General, Office of Disease Prevention and Health Promotion, 2006; Weiss, 2003).

In the UK, the Department of Health in England (2003), NHS Wales (2010), the Scottish Government (2009) and the National Adult Literacy Agency (2009) in Ireland have acknowledged the negative impact that poor health literacy has on the state of the nation’s health. These organisations are taking this into account in their policies and guidelines.

**Applying health literacy principles in practice**

Working with colleagues in the NHS, external stakeholders and a medical communications agency, PHA UK developed a range of materials to support patients and caregivers at nearly every stage of the patient journey. Through our experiences, we found that there were essentially five stages to every project:

» Stage 1: Research;
» Stage 2: Content development;
» Stage 3: Layout and design;
» Stage 4: Interactivity, functionality and accessibility;
» Stage 5: Testing.

**Stage 1: Research**

We found that one of the most important things to do, even before a single word has been written, is to do your research. You need to establish what the need is and at whom the material will be targeted.

Establishing what information is already available to you and your patients will help shape the material you produce. You may even decide, after your research, that there is already something available that meets your needs.

A number of patients with pulmonary hypertension have learning disabilities, primarily due to Down’s syndrome. Colleagues had mentioned that they often had difficulties explaining to these patients the complex diagnostic tests and treatments that are routinely used when treating pulmonary hypertension. An advisory board with colleagues from other specialist centres agreed with this. We researched what was already available and found that, although there was nothing suitable (confirming the need), there were materials from which we could develop ideas, thereby saving time and resources.

The resulting patient workbooks, treatment information sheets and counselling flipchart have been extremely well received and are also being used with patients who have English as a second language.

Once you’ve established that there is a need, you need to research your audience.

Knowing exactly who you are producing materials for, what they need and don’t need, how they like information presented to them and the challenges they face on a daily basis enables you to produce something that is not only informative, but also useful. For example, once first-draft artwork had been developed for our learning disabilities material, it was given to a number of people with learning disabilities. This showed us that some of the drawings were too simplistic and some of the text too difficult to understand. By carrying out research at this stage we were able to modify the materials before they were produced.

**Stage 2: Content development**

Applying health-literacy principles to content is more than writing in plain English. It also involves tone, context, guidance/signposting and the use of visual materials, such as images, tables and “key points” boxes.

When writing for patients, it is important to remember that they may know very little about their condition, and may be unfamiliar with medical words or jargon. Information should be kept simple, new terms defined and new information put in context. This could be something as simple as showing where an organ is in relation to the rest of the body or explaining complex tests and investigations. We have learnt that everyone appreciates content that is easy to read – including health professionals.

Tone is also very important. PHA UK provides patients and their families with information about organ and tissue donation; this emotive subject requires a tone and language that is sensitive to the information being presented. As an example, phrases such as “in the event of your death” should be avoided and those that are more patient friendly – such as “after you have passed away” – used instead.

**Stage 3: Layout and design**

By thinking about the needs of the patient, how the patient will use the material and how you want the material to feel, it is possible to design something that is easy to read, understand and apply. This doesn’t have to be expensive; simple things like increasing the amount of white space, using an appropriate font size, using dark text on a light background, making sure the layout is consistent throughout, and using colour to highlight key points can all help improve readability.

To support patients who have pulmonary hypertension, PHA UK has produced a handbook, which aims to provide patients and their families with all the information they may need about their condition. Although extremely useful, the first version of this booklet felt text-heavy and somewhat uninspiring. By breaking up the text, adding more images and a simple design, it was transformed; in 2011, it was highly commended at the British Medical Association’s Patient Information Awards.