



PATIENT EDUCATION MATERIALS TOOLKIT

A RESOURCE FOR SELECTING PATIENT EDUCATION MATERIALS FOR CLINICIANS, ADMINISTRATORS, AND HEALTH EDUCATORS WHO WORK IN HEALTH CARE SETTINGS.

PICCK IS AN INNOVATIVE CLINICAL AND PUBLIC HEALTH PROGRAM DESIGNED TO PROMOTE CONTRACEPTIVE CHOICE AND EFFECTIVE CONTRACEPTIVE COUNSELING ACROSS THE COMMONWEALTH OF MASSACHUSETTS.



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INTRODUCTION

This guide is for clinicians, administrators, and health educators who work in health care settings. Education and counseling takes place at many points of care. Whether you are an administrator choosing patient education materials for a waiting room or a clinician deciding which educational aids to use in the exam room, similar principles can be applied to help you select and use contraceptive education materials. PICCK has identified and developed materials that are:

1. accessible to individuals at a variety of health literacy levels;
2. culturally competent; and
3. based on a patient-centered approach to education and counseling.

Finding materials that meet these criteria is difficult. Moreover, because we as healthcare professionals must be highly literate to do our jobs, it can be difficult to learn how to communicate with patients who bring a greater diversity of literacy ability into our care settings.

HEALTH LITERACY AND MATERIALS ACCESSIBILITY

As defined by the US Department of Health and Human Services, health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy describes the match—or mismatch—between the way information is conveyed and the ability people have to process that information. Health literacy can therefore be improved not only by building individual skills, but also by ensuring that written, graphical, and numeric information is conveyed in a way that matches the general population’s skill set.

In contraceptive education, ensuring patients understand risks, benefits, and proper use of methods is critical for quality, patient-centered care.



Figure 1 Health Literacy Framework

Source: Parker, 2009

How well can patients understand health information?

Interesting facts about health literacy:

- 88% of US adults have moderate or low health literacy, with 14% being classified as below basic.
- People with low health literacy are hospitalized at twice the rate of those with higher health literacy.
- People with low health literacy have higher odds of being in poor health than those with adequate literacy, even after accounting for age, gender, race, and poverty.
- Low health literacy also results in medication misuse, less use of preventive health care, and higher rates of acute health care use.

CULTURAL COMPETENCY

Cultural competency is closely linked to health literacy; increasingly, health literacy is named as a component of cultural competency. In order for individuals to understand, trust, and use a health information resource, it must be inclusive of the user's culture and identity. Cultural competency is more than diversity. Users of health information must see themselves, including their language and norms, reflected in educational materials.

There are several common ways in which contraceptive educational materials may fail to reflect cultural competency. When assessing whether to use a particular material, healthcare professionals should look for the following:

- **Inclusivity of diverse sexual orientations and gender identities.** People who identify as bisexual, lesbian, gay, and transmasculine (a person assigned female at birth, but who now identifies as masculine or male) can and do become pregnant—even accidentally. In fact, young cisgender women who identify as bisexual or lesbian have higher rates of unplanned pregnancies compared to women who identify as straight or heterosexual. Materials should not assume readers are heterosexual. **Materials should not assume all patients' gender identity is the same as their sex assigned at birth.**
- **Gender neutral language. Materials must reflect the reality that people who identify as male, men, non-binary, and gender non-conforming can and do become pregnant.** One critical way to ensure materials are inclusive is the use of language that is gender neutral or gender inclusive. Often, it is very logical for materials to refer to “people” or “patients” (in a clinical setting) instead of “women.” It also works to use “they,” “you,” or “one,” as a pronoun instead of “she.”
- **Variety of languages.** About half a million Massachusetts residents are fluent in a language other than English. Some are also fluent in both written and spoken English, and others are not. Individuals who are able to navigate many situations in English may still be confused by complex written information in English. Ensuring patients access to materials in the language in which they have the highest written literacy level improves knowledge. **Materials should be available in multiple languages.**
- **Range of body types depicted.** Graphics are great for portraying contraceptive information. Showing where an intrauterine device is placed, or where to put the contraceptive patch on the skin, can be very helpful for understanding the method. Many materials,

Glossary: terms for gender and sexual orientation

Cisgender describes someone whose sex assigned at birth is the same as their current gender identity (for example, assigned female at birth and currently identifies as a woman).

Transgender describes someone whose sex assigned at birth differs from their current gender identity (for example, assigned female at birth and currently identifies as a man).

Non-binary or gender non-conforming describes people who do not identify as men, women, male, or female.

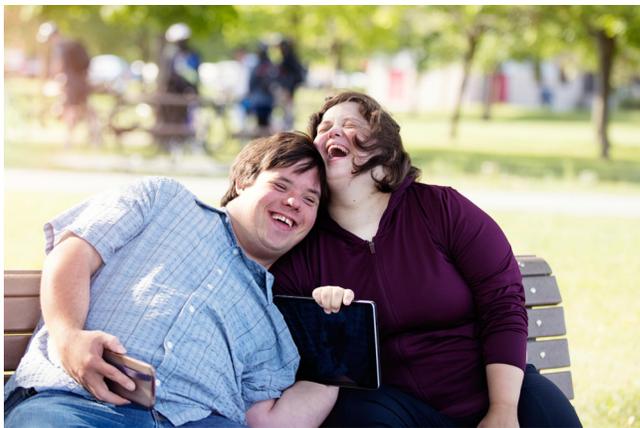
Heterosexual, bisexual, lesbian, gay, and queer are a partial list of identities based on how someone experiences sexual attraction. Sexual orientation is not the same as sexual behavior and providers of sexual and reproductive health services should ask patients about both to ensure they get all the care they need (for example, contraception may be needed by a lesbian who has sex with cisgender men).

This is not an exhaustive list, but instead a brief glossary to assist providers and staff in understanding our tips for selecting culturally competent patient educational materials. For more information, visit <https://www.glaad.org/reference>.

CULTURAL COMPETENCY

however, appear to depict only hairless, slim, white bodies of cisgender people. **For patients to be truly reflected in contraceptive materials, materials should portray a variety of bodies—including people with dark skin, body hair, and larger bodies.**

- **Allows participation of family members in care.** In the United States, our legal and ethical model of care delivery demands patient autonomy. Ensuring autonomy in choosing contraception is important, especially because in family planning clinics 1 in 6 clients report “birth control sabotage”—meaning that intimate partners physically interfere with method use in order to coerce pregnancy. At the same time, sometimes people in nonviolent relationships value family member input. This may be particularly true for some people who have recently migrated to Massachusetts and are navigating our model of health care for the first time. These individuals may be accustomed to having a partner or family member accompany them to health care visits. Additionally, many adolescents are interested in parental participation in their care. **Materials should acknowledge that some people want partner and family input in contraceptive method choice.**



- **Respectful inclusion of people with disabilities.** People with chronic diseases, physical disabilities, and intellectual disabilities desire and achieve pregnancy at the same rates as people without these conditions. People with a variety of diseases, including diabetes and rheumatologic diseases, are less likely to receive contraceptive counseling or contraception. People with mobility disabilities report providers assume them to be asexual and unable to become pregnant. **Materials should depict people with disabilities to show patients that clinicians understand they can and will become pregnant.**

PATIENT-CENTEREDNESS

For more information on patient-centeredness, please consult PICCK's [Shared Decision-Making Toolkit](#). Patients and providers do not always agree on the best course forward in medical care, for treatments ranging from cancer treatments to orthopedic surgery. Contraception is highly preference-sensitive, meaning that patients' own values drive the "right" choice of method for them. Some patients value contraceptive efficacy, while others focus on side effects or convenience. In order to provide meaningful information to patients with a variety of values, materials should include information on multiple characteristics of methods that are important to patients and not just efficacy.

OUR RECOMMENDED MATERIALS

We identified materials that are: **1) accessible to individuals at a variety of health literacy levels; 2) culturally competent; and 3) based in a patient-centered approach to education and counseling.**

We are always looking to add to this library of wonderful resources developed by respected partners and peers. Please [contact us](#) with suggestions for additions.

You may notice that there are a lot of materials. Finding a single resource that works for every patient is impossible, in part because the more information is crammed on a page, the less the resource can be accessible to people with typical health literacy. We encourage providers to identify multiple resources to have on hand, so that you can adjust what tools you use depending on patient needs.

PICCK is working to identify linguistic needs of patients across Massachusetts so that we can translate materials into additional languages. Please consider contributing to this effort by [contacting us](#) to request materials in specific languages of use to your patients.

Links to our preferred materials

Contraceptive options overview

- FDA Contraceptive Options (English, Spanish): <https://www.fda.gov/consumers/free-publications-women/birth-control-chart/>
- FPNTC Contraceptive Options (English, Spanish): <https://www.fpntc.org/resources/birth-control-methods-options-chart>
- RHAP Contraceptive Options (English, French, Spanish, Simplified Chinese, Traditional Chinese, Portuguese, Vietnamese, Hindi): <https://www.reproductiveaccess.org/resource/bc-fact-sheet/>

OUR RECOMMENDED MATERIALS

- RHAP Non-Prescription Contraceptive Options (English, Spanish, Simplified Chinese, Traditional Chinese, Vietnamese, Hindi): <https://www.reproductiveaccess.org/resource/non-prescription-birth-control-methods/>
- RHAP Permanent Birth Control (Sterilization) (English, Spanish, Simplified Chinese, Traditional Chinese, Vietnamese, Hindi): <https://www.reproductiveaccess.org/resource/permanent-birth-control-sterilization/>

Emergency contraception overview

- RHAP Emergency Contraception: Which EC Is Right For Me? <https://www.reproductiveaccess.org/wp-content/uploads/2014/12/emergency-contraception.pdf>

Explanation of insurance coverage for contraception under Medicaid and the Affordable Care Act

- NWLC Contraceptive Coverage in the Health Care Law (English) (Notes: May not be appropriate for users with lower health literacy levels; also not specific to Massachusetts): https://www.nwlc.org/wp-content/uploads/2015/08/contraceptive_coverage_faq_rule_072412.pdf

Postpartum contraception overview

- ACOG Postpartum Contraception Overview (English) (Note: This is not the most user-friendly material): <https://www.acog.org/-/media/For-Patients/faq194.pdf?dmc=1&ts=20190510T0221555310>

LAM information

- RHAP Non-Prescription Contraceptive Options (includes LAM) (English, Spanish, Simplified Chinese, Traditional Chinese, Vietnamese, Hindi) <https://www.reproductiveaccess.org/resource/non-prescription-birth-control-methods/>

Child-spacing benefits and preparing for the next pregnancy

- March of Dimes Child-Spacing Benefits (English, Spanish): <https://www.marchofdimes.org/pregnancy/how-long-should-you-wait-before-getting-pregnant-again.aspx/>

For more materials go to www.PICCK.org > [Practice Resources](#) > [Patient Counseling and Education](#). You can browse by going to a particular topic page. Or you can use the search feature to find resources by topic or format.

TIPS FOR SELECTING RESOURCES

If you need a resource that is not listed in this toolkit, you may perform your own landscape scan to identify additional materials. If you are looking at a new resource and want to quickly assess how likely it is to meet your patients' needs, the following checklists may help. No resource is perfect, though most quality resources will meet 6-9 of the criteria listed below.

Materials Accessibility Checklist

Critical Characteristics: reject any materials that do not tick these boxes

- Is devoid of stereotypical images—consider asking patients for input to help decide this
- Is available in the needed languages (if not, consider submitting a request to PICCK via our [website](#) for translation)

Additional Strengths to Assess

Formatting

- Uses adequately large font (12-14 point or larger preferred)
- Avoids large paragraphs of text / uses brief sentences and bullets
- Avoids large tables (4 or 5 column max)
- Includes blank space on the page for notes

Health Literacy

- Contains only very simple graphs, if any, like bar charts
- Uses whole numbers (not fractions)
- Expresses both relative and absolute probabilities (IUDs are very effective, less than 1 person in 100 using an IUD will get pregnant every year)

Cultural Competency

- Contains pictures of diverse or appropriately specific* people (if photographs are used)
* e.g., if a resource is specifically made for Latinx people, only Latinx people need be pictured
- Contains drawings of diverse or appropriately specific* body types (if drawings are used)
* e.g., if a resource is specifically made for larger people, only larger bodies need be included
- Uses gender neutral or gender inclusive language

Assessing the literacy of a single-page, written flyer, should take less than 30 minutes. The SMOG Readability Formula provides straightforward guidance:

<http://www.readabilityformulas.com/smog-readability-formula.php>

No resource is perfect. PICCK is committed to increasing access to high-quality patient education materials. Consider [contacting us](#) to help us grow our library. What are we missing? What else would you like us to create?

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