“Literacy skills are the **strongest predictor of health status**, more than age, income, employment status, education level or racial/ethnic group.” – Partnership for Clear Health Communication
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It was less than ten years ago that health literacy was first measured on a national scale. The results revealed that only 12 percent of Americans are proficient in health literacy and 93 million Americans 16 years or older (43 percent of the population) read at the two lowest literacy levels. We learned that health literacy isn’t just an issue that affects people with limited English or low literacy skills; 88 percent of us are challenged by the health care system. And with consequences such as medical errors, prescription drug misuse and wasted dollars throughout the health care system, we can’t afford to ignore this issue.

As a national leader in the new field of health literacy, Wisconsin Literacy, Inc. has spent much of the last decade raising awareness of this silent crisis in health care. With champions like Dr. Paul Smith from the University of Wisconsin Department of Family Medicine, and with the sponsorship support of Anthem Blue Cross and Blue Shield, Wisconsin Literacy hosted three health literacy summits, fostered four regional health literacy committees, made over 150 health literacy presentations and sought out funding for numerous health literacy projects that are improving health outcomes. We have worked closely with both adult literacy providers and health care providers to equip them with information and resources to make the issue of health literacy a priority for their clients and patients.

As we look ahead, the field of health literacy offers many promising practices—from new standards from The Joint Commission in language, literacy, culture and patient safety to a newly released National Action Plan to Improve Health Literacy from the U.S. Department of Health and Human Services. Wisconsin Literacy is a key partner in efforts to form a national coalition on health literacy and we look forward to sharing our work with those who are as inspired as we are to improve the health and education of the people of Wisconsin. For more information on our work in health literacy, please visit www.healthliteracywisconsin.org.

Sincerely,

Michele Erikson
Executive Director
As a family physician, the administrator of the health benefits program for a major hospital system, and now as the medical director for Anthem Blue Cross and Blue Shield in Wisconsin, I have seen firsthand the miracles our health care system can work, as well as its shortcomings.

At the top of any list of weaknesses should be a lack of health literacy at all levels of our society. Too many doctors can’t give understandable instructions to their patients, and too many patients (at all education levels) lack a basic understanding of anatomy, which hurts their ability to make informed decisions about their health.

The urgency of this situation, combined with the continuing increase in cost of health care services, calls for thoughtful, sustainable solutions. When fully implemented, federal health care reform will expand access to health insurance to 30 million Americans—a great benefit to our society—but this will only further increase the need for our country to improve the affordability, quality and usability of our health care system.

At Anthem Blue Cross and Blue Shield, we’re working to improve the lives of the people we serve and the health of our communities. And by working together with the government, employers and providers, we are working to build a health care system that is accessible to all and provides quality care for those who need it most. We are proud to partner with Wisconsin Literacy on this Health Literacy Toolkit, and hope the information and ideas contained here will begin a larger discussion throughout Wisconsin about what we can do to ensure that our health care system works for all.

Dr. Michael Jaeger
Managing Medical Director
Anthem Blue Cross and Blue Shield in Wisconsin
**Part I: What is Health Literacy?**

Imagine a serious disease outbreak occurred in your city. Within one week, nine out of ten people on your block had symptoms of the disease. Most of your friends and neighbors suffered from at least minor symptoms, many had severe symptoms and several even died. The outbreak returned each year and cost your state billions of dollars in health care costs, yet health care providers, politicians and citizens failed to respond.

This scenario describes the current state of health literacy in our society. More than half of all adults in the U.S.—90 million people—find it difficult to understand and act on health information. Only 12 percent of English-speaking adults in the United States have proficient health literacy skills, which are required for optimal personal health management and navigation of the health care system. And yet, many of our health care policies, institutional practices and patient materials are not designed to address issues of health literacy.

**What is Health Literacy?**

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain, process and understand basic information and services needed to make appropriate decisions regarding their health.”

The definition provided by the Calgary Charter is also useful. It emphasizes the many skills needed for health literacy: “Health literacy is the use of a wide range of skills that improve the ability of people to act on information in order to live healthier lives. These skills include reading, writing, listening, speaking, numeracy and critical analysis, as well as critical and interaction skills.”

**Beyond Basic Literacy**

When it comes to understanding and interpreting health information, basic literacy skills are only one piece of the puzzle. Even people with strong basic literacy skills can have trouble understanding health information. Health literacy requires many forms of literacy, including:

- **Fundamental Literacy:** The ability to read, write, speak and work with numbers;
- **Scientific Literacy:** The skills and abilities needed to understand and use science and technology;
- **Civic Literacy:** The skills and abilities that enable citizens to become aware of and participate in public issues and decision-making; and
- **Cultural Literacy:** The ability to recognize, understand and use collective beliefs, customs and social identities.
Health Status

Literacy skills are the strongest predictor of health status, more than age, income, employment status, level of education or racial/ethnic group. This is because proficient health literacy levels are needed for health promotion and disease prevention activities, navigation of an increasingly complex health care system and prompt and accurate response to public health alerts.

**Poor health literacy may lead to:**
- Improper use of medications,
- Inappropriate use or no use of health services,
- Poor self-management of chronic conditions, and
- Inadequate response in emergency situations.

**What are some examples of how health literacy impacts health status?**
- *Poor diabetes outcomes:* Among primary care patients with Type 2 Diabetes, inadequate health literacy is associated with poor control of blood sugar and higher rates of eye damage.
- *Increased mortality:* Limited literacy is associated with a nearly two-fold increase in mortality in the elderly. Given the growth of the aging population and the prevalence of chronic diseases, this will be a growing concern for our society.

**Spotlight On Va Neng’s Story**

In the fall of 2009, Va Neng, a Hmong refugee, became sick due to complications of high blood pressure. His friends and family knew the name of his condition, but were not aware of what it meant or how to prevent it.

As a result of community need, instructors at Portage County Literacy Council began incorporating health lessons into their regular adult literacy curriculum. Lessons were focused on healthy eating, exercise and how to prevent conditions such as high blood pressure.

These health lessons helped to start a community conversation around disease prevention. It also helped Va Neng get on the path to recovery from his condition.

To celebrate his return to health, the community hosted a big party, complete with healthy food options.

*From Top:* Va Neng and his wife, Mai; Mai (center) and other family members hold the healthy food platter at Va Neng’s party.
Low health literacy is a major source of economic loss in Wisconsin.

John A. Vernon, PhD estimates that the cost of low health literacy to Wisconsin is $3.4 billion to $7.6 billion annually. This is due to the influence of health literacy on both health outcomes and medical expenditures.

Vernon’s calculations are based upon the following facts:

- Health literacy, along with other factors such as education, income and gender, affects an individual’s ability to stay healthy.
- Health literacy levels impact demand for medical care.
- There are direct links between health literacy, health outcomes and medical expenditures due to the reduced ability to search for the best treatment, providers, preventive care and diagnostics.
- There are indirect links between health literacy, health outcomes and medical expenditures due to the influence of insurance, education and income on health outcomes.

David W. Baker, MD, MPH and others demonstrated how health literacy impacts demand for medical care. They found that public hospital patients with limited health literacy had higher rates of hospitalization than those with adequate health literacy.

Other studies have shown that people with low levels of health literacy have difficulty managing chronic diseases. Two-thirds of people with chronic diseases have limited literacy skills that can prevent them from managing their conditions as well as they could.
Part II: What Can I Do?

Health literacy friendly organizations actively measure, monitor, evaluate and adjust their communications to meet the needs and skills of their users. It will take a coordinated, focused effort by many organizations, institutions and individuals to address the many facets of health literacy. Health literacy should be addressed from multiple perspectives, including:

- Government
- Education
- Hospital and Health Care Organizations
- Health Care Providers
- Pharmacies
- Employers

The following recommendations, adapted from Paul D. Smith, MD’s “What Can Be Done About the High Cost of Low Health Literacy,” provide concrete examples of steps government, education, health care providers and health care organizations can take to help meet the health literacy needs of the population.

1. **Government**
   1. **Educate** federal, state and local government leadership about the large number of American adults who have significant difficulty reading and understanding health information.
   2. **Infuse** the issue of low literacy and low health literacy into the development of all processes, print media, Web content, etc. intended for the public.
   3. **Revise** legislation and/or regulations about prescription bottle labeling, the content of prescription package inserts and over-the-counter medication labeling in collaboration with low-literate adults.
   4. **Update** advance directive (“living will”) publications to improve understandability and increase the rate of living will completion.
   5. **Create** reimbursement incentives for health care providers and organizations to improve effective communication.
   6. **Fund** research and pilot demonstration projects to build evidence for effective interventions.

2. **Education**
   1. **Educate** health education program leadership and faculty about the large number of American adults who have significant difficulty reading and understanding health information.
   2. **Infuse** the issue of low literacy and low health literacy into the curriculum for all health care professionals.
   3. **Develop** practical health education for K-12 education programs that help promote understanding of topics such as:
      - How does the human body function?
      - What are common health problems related to behavior/choices and how they can be avoided?
      - How do you reduce your risk of obesity, heart disease and diabetes?
      - What are the consequences of substance abuse, particularly alcohol and tobacco?
3. **Hospitals & Health Care Organizations**

1. **Educate** leadership, employees and clinicians about the large number of American adults who have significant difficulty reading and understanding health information.

2. **Infuse** the issue of low literacy and low health literacy into the development of all processes, print media, Web content, etc. that are intended for the public. When you are developing materials for your patients, keep the following tips in mind, adapted from Zarcadoolas, Pleasant and Greer’s *Advancing Health Literacy: A Framework for Understanding and Action*.(See “Tips for Written Communication” below.)

3. **Develop** health literacy leadership teams to address the issues in all departments and levels of the organization.

4. **Conduct** a review of the health literacy “friendliness” of the organization and begin to address areas in need of improvement.

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### Tips For Written Communication

**Define your purpose.**
- Do you want to inform, educate or persuade?
- Is it intended to produce action or change behavior?
- What medium or technology will be used?

**Know your audience.**
- What is the audience’s spoken language ability?
- How trustworthy is the messenger?
- What assumptions does the message make?
- How relevant is the message?
- How culturally appropriate is the message?

**Use clear and understandable vocabulary.**
- Do not use technical terms or jargon.
- Clarify all new or complex words on the page.
- Use one-word alternatives or simple phrases.

**Use short, simple sentences.**
- Sentence length and sentence complexity are key factors in understanding health information.
- Keep the main noun and verb close together in each sentence.
- Long sentences should use simple conjunctions, such as: and, but, or.

**Use effective communication techniques.**
- Use active verbs and sentences. Instead of, “was chosen by the patient,” write, “the patient chose...”
- Personalize by using “you” and “we.”
- Use metaphors and analogies that are meaningful to the audience.
1. Educate all health care workers about the large number of American adults who have significant difficulty reading and understanding health information.

2. Use clear communication principles when talking with patients, families and caretakers. See “Tips for Clear Communication” on pg 11.

3. Use the Teach-back Method by asking patients to report, in their own words, what they are going to do when they go home. Here are a few tips for using the Teach-back Method, according to Dean Schillinger, MD, a national leader in the use of this method:
   - Ask, “When you go home and your grandchild asks you what the doctor said about your heart, how are you going to explain this to your grandchild?” This will elicit the patient’s perspective on what was just taught.
   - Do not ask the patient, “Do you understand?” or “Was I clear?” because the patient is almost universally going to say, “Yes, that was great.”

4. Use the word “something” instead of “anything” when asking about additional concerns to be addressed during the visit (i.e. Is there something else I can do for you?).

   This decreases unmet concerns by up to 78 percent.¹³

5. Create a shame-free environment. Many patients with reading problems are ashamed and hide their inability to read. Shame is a deeply harbored emotion that plays an important role in understanding how low-literate patients interact with health care providers.
   - In a 1996 study, almost 40 percent of patients with low functional literacy admitted to feeling shame. Among these, 67.2 percent had never told their spouses and 53.4 percent had never told their children that they have difficulty reading.¹⁴
   - You can’t tell who is affected by low health literacy by looking. Thus, it is important to take “universal precautions” when it comes to health literacy. Health care providers take universal precautions to avoid the spread of bloodborne disease. In the same way, plain language and clear communication principles should be used in each medical encounter.⁵


## During the Medical Encounter

- **Greet** patients with a warm greeting and smile.
- **Make** eye contact throughout the interaction.
- **Use** plain, non-medical language.
- **Speak** clearly and at a moderate pace.
- **Limit** content to 3-to-5 key points.
- **Repeat** key points.
- **Draw** pictures or use illustrations.
- **Encourage** patients to ask questions.
- **Use** the Teach-back Method to check understanding.

## Simplify Your Vocabulary

<table>
<thead>
<tr>
<th>INSTEAD OF...</th>
<th>TRY...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible</td>
<td>Can join, can receive</td>
</tr>
<tr>
<td>Respond</td>
<td>Answer, send</td>
</tr>
<tr>
<td>Receive</td>
<td>Get</td>
</tr>
<tr>
<td>Inhale</td>
<td>Breathe in</td>
</tr>
<tr>
<td>Inoculation/Immunization</td>
<td>Shot</td>
</tr>
<tr>
<td>Evacuate</td>
<td>Leave</td>
</tr>
<tr>
<td>Potable</td>
<td>Safe to drink</td>
</tr>
</tbody>
</table>

## Simplify Your Sentences

- **Going to the emergency room is a covered expense if you are experiencing conditions that are so serious that any reasonable person could assume that these conditions are life threatening. Acceptable conditions include: trouble breathing, heavy bleeding or chest pain.**

- **Getting prenatal care as soon as you think you are pregnant and going to your health care provider for prenatal care throughout your pregnancy are the best things you can do to have a healthy baby.**


- **When should you go to the emergency room?**
  - **You should go to the emergency room if you are bleeding heavily, or if you are having trouble breathing, or if there is a danger that you could die.**

- **The two most important things you can do to have a healthy baby:**
  1. Go see your doctor/nurse as soon as you think you are pregnant.
  2. Visit your doctor/nurse all through your pregnancy.
5. **Pharmacies**

1. **Educate** leadership, pharmacists and other employees about the large number of American adults who have significant difficulty reading and understanding health information.

2. **Infuse** the issue of low literacy and low health literacy into the development of all processes, print media, Web content, etc. that are intended for the public.

3. **Utilize** tools developed by the federal Agency for Healthcare Research and Quality to assess the health literacy environment of a pharmacy and improve communication with patients (see Part III: Resources).

4. **Collaborate** with low-literate adults and government agencies to improve the understandability of prescription bottle labeling, the content of prescription inserts and over-the-counter medication labeling.

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**Spotlight On Adult Literacy**

Many adult literacy learners have problems understanding prescription labels and instructions from a medical professional. In 2009, Literacy Network of Dane County, one of Wisconsin Literacy’s member agencies, approached this challenge by developing a collaborative English for Health class. The Latino Health Council endorsed the program and provided feedback on the curriculum. Staff at Access Community Health Centers offered tours of their facility and instructed learners on how to become patients at the center. The UW School of Pharmacy helped develop authentic curriculum materials for the program. St. Mary’s Hospital offered space in the hospital for the class and dedicated staff to help in a mock clinic.

“Students now have the confidence to make better decisions regarding their personal health and the health of their families,” said program coordinator Beth Gaytan. “We teach students basic English skills to help them connect with the health care system and get the answers they need about their health,” she said.

### Eighty-five percent of students showed improvement after taking the class.

Examples include an adult learner cutting her cholesterol in half by eating better and another learner making her own appointment in English at a community clinic and asking a pharmacist questions about a cold medicine.
6. **Employers**

1. **Educate** your management team about the large number of American adults who have significant difficulty reading and understanding health information.

2. **Understand** the connection between low health literacy and your organization’s bottom line. John A. Vernon, PhD estimates that the cost of low health literacy in Wisconsin is $3.4 billion to $7.6 billion annually.⁸

3. **Conduct** a review of the health literacy “friendliness” of the organization and begin to address areas in need of improvement.

4. **Collaborate** with your health insurance provider to develop plain language health materials for your employees and to provide plain language explanations of annual health benefit changes.

5. **Develop** a workplace wellness program that incorporates health education components.

6. **Create** a workplace literacy program for your employees or help them seek services from a local literacy provider. Contact a Wisconsin Literacy member agency in your area for more information.

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**MY NOTES**

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www.wisconsinliteracy.org | p. 13
Wisconsin Literacy, Inc. is a nonprofit coalition representing a membership of more than 60 community-based literacy agencies. Wisconsin Literacy is recognized nationally for raising awareness of the importance of health literacy skills and fostering two-way communication between adult literacy agencies and health care providers.

Wisconsin Literacy has been actively involved in health literacy initiatives since 2004, when it hosted its first statewide Health Literacy Summit. Since then, Wisconsin Literacy has hosted health literacy summits every two years, which have gained participation from key national health literacy leaders.

Wisconsin Literacy has also been a leader on some key health literacy initiatives, including:

1. Providing feedback for The Joint Commission standards on language, literacy, culture and patient safety;
2. Training local literacy providers how to incorporate health literacy principles into the tutoring environment;
3. Conducting outreach to policymakers and health care organizations about the impact of health literacy on Wisconsin’s economy;
4. Conducting statewide workshops and outreach to vulnerable populations about seasonal flu and H1N1 influenza; and

In 2010, Wisconsin Literacy formed a new division, Health Literacy Wisconsin, which is focused exclusively on health literacy initiatives and outreach.

Wisconsin Literacy Speakers’ Bureau:
The Wisconsin Literacy Speakers’ Bureau is available to provide presentations to your organization about health literacy. Speakers cover topics ranging from general awareness of health literacy issues to more detailed strategies for infusing health literacy into your organization, including workshops for health care providers.

For more information, please contact Wisconsin Literacy at 608.257.1655.
Books


   *Advancing Health Literacy* addresses the crisis in health literacy in the United States and around the world. This book thoroughly examines the critical role of literacy in public health and outlines a practical, effective model that bridges the gaps between health education, health promotion and health communication.

2. **Health Literacy from A to Z: Practical Ways to Communicate Your Health Message** by Helen Osborne (Jones and Bartlett, 2005).

   *Health Literacy from A to Z* is an innovative and easy-to-use resource guide on ways to effectively convey health information. Whether you are a public health provider, public health specialist, health educator, practice manager, literacy teacher, professor, student or librarian, this book is for you.

3. **Teaching Patients with Low Literacy Skills** by Cecilia C. Doak, Leonard G. Doak, Jane H. Root (Lippincott Williams & Wilkins, 1996).

   This classic health literacy text guides the reader in developing the necessary tools for teaching those patients with limited literacy skills. An abundance of case studies help to demonstrate application of teaching/learning theory to actual practice.


   “This is a captivating riveting book—a must-read not only for medical professionals, anthropologists, and journalists, but for anyone interested in how to negotiate cultural difference in a shrinking world...Sometimes the stakes here are multicultural harmony and understanding; sometimes they’re literally life and death—whether in wartime Laos or in American emergency rooms.” — Michael Berube, author of *Life As We Know It*


   This book is packed with examples and tips and will serve as a much needed guide for primary care providers, nurse practitioners, hospital administrators, and others who are looking for ways to improve their communication with patients and provide the most beneficial health care to their low-literacy patients.

Reports


   This report seeks to engage organizations, professionals, policymakers, communities, individuals and families in a linked, multi-sector effort to improve health literacy. This report contains seven goals that will improve health literacy and suggests strategies for achieving them.

   (continued on page 16)
Part III: Resources (continued)

Reports (continued)

   This seminal report helped to spread awareness in the health care community that more than half of all Americans have difficulty understanding and acting on health information. It provides information about the scope of the problem of health literacy, identifies obstacles to creating a health-literate public, assesses approaches used to increase health literacy and identifies goals for health literacy efforts and approaches to overcome obstacles.

   www.ahrq.gov/qual/literacy
   This toolkit offers health care practices a means to structure their services and their patient interactions to minimize the risk that any one of their patients will not understand the health information they are given, thus allowing patients to make informed decisions about their health care. It includes practical tips such as tools to improve spoken and written communication, to foster patient empowerment and to create supportive systems.

Web Resources

9. Health Literacy Wisconsin Website
   www.healthliteracywisconsin.org
   This site provides news and events, resources and links for health care professionals and literacy providers interested in learning more about health literacy initiatives in Wisconsin and nationally.

10. Health Literacy Missouri Website
    www.healthliteracymissouri.org
    This site provides news and events, resources and links for health care professionals and literacy providers interested in learning more about health literacy initiatives in Missouri and nationally. This site also hosts a library of health literacy resources that also helps to evaluate the quality of the material.

11. National Health Literacy Discussion List
    http://lincs.ed.gov/mailmain/listinfo/healthliteracy
    This list provides an on-going professional development forum where literacy practitioners, health care providers, health educators, researchers, policy makers and others can discuss literacy issues in health education programs and in health care settings; health education efforts being undertaken within literacy programs; literacy screening measures being piloted in health care settings; and the readability of health materials.

12. Agency for Healthcare Research and Quality (AHRQ) Health Literacy and Cultural Competency Website
    http://www.ahrq.gov/browse/hlitix.htm
    This page covers a wide range of topics related to health literacy and cultural competency, including: consumer resources, tools for health care providers, academic research, patient safety information and podcasts for providers and consumers.
Multi-media Resources

13. **Health Literacy OutLoud Podcasts**
   www.healthliteracyoutloud.com
   Health Literacy Out Loud (HLOL) podcasts are a lot like radio shows. You can listen in as Helen Osborne interviews those in-the-know about health literacy. You will hear why health literacy matters and learn practical ways to help.

14. **Video: Low Health Literacy: You Can't Tell By Looking** (18 minutes)
   www.ama-assn.org/ama/no-index/about-ama/8035.shtml
   This video provides an overview of health literacy and includes powerful interviews with individuals with low health literacy, including the impact on their ability to manage their own health.

Materials for Consumers

15. **MedlinePlus by the National Library of Medicine**
   www.nlm.nih.gov/medlineplus/easytoread/all_easytoread.html
   This site includes plain language materials for consumers, listed alphabetically by topic area, from “Abdominal Pain” to “X-rays.”

16. **Refugee Health Information Network**
   www.rhin.org
   This resource center provides health information in multiple languages for patients and providers.

17. **Health Research for Action**
   www.healthresearchforaction.org
   Health Research for Action is a center in UC Berkeley’s School of Public Health that creates research-based tools, programs and policies to promote healthy communities.

Pharmacy Resources

18. **Agency for Healthcare Research and Quality (AHRQ) Pharmacy Health Literacy Center**
   http://pharmacyhealthliteracy.ahrq.gov/sites/PharmHealthLiteracy/default.aspx
   This site provides pharmacists with recently released health literacy tools and other resources, including a discussion group for pharmacists to exchange ideas and experiences with peers about health literacy challenges.

   www.ahrq.gov/qual/pharmlit
   This pharmacy health literacy tool was designed to capture perspectives of three critical audiences: objective auditors, pharmacy staff and patients. The three parts of the assessment are complementary and designed to form a comprehensive assessment.
Reading Grade-Level Measurement Tools

22. SMOG (Simple Measure of Gobbledygook) Reading Grade Calculator
www.harrymclaughlin.com/SMOG.htm
www.wordscount.info/hw/smog.jsp

SMOG estimates the years of education needed to understand a piece of writing. SMOG is widely used, particularly for checking health messages. These tools allow you to copy and paste text or an entire document (up to 2,000 words) into this program to calculate reading level.

23. OKAPI!
www.lefthandlogic.com/htmdocs/tools/okapi/okapi.php

OKAPI! is a valuable on-line text assessment tool for writing and editing text for low-literate adults. Paste in up to 200 words and it will analyze reading level and highlight words that are not found in the Dale Familiar Word List.

24. Fleisch-Kincaid Reading Level

This tool, which counts word syllables and sentence length, is built into Microsoft Word. To use Word 2008 to assess Fleisch-Kincaid reading level:

a. Find your “Spelling and Grammar” menu option (may be under “Tools” or “Review,” depending on your version of Microsoft Word).

b. Select “Options,”

c. Select “Show readability statistics” check box.

d. Click “OK,”

e. Finish checking spelling and grammar by accepting or ignoring suggested changes.

f. A box with word count and readability statistics appears when you are done checking spelling and grammar.


For More Information, Contact...

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