L.A. Care's readability software is installed on the computers of staff whose job function requires writing, reviewing or editing of member materials. This advanced software tests for grade-level readability while also providing alternatives for medical jargon, multisyllabic words, and long sentences.

*Writing in Plain Language* uses real-world examples of L.A. Care member materials as an opportunity for participants to practice streamlining information,

eliminating redundancy, replacing complex words and rewriting complex sentences. Not only do these techniques increase the probability of member comprehension, they save on translation costs by reducing word count and eliminating repetitive word translations.

Select internal departments and key staff from Communications & Marketing, Regulatory Affairs and Compliance, Medical Management, and Utilization Management initially attended this training either in a class-room environment or telephonically. *Writing in Plain Language* has recently been produced as an e-learning module allowing employees to access the training at their convenience from the comfort of their workstation.

### Conclusions

L.A. Care Health Plan serves some of the most vulnerable Los Angeles County residents due to socio-economic and racial/cultural characteristics. As such, L.A. Care members are at high risk for low health literacy. L.A. Care has proactively initiated a number of strategies to address low health literacy and ensure the highest possible level of comprehension among our members. These strategies include the availability of culturally sensitive and linguistically appropriate print materials, use of fotonovelas to empower Latino community members, and an increasing reliance on audio formats to address member preferences and needs.

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<sup>2</sup> National Federation of the Blind Jernigan Institute: The Braille Literacy Crisis in America - Facing the Truth, Reversing the Trend, Empowering the Blind, March 26, 2009. Retrieved online 5/10/13 at [https://nfb.org/images/nfb/.../the\\_braille\\_literacy\\_crisis\\_in\\_america.doc](https://nfb.org/images/nfb/.../the_braille_literacy_crisis_in_america.doc)

## Molina | Health Literacy Initiative

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### What was the impetus for your project or program? What are its goals?

Focusing on plain language has always been part of the way Molina Healthcare does business. The culture promoted that focus from its inception. Dr. C. David Molina, the founder of the company, and his wife were former elementary school teachers who understood the importance of clarity and simplicity in conveying a message. This, coupled with the fact that Molina served primarily populations of people for whom English is a second language, made a focus on plain language part of the organization's DNA.

Molina's program goals seek to provide high quality health care to the populations they serve. Basic, easily understood materials support this effort. In the early 1990's, the company began to avail itself of information coming out of Dartmouth and other institutions about health literacy and adult learning, and developed policies that embraced simply written materials. The impetus for a more formal approach to health literacy came when state contracts began to require information on the reading levels of patient materials, and the tools used to determine those reading levels. Contracts also asked for particular documents and placed a high priority on readability. The Affordable Care Act requires health plan providers to develop member materials in accordance with Federal Plain Language Guidelines.

### What are the key elements?

Today, Molina uses a methodical approach to ensure that materials are clear and easy to use, and tests those materials in a variety of ways. Clinicians, a medical anthropologist on staff, and health educators review all materials. Company policies require materials read at a 5th grade level, and preferably 4th grade level, when applying readability tests. Moving towards illustrated materials supports universally understood messages in any language. Molina collects member feedback from their advice line nurses and member

services staff, who query callers about the influence and understanding of written materials. Molina tests some materials for consumer understanding via traditional focus group market research. Using these methods, the company demonstrated effectiveness with materials written for pregnant women at the 3rd/4th grade level; clear materials contributed to a reduction in avoidable emergency room visits and preventable hospital admissions and readmissions.

The cultural competency curriculum incorporates employee training in health literacy. Such training is included in new employee orientation and contains components that are web based and face-to-face. Molina provides targeted training when additional needs are identified. CME credit has been made available for physicians who learn how to avoid medical jargon in their verbal communications with patients. Training extends to senior executives and medical directors, who participate in training annually. CME was provided free to all Molina network providers and extended to the general physician community. The company also uses a glossary of plain language equivalents to replace medical jargon.

Community engagement for health literacy begins with the introduction of easy-to-understand health materials in the community. The material becomes integral to a train-the-trainer model to educate children and their parents in preventive health and safety topics.

Molina has found that the concept of easy-to-understand plain English documents applies to materials in other languages. Through work with the Pan American Health Organization, Molina adopted the use of "village level" Spanish, which requires plain language training for interpreters to simplify verbal instructions and to avoid medical jargon and idioms.

Most recently, Molina partnered with the National 4-H Council to seek input on health topics from youth, engaging youth nationally in a video production contest

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## Molina | Health Literacy Initiative (continued)

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that addressed local issues related to healthy living. Youth contestants produced videos that would resonate with hard to reach teen youth ranging from highlighting the dangers of texting while driving, drinking and driving, and the benefits of community gardens.

### What lessons have you learned?

The most important lesson is to test materials directly with audiences as much as possible. Molina does this in a number of ways, including using member committees to look at materials and provide feedback. Using multiple sources and resources ensures the intended message is the one received by the intended audience. Obtaining topics of interest from community youth also provides a sound link with diverse audiences.

Molina recognizes Health literacy is a cornerstone of healthcare delivery, and a critical component in all communications relating to navigating the health system across the continuum of care. We will continue to explore and expand the role that technology plays in simplifying communications, as well as mitigate the unintended consequences of added complexity of communications that rapid advances in technology present on a daily basis.

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## SCAN Health Plan | Health Literacy Initiative

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### When and why did you get started on your program?

Before I came on board, my predecessor had begun to address health literacy, and she recommended I attend the Annual IHA Health Literacy Conference. Meanwhile, in August 2011, the Department of Health Care Services (DHCS) issued MMCD Policy 11-018 on Health Education Materials. I began working on policies and procedures and health literacy training to implement requirements outlined in the policy letter. After attending the IHA conference in May 2012, I realized we needed to have a more extensive health literacy action plan. We created a new action plan, and, as a result, we were ready to launch the Health Literacy Initiative in August 2012.

First, we conducted an assessment of staff after they attended our Health Literacy 101 presentation. During these “101” sessions, we were able to train and assess 186 staff that hold various positions within HCS. After conducting and evaluating the assessments, we concluded the following:

- 1) Some departments needed to have more specific, advanced training (e.g., verbal and written communications) where as others may only need an annual refresher course that focuses on awareness.
- 2) We need to update both our Health Education Material List and our Community Resource Database to include additional health topics of interest and expand language availability.

As 2013 has begun, we have made progress by:

- 1) Meeting with departments to review member materials
- 2) Facilitating a Health Literacy Workgroup to meet regularly and to work on member materials
- 3) Presenting in March 2013 on our Community Outreach initiative at ASA Annual Conference on Health Literacy

- 4) Scheduling a refresher Health Literacy 101 training with Sanofi
- 5) Currently developing a Health Literacy 102 training to focus on more of the mechanics (“how to”) (e.g., verbal and written communications)

### What are the current components of the program?

The current components of the Health Literacy Initiative:

- 1) Member Communications
  - a. Review of all member mailings, live calls, automated calls, etc., for plain language and to meet 6th grade level standards
  - b. Review of all health education materials for content, grade level, plain language, and visual aspects of readability
- 2) Staff Communications
  - a. Provide updates on the member communications and requirements
  - b. Provide education on health literacy through:
    - i. Monthly newsletters
    - ii. Trainings

### How have you advanced the case for your health literacy work internally?

Health Literacy has become a vital component when working on any of our member materials. We have worked on the following internally:

- 1) Our Health Literacy Workgroup
- 2) Our “5 STAR/Communications Workgroup” that keeps track of all member materials and reviews all communication being sent out to members. Documents are assessed for visual readability, content, reading levels, and appropriateness.
- 3) Our HCS/Community Outreach Monthly Newsletters

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## SCAN Health Plan | **Health Literacy Initiative** (continued)

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### **What have you learned?**

That all of these activities have taken much time and dedication to see through, especially given that we only have one staff member dedicated to the development and implementation of activities.

### **What is next?**

We will be working on the following:

- 1) Initiating provider outreach/education related to health literacy
- 2) Developing a Plain Language Directory and Tool-kit for SCAN staff
- 3) Expanding training across the company
- 4) Developing a SCAN Health Education Library for Members meeting DHCS requirements

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## Select Health of South Carolina | Health Literacy Innovation

### Helping people get care, stay well and build healthy communities.

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#### Why and when did you get started?

Select Health of South Carolina's overarching member communication goal has always been to make sure that programs, services and outreach are effectively communicated in a culturally competent manner, so we carefully tailor our messaging to the populations we serve. We accomplish this by simultaneously addressing health literacy, cultural competency and linguistic preferences. Since inception, our program has gradually expanded into an integrated health literacy and cultural competency program.

We initially launched our health literacy efforts in 2008 as a key component of cultural competency after data revealed that one in four adults in South Carolina lacked basic literacy skills, with the ultimate objective of reducing health care disparities. Responding to this critical situation has taught us the importance and long-lasting value of better communication with our First Choice Medicaid health plan members.

Since basic literacy remains a serious issue in our state, illustrated by the fact that S.C. has the 13th highest rate of functional illiteracy in the U.S., our actions continue to be centered on promoting an understanding of health literacy, enhancing member outreach efforts, improving the content and design of member materials and educating members on the importance of communication with their health care provider.

#### What are the key components of your program today?

We put considerable thought into developing our original health literacy program, which resulted in the launch of internal trainings and the creation of resource materials for our associates. Today, as we're still seeing strong results, we continue to emphasize internal education, trainings and a thorough review of communication materials.

Our process guarantees that member materials are easy to read, culturally appropriate and are at or near the

fourth grade reading level, which is well below the S.C. requirement of a seventh grade reading level. We also focus substantial energy on educating providers about basic health literacy principles.

From a tactical perspective, Select Health utilizes a partnership between a culturally and linguistically appropriate services (CLAS) coordinator and a senior writer to ensure that cultural competency and health literacy objectives are met. We assure organizational compliance by developing, updating and disseminating health literacy resources and conducting staff trainings for associates who create member materials. This preparation is critical in demonstrating the link between each individual's position within our organization and health literacy.

Our senior writer organizes and coordinates a health literacy checklist process, adapted from the National Health Disparities Collaborative, to develop written member communication materials. When associates generate and submit items for review, our writer edits each article before processing these materials through Health Literacy Advisor software as a supplemental tool to assure that we've thoroughly evaluated, standardized and produced clear health information.

Once materials are vetted through this phase, all items are then edited by Select Health's Editorial Review Workgroup, consisting of the Select Health Communications department. Upon approval, materials are often translated into Spanish by a certified translation vendor, then filtered through our Spanish Editorial Review Workgroup consisting of certified bilingual associates from various departments across our organization who double-check the translation to ensure the intended message was not lost or altered.

From a health care navigation standpoint, we train our nurse care managers to guide members through

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## Select Health of South Carolina | Health Literacy Innovation

### Helping people get care, stay well and build healthy communities. (continued)

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physician and pharmacy interactions. Members are also educated through newsletter articles on the importance of communication with providers, including topics such as preparing for medical visits, questions to ask a pharmacist and understanding member rights and responsibilities.

#### How have you made the case internally for your work?

When you consider the urgency of South Carolina's considerable statewide health care gaps and literacy deficiencies, and then factor in the substantial costs involved in frequently reaching 268,000 members and 8,000 providers via professionally produced materials, many of which are mailed, it's obvious to our leadership that member communication needs to be as impactful as possible.

We're a data-driven managed care organization, and since health literacy initiatives are capable of achieving results, our Communications department strives to demonstrate the effectiveness of our organizational efforts.

#### READERSHIP SURVEY

To quantify the effectiveness of *Healthy Now*, a quarterly member education newsletter written at a sixth grade reading level in both English and Spanish, we implemented a readership survey.

We learned that more than 90 percent of respondents strongly agree that they enjoy the newsletter, are more informed about their health in general, have become motivated to take better care of their health and help others to as well. They also know more about how to use their health plan, are more aware of their rights and responsibilities and have made a lifestyle change due to its content. The newsletter also has an extended shelf life, with 58 percent of recipients keeping it as a health reference and a 30 percent pass-along readership rate.

#### INDUSTRY RECOGNITION

A Select Health multimedia advertising campaign titled "First Choice has my doctor!" captured a pair of 2013 bronze Telly Awards for its 30-second TV commercial using animation and an economy of words to clearly, concisely and effectively communicate the value and benefits of our managed care plan to members and potential members. The campaign was designed to highlight Select Health's extensive and diverse provider network in all 46 counties across the state. It also aimed to promote the benefits of regular visits with a primary care physician and an active lifestyle. The campaign was extremely well-received and resulted in a substantial increase in plan enrollment, further reinforcing the value of our health literacy efforts.

Two recent initiatives, *Type YOU: First Choice Women In Control* diabetes care program and our cervical cancer screening program were also recognized with PR News' Corporate Social Responsibility Awards.

Both culturally competent initiatives were aimed at reducing health disparities in women and used customized print materials designed to improve health outcomes, reduce health care barriers and promote health literacy. Post-assessment results revealed that tailored materials caught members' attention and were easy to read. Recipients related to and responded favorably to culturally competent images and found the information meaningful and helpful. Best of all, this cervical cancer initiative contributed to a 17.3 percent increase in 2011 HEDIS® results.

In addition, Select Health's health literacy program was recognized with a National Health Literacy Innovators Award in 2011.

#### What lessons have you learned?

Experience has made us keenly aware that health literacy is a dynamic and evolving process.

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## Select Health of South Carolina | Health Literacy Innovation

### Helping people get care, stay well and build healthy communities. (continued)

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Health literacy needs to be a part of how you conduct business every day, and it's something that new employees need to be introduced to from day one. From newly hired associates up to senior leadership, total commitment at all levels is required. It's imperative to formalize the process by identifying a key person to coordinate and oversee each element and hold people accountable. Real and permanent change only comes from transforming best practices into core values within an organization's culture.

Realizing your full potential requires one step further to involve stake-holders and the community. We've made major strides in forming a Community Advisory Council made up of internal staff, community leaders and First Choice plan members. This quarterly workgroup does more than make observations and help develop action plans; it follows through with program measurement and evaluation and makes recommendations that steer our efforts at continually improving population health.

### What is next?

We're expecting strong results from two initiatives that are actively employing health literacy tactics to remove barriers to health care.

#### "FIRST CHOICE FIT" WITH MARCUS LATTIMORE

We're implementing this outreach initiative to promote well visits among 17 to 21-year-olds who anchor the lowest utilization rates among our adolescent membership (ages 12 to 21).

To communicate the importance of proper nutrition, exercise and building a relationship with a primary care physician, Select Health has partnered with Marcus Lattimore, former University of South Carolina star running back and current San Francisco 49er, as a celebrity spokesperson. Lattimore, age 21, has overcome great challenges through an unwavering commitment to a healthy lifestyle, making him an inspiration to peers who can look up to him as a role model for their own health.

The "First Choice Fit" campaign kicked off with an article discussing Lattimore's proactive health strategies that appeared in the summer 2013 issue of *Healthy Now*. Two online videos of his interview compliment this story on our member website. In addition, more than 20,000 First Choice members, ages 17 to 21, received a personalized telephonic message from Lattimore emphasizing the importance of well visits.

All materials were developed with health literacy in mind and clearly and concisely convey the benefit of well visits for this age group in a friendly, conversational and encouraging way.

#### "¿CAN WE TALK?"

This marketing initiative to educate First Choice providers and limited English proficiency members about our free telephonic interpretation services was launched after evaluation of our provider network's ability to deliver culturally appropriate care. Research showed that providers, members and some of our employees weren't using this service, or were generally unaware that it existed. Analysis also revealed that limited English proficiency members often rely on family or friends to interpret during office visits or calls, with heavy frequency in Spanish-speaking populations.

A three-pronged approach to increase awareness and utilization is aimed at providers and their office staff, employees and members. Tactics include provider outreach, training and office displays; employee training and member mailings as well as provider and member website resources.

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## Tufts Health Plan | Plain Language Initiative

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In Fall of 2012, Tufts Health Plan launched a new program aimed at improving the experience of our members. We began the program in response to survey feedback indicating we could do more to increase our members' understanding and satisfaction level.

A new Member Experience team was created to assess the drivers of satisfaction for our members and implement initiatives to eliminate or mitigate member dissatisfaction. The cross-functional team includes staff from the Product, Customer Service, Claims, Sales, Contracting, Marketing, Plan Benefits, Enrollment and Clinical Services departments of Tufts Health Plan. This team has made great progress in increasing understanding of issues and finding a fast track to solutions to help our members.

But, we didn't want to limit the ideas and solutions to just the Member Experience team—we wanted to hear from the employees on the frontlines—the ones who speak to members every day, process claims, create collateral, or work behind-the-scenes to bring the best care possible to our members.

A six-month long *Remember the Member* campaign was launched in January 2013 as a way for all Tufts Health Plan employees to offer their ideas to improve the member experience for commercial or senior members. Each month, employees had the opportunity to submit ideas on specific topics—the employee who submitted the winning idea(s) each month received a \$500 AmEx gift card and had their winning idea implemented for the benefit of all Tufts Health Plan members. To date, over 500 creative ideas and suggestions have been submitted by Tufts Health Plan employees to improve the member experience of our members—below are some of the winners from the campaign.

### January: Removing Member Hassles

#### WINNING IDEAS

- Develop and use language which promotes “checklist” thinking for our members. Encourage members to create and use a checklist before they make a medical decision which is also a financial decision—especially for members enrolled in the more complex plan designs with deductibles and coinsurance.
- Include information in any and all appropriate member communications advising the member that Tufts Health Plan has interpreters available to assist them with the call.

### February: Providing Top Notch Service

#### WINNING IDEAS

- Offer discounts on healthy cooking classes to provide members with the basics of cooking healthy meals and help with exploring healthier food options.
- Offer an outreach call or a “buddy” for members with high claims volume due to injury and/or illness.

### March: Improving the Claims Experience

#### WINNING IDEAS

- Enhance functionality of the “Find Claims” section in [mytuftshealthplan.com](http://mytuftshealthplan.com) to include the ability to export claims to Excel or another spreadsheet program. This will help members to track their accumulated expenses, deductibles, co-pays, etc. for their own financial and tax purposes.
- Clarify content of automatically generated letters to members and subscribers to make them more member friendly.

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## Tufts Health Plan | Plain Language Initiative (continued)

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### April: Improving the Clinical Process and Navigation

#### WINNING IDEAS

- Notify members of prior authorization approval or denial through an automated IVR system vs. standard mail which is slower and may delay coverage and/or services. This could potentially save members from receiving services that they do not know have not been authorized by Tufts Health Plan and will enable members to be more proactive in managing their own health care decisions.
- Make it easier for members to find and access the Medical Necessity/Clinical Coverage guidelines that pertain to them so that they can understand their benefits and coverage more fully.

Although the official *Remember the Member* campaign has ended, Tufts Health Plan will continue to make a high level investment in our members, maintain our national reputation for customer service, and “remember the member” in all that we do.

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## UCare | Health Literacy through a Cultural and Member Experience Lens

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### **What was the impetus for the program or project? What are the goals?**

“Our commitment to health literacy is twofold. We view it first as a natural outgrowth of our work to provide culturally competent care for our members, and second as key to improving our members’ experience.” This is how UCare characterizes its focus on health literacy. Communicating clearly and effectively to members about their health care coverage is a core part of UCare’s mission to provide the best experience to its members who face barriers to accessing health care.

UCare’s initial work in the realm of health literacy is an offshoot of UCare’s Diversity and Cultural Competency Committee and efforts to promote Culturally and Linguistically Appropriate Standards (CLAS). CLAS standard #7 requires that materials be easily understood and patient focused; this work in the area of health literacy has been facilitated and guided by the Committee for many years.

As an organization with an almost 30-year history of serving members covered by public programs, UCare complies with state requirements that all materials must be written at the 7th grade reading level or lower, and that it submit a Flesch-Kincaid test with every member and consumer document. The organization serves large numbers of Hmong, Latino, and Somali individuals and has found that translations benefit from an underlying document that is already clear, simple, and easy to use.

The plan’s written materials take a visual approach with graphic displays and infographics of the concepts that illustrate what the material is intended to communicate. Complicated health care concepts are clearly defined, and acronyms are avoided. Complex information is broken down into simple terms or simple steps. UCare writing style guide emphasizes typical elements such as

active voice, simple words (“use” instead of “utilize”), readable font sizes, and a member-centric approach. Staff are trained on the writing style throughout the year.

UCare’s work force is diverse and mirrors the member population that it serves, and materials are often tested with a product team of employees who are used as a sounding board. Communications are also shared with informal Member Advisory Committee focus groups for their feedback. UCare conducts usability testing of its website ([ucare.org](http://ucare.org)) on a regular basis to ensure its online information is easy to understand and access by site visitors.

### **New initiative tied to member experience**

Improved member experience is a growing focal point at UCare. Several efforts are afoot at the organization to put member experience first.

In 2013, in support of the member experience initiative, the communications team and member/provider experience manager launched a formal exploration of health literacy with front-line staff in customer and clinical services, sales, health promotion and disease management, as well as with members. During this discovery phase, focus groups with different team leads are being held to probe where and when members and prospective members encounter obstacles to understanding health care and health coverage; their preferred communication channels and media; the terminology that confounds them; and the issues they have accessing information. The group sessions conclude with discussion of the one single change UCare could make to improve our members and prospective members understanding of their health coverage. Mini Member Advisory Committees also engage in focus group discussions about health literacy and accessibility.

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## UCare | Health Literacy through a Cultural and Member Experience Lens (continued)

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Once the results of the focus groups are analyzed, the communications team and member/provider experience manager will identify common themes, and create a work plan for developing UCare member-focused health literacy principles, guides, and word preference checklists for use across the organization. The release of these health literacy communications and reference materials will be guided by a communications plan intended to infiltrate the organization with these tools and approach. New employees will also receive health literacy training to better understand the unique populations we serve. These efforts support UCare's strategic goal to develop and implement member-centric communication and outreach strategies, and will be expanded upon in coming years.

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## UnitedHealth Group | Health Literacy Innovations Program

### What was the impetus for your project or program? What are its goals?

As part of our mission of helping people live healthier lives, UnitedHealth Group is addressing low health literacy nationwide and is working to empower consumers to more easily access, understand and act upon important health information. To this end, the **Health Literacy Innovations Program** was created approximately 4 years ago. Our program is designed to help:

- Deliver the right information at the right time to the people we serve, and do it in an understandable and action-oriented manner.
- Empower participants across the industry (e.g., consumers, employers and payers) to understand and use health information to better manage and coordinate care.
- Establish UnitedHealth Group as an industry thought leader and innovator in health literacy.
- Facilitate the fulfillment of legal, regulatory and accreditation requirements related to health literacy.

The **Health Literacy Innovations Program** is now part of the UnitedHealthcare Consumer Office, demonstrating our commitment to communicating in plain language to help consumers access and use high quality, safe, effective and efficient care.

### What are the Health Literacy Innovations Program's key elements?

Key elements of the **Health Literacy Innovations Program** include:

- Building an enterprise-wide awareness of the barriers to effective communications associated with low health literacy
- Supporting our Just Plain Clear™ initiative through the development of communications standards and tools and resources to achieve those standards

- Creating and implementing skills training to operationalize the Just Plain Clear™ initiative.
- Establishing a health literacy research agenda to help support our efforts to enhance the effectiveness of our communication with consumers
- Representing UnitedHealth Group at health literacy meetings and national, regional and local levels

### Raising awareness

We continue to raise UnitedHealth Group employees' awareness through a variety of venues:

- Launched the health literacy intranet page which can be accessed by all UHG employees for education, tools and resources.
- Presented health literacy awareness programs for more than 20,000 in the past 4 years
- Created a cadre of trainers who are able to present these awareness training programs within their parts of the business.
- Developed a series of Bridging the Gap (learn from experts) presentations bringing together health literacy thought leaders and UnitedHealth Group employees.
- Developed and implemented a multi-touch point Health Literacy Month communications toolkit for UnitedHealthcare health literacy advocates

### Just Plain Clear™ Initiative

Our leadership has established a goal of providing consumers with the simplest, most understandable and most actionable health information possible. To this end, we have developed and implemented the Just Plain Clear™ initiative. This initiative includes:

- Creating and incorporating Just Plain Clear™ communication standards into written, spoken and digital communications.

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## UnitedHealth Group | Health Literacy Innovations Program (continued)

- Developing and disseminating tools to enhance communications with our consumers.
  - **The Bluebook** is UnitedHealthcare's guide for writing in plain language and using appropriate design principles. The Bluebook was revised and widely disseminated in January 2013.
  - **UnitedHealth Group Just Plain Clear™ English-Spanish Glossary** launched in January 2013. This internet-based Glossary contains more than 2200 complex English and Spanish insurance, medical and dental terms, along with simpler, more easily understood definitions. The Glossary has been accessed by people throughout the world and is available at [www.glossary.justplainclear.com](http://www.glossary.justplainclear.com).
  - **Doc Scrub** is a user-friendly, internal, online tool used to assess the reading grade level of written materials. Doc Scrub highlights complex words and uses the Just Plain Clear™ Glossary to suggest more understandable alternative words and phrases.
  - **Just Plain Clear™ Communications Scorecard** is a tool aligned with the Bluebook and provides UnitedHealth Group employees a standardized way to evaluate the understandability and usability of written communications.
- Establishing a training curriculum and a cadre of trainers to help UnitedHealth Group employees learn to use the Just Plain Clear™ tools in their daily workflow. Training methods include instructor-led workshops, computer-based modules and webinars. More than 5,000 employees have participated in these training sessions.

### Establishing a health literacy research agenda

We have created an active research agenda to explore how health literacy influences how consumers acquire, access and use health care benefits and services. We

leveraged our consumer insights research teams to gain this knowledge. We have also collaborated with academic research programs in a collaborative effort to transfer learnings from smaller, clinical or academic settings into larger, operational environments. These collaborations have been very fruitful. We expect to share our learnings in the near future.

### Representing UnitedHealth Group at health literacy meetings and organizations

UnitedHealth Group employees have participated in the following health literacy programs:

- Institute of Medicine Roundtable on Health Literacy
- AHIP Health Literacy Task Force
- Institute for Healthcare Advancement Health Literacy
- Health Literacy Annual Research Conferences
- Multiple state health literacy conference
- Consumers Union Measuring Health Insurance Literacy: An Expert Roundtable

### What lessons have you learned?

We have effected a culture change through a company-wide commitment that starts at the top of the organization. Our mantra of "simple, understandable, and actionable" is becoming the norm for the organization—changing the way we communicate, and helping to fulfill our mission to help people live healthier lives and to help make the health system work better for everyone. Culture change is difficult. However, helping people live healthier lives is our mission.

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*Understanding the Language of Health is Key to Living a Healthier Life*

## UPMC Health Plan | Health Equality and Literacy Program (HELP)

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### How and when did you get started?

UPMC Health Plan's health literacy program grew out of an overall vision for our company. We place great emphasis on being a company that is actively involved in developing a healthy community. Our vision includes healthy lifestyle programs, community initiative sponsorships, and support for cultural competency. Health literacy has been an important aspect of our vision for the community we serve for many years. It began with a top-management request to create a full program that could be used throughout the organization.

### What are the components of your current program?

Company-wide, we have implemented efforts to reach out to those who need assistance using cultural competency, language translation, and high levels of training in our member services area. To those efforts, we added health literacy as a specific company policy, backed by organization-wide training. Our health literacy policy requires all materials produced for outside stakeholders to be closely reviewed for clarity in language and message.

We also produced an in-depth desk reference. This desk reference, or guidebook, teaches the history and concepts behind health literacy and provides a practical guide to producing materials that are clear and meaningful for all stakeholders, especially our members.

We produced a "daily" checklist that is used by our editors.

All materials newly produced by our Marketing & Communications Department are reviewed and scored against the checklist. Member, provider, broker, and employer materials are all reviewed and simplified as needed. We adopted a universal precautions approach across all of our stakeholder materials.

We also produced an "audit" checklist. With an inventory of approximately 2,000 marketing and education materials, there is a need to catch up with past production and quickly find and correct—or remove—materials that had major issues to address. The "audit" checklist is a simplified version of the "daily" checklist.

During the launch for our health literacy program, we provided training sessions for staff. At the training sessions, staff members received the desk reference and a coffee mug. The mug included a quote directly from the corporate health literacy policy statement.

For Health Literacy Month in October, we developed an awareness campaign titled "Simple Is Smart" to promote the idea that simple words and sentences are the tools of smart writers. In addition to the mugs, there was a company-wide poster campaign that demonstrated the power of clear communication. Health literacy information was also made available to employees through a web page.

### How are you making the case for the work internally?

Our health literacy efforts were prompted by an interest among top company managers who established health literacy as a priority. That leadership continues to drive new activities to promote good communication.

### What have you learned?

Through a very close review of materials we send to members and others, we've learned that a simple focus on clarity can trigger significant improvement in understanding.

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## UPMC Health Plan | **Health Equality and Literacy Program (HELP)** (continued)

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### **What's next?**

We are adopting software solutions that are specifically aimed at helping writers develop plain language marketing materials. We also continue to take on special projects that focus on improving a specific group of materials.

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## WellPoint, Inc. | Plain Language Initiative

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### What was the impetus for this program or project? What are its goals?

Health plan members tell us that how we communicate is most critical to their satisfaction with health plans. They want information to be clear, easy to find, and easy to use. Employers also indicate that their trust level is increased with clear and straightforward information. Now government has signaled—especially with the National Action Plan—that there will be greater attention to the clarity of the information we provide consumers. But the real impetus came from the members in WellPoint’s affiliated health plans.

### What are the key elements?

The formal program includes both benefits and medical information and is called the Plain Language Initiative. It began in 2010, and has strong support and sponsorship from our company executives. Corporate policy about plain language is built into brand guidelines.

Even before the formal program began, there was concerted activity around health literacy within the company. A group who called themselves the “Plain Language Squad” helped others with their documents. Those who advocated strongly for this work petitioned executives, and a formal program was created. The formal program allowed WellPoint to identify who was already involved, put a structure around the work, and reach more people within the company.

Under the formal program, WellPoint instituted an intake procedure that subjects new and revised member communications to a rigorous plain language review. This applies to documents in all languages, which are also evaluated, in addition to clarity, for sensitivity to culture and geographic differences.

In 2012-2013, WellPoint conducted an inventory of all existing system generated letters to evaluate the type of information, the clarity of the information, and the

quantity of information contained in each letter. As one result of this effort, WellPoint has created a Department of Member Communications to ensure that member documents are easy to understand and to use.

Training is a very important part of the overall effort. Case managers are required to complete three training modules within a year, one of which has to do with health literacy. They must demonstrate that they can speak to members in a way that members understand.

Training is encouraged for every employee of the company; all 40,000 associates were asked to take a basic plain language course. There is a more intense training for writers. Three hundred legal professionals—those involved with contracts and other legal matters—recently completed a health literacy webinar. The company has more than 400 licenses for Health Literacy Advisor software.

The reasoning behind requiring everyone in the company to be on board is straightforward: it does no good for the overall customer experience if just some of the information—an “up front brochure” but not the open-enrollment guide, for example—is clear and easy to understand. Our goal is to improve all aspects of the customer’s experience through better information. WellPoint also believes that members will be healthier and use their benefits more wisely if the information they get from us is clear and easy to use and understand.

In addition to training, associates have tools and resources (including the software) such as a periodic newsletter with tips on writing in plain language, and a glossary of “words to use” and “words not to use.”

### What are the results?

Initial consumer testing of “before and after” materials indicated that 100% prefer the plain language versions of materials.

*continued*



## WellPoint, Inc. | Plain Language Initiative (continued)

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Subsequently, after a plain language review of MyHealthNote, a major member document that focuses on the member's health status, we observed a 50% decline in complaints about the utility of the document. Similar satisfaction levels were reported via focus group testing of an updated version of our health plans' "open enrollment book" that offers employer groups information on all plans available through that workplace. The new version reduced content by 20% and eliminated jargon. The focus group participants found it easier to navigate, better organized, and easier to understand.

Finally, as a result of our commitment to health literacy and plain language, WellPoint was recently awarded highest honors for health literacy excellence by the National Health Literacy Innovation Association.

### What comes next?

We will continue to update all communications with plain language.

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