Ignite Education Health Literacy Policy - 2024

Our health literacy philosophy

Ignite Education has been an active proponent and practitioner of health literacy principles in our published materials for decades. It's more than a policy. It's a philosophy about helping people in the clearest ways possible when they need it most on their health journeys.

Our goals

At Ignite Education, we subscribe to the concept of health literacy as defined by the U.S. Department of Health and Human Services in Healthy People 2030:

> *Personal health literacy* *is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.*
>
> *Organizational health literacy* *is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health related decisions and actions for themselves and others.*

The health content that we produce at Ignite Education is designed to promote clear communication between healthcare providers and their patients, so that patients can take an active role in decisions about their health. It also empowers patients to develop skills to interpret and act on the health information they read.

When creating and editing content, we:

- Focus on "need to know" information. *Most web users—including those with limited literacy skills—are looking for specific information or an answer to a question.*[1]
- Organize the text from a reader's perspective
- Use shorter words where possible
- Define terms that may be unfamiliar
- Strive for a reading level of 4th to 7th grade, depending on the audience
- Don't use medical jargon and limit acronyms that are not widely used
- Keep sentences short
- Use active voice
- Speak directly to the reader, using "you" and "your"
- Offer actionable content, giving specific instructions on what the reader should do
- Stick to key points

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[1] Redish, J. (2012). Letting Go of the Words: Writing Web Content that Works (2nd ed.). Waltham, MA: Morgan Kaufmann Publishers/Elsevier.

Our process

To create content that meets these goals, we follow the strategies discussed in "Health Literacy Online: 2nd Edition; A Guide for Simplifying the User Experience," a booklet produced by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. The guidelines cover writing articles, displaying content on web pages, and navigating to articles.

As described in this guide, health literacy is more than presenting text at a certain reading level. It also means using "plain language": writing clearly, concisely, and without jargon or complex words. Below is a brief description of how our content addresses reading levels and other factors that contribute to a person's health literacy.

We also use the principles noted in the Patient Education Materials Assessment Tool (PEMAT) from the Agency for Healthcare Research and Quality. This tool outlines principles that Ignite Education has been following for decades. It itemizes sound health literacy policies and philosophies about word choice, use of numbers, organizing text, making actions clear, and using visual aids.

Readability scoring

Reading level scoring tools were originally developed to help teachers determine appropriate educational materials for their students. The tools give results in grade levels, since that is the scale of reference in education.

Reading level scoring of health information uses the same tools, and so presents the results by grade level. At Ignite Education, we use licensed software called Health Literacy Advisor to assess reading levels on a variety of nationally recognized scales: Reading level scoring of health information uses the same tools, and so presents the results by grade level. At Ignite Education, we use licensed software called Health Literacy Advisor to assess reading levels on a variety of nationally recognized scales:

- Flesch-Kincaid grade level
- Flesch Reading Ease
- Gunning-Fog grade level

But reading level assessment is an estimate only, and should not be viewed in absolute terms. It is accurate by plus or minus 1.5 grade levels (source). A text revised to drop a score from 7.3 to 6.8, for instance, may not necessarily be any easier to read.6 Different assessment scales also give different results. Flesch-Kincaid often shows a result that is two to three grade levels lower than Gunning-Fog or SMOG. SMOG (Simple Measure of Gobbledygook), which is used by some organizations, was developed for longer texts—documents that contained more than 30 sentences. Assessing shorter texts via SMOG may give inaccurate results.

"The Toolkit for Making Written Material Clear and Effective," from the U.S. Centers for Medicare & Medicaid Services (source), says this about readability scoring:

Readability formulas ignore most factors that contribute to ease of reading and comprehension, including the active role of the reader. Relying on a grade level score can mislead you into thinking that your materials are clear and effective when they are not.

A broader approach

Reading level scores don't measure the complexity of concepts presented, or take into account the layout and design of the document. They also can't rate how interested a reader may be in learning the information.

Instead of focusing solely on reading level, a more complete way to address health literacy and reading level of content is to follow the principles of plain language. This is what we do at Ignite Education. We ask ourselves, "What is the simplest way to say this?" Clinical information is often presented in lengthy sentences, complex terms, and jargon. Our goal is to have the information understood by the most people, and remove any obstacles that may impede this.

Page layout is also an important element of health literacy. Here is what Karen Schriver, Ph.D., former professor of rhetoric and information design at Carnegie-Mellon University (source), says:

As designers, we tend to think that people start at the top left and just move left to right and down the page. But research shows that isn't what happens. People are attracted primarily to contrast, which is one of the key visual principles that have been studied by researchers again and again. Contrast is created by differences in light and dark, thick and thin, big and small. ... And readers will scan the text for those things that jump out at them. If everything is the same hue or the same shade of gray, then nothing will jump out. That sort of disempowers people and they don't want to keep going.

We break up text into chunks with subheads and present information in bulleted lists for easy reference. Graphics and images are used to help reinforce key ideas in the text. When appropriate, we add medical illustrations to bring additional clarity to an anatomy explanation, or a discussion of a disease state or medical procedure.

Having adequate white space – giving the sense that the text isn't too crowded and thus intimidating to read – also helps with health literacy. Because of the digital format of our content, however, we don't have control over white space on a webpage. That is governed by Cascading Style Sheets (CSS). Image layout and placement is also limited.

Testing of usability and understanding

Ignite Education Research conducts end-user and clinician-based surveys to obtain feedback on patient education products. These surveys are designed to test the effectiveness and reliability of content design, art, and health directives. Ignite Education has an online patient survey (via a link on the

product) so patients can provide general feedback on any title they have received from their healthcare provider.

Always keeping patients in mind

The main focus is always how to best serve the people who use our content. All of these processes and tools are in place to help patients navigate their healthcare journeys with as much clarity and support as possible. We will continue to refine and enhance our processes over time to make sure we deliver the best we can to the people who rely on our content.