HealthLiteracyCopilot™
From Institute for Healthcare Advancement · HealthcareGPS™

EXECUTIVE SUMMARY & ACTION GUIDE

National Behavioral Consortium Fall Summit · Savannah, GA · Sept 30, 2026

From Clear Communication to Greater Engagement

Turning understanding into utilization — for EAP and behavioral health leaders

83%
of employers offer an EAP

~5%
median utilization; traditional programs sit at 3–9%

12–18%
reached by digitally enabled programs: the number can move

~1 in 3
referred people miss the first assessment appointment

THE HIDDEN BARRIER

It isn't cost or clinical supply. It's comprehension and trust.

The front door to care is already paid for, yet most employees never walk through it. Often the first thing they read (a brochure, an intake email, a wallet card) is written for compliance, not for someone reading at the end of a hard day. The question behind many first calls, *"Will my boss find out?"*, rarely gets a plain answer.

WHAT HEALTHLITERACYCOPILOT DOES

Three ways to close the gap

OPTIMIZE — Assess, revise and translate the library you have, scored against PLATO™, N-PLAT™ and PEMAT, in 30+ languages.

CREATE — Build flyers, texts, scripts and manager guides in minutes, only from content you approve.

STRATEGIZE — Map every touchpoint from breakroom flyer to first appointment, and find where people drop off.

BEFORE · COLLEGE+ READING LEVEL

"Participants must complete confidential intake procedures and initial clinical assessments prior to authorization of covered behavioral health services."

AFTER · BELOW 6TH GRADE

"Getting help is private. First, you'll have a short talk with a counselor. Then we'll set up your free sessions."

We stay in our lane: HLC never provides counseling. It makes the path to your counselors easier to read, trust and follow.

THE EVIDENCE · BEHAVIORAL-HEALTH SETTINGS, NOT EAP-SPECIFIC, BUT THE SAME MECHANISM

Wording changes whether people show up

27% → 17%
missed appointments after a brief, easy-to-read prompt letter
Jayaram, Rattehalli & Kader (2008), BMC Psychiatry 8:90 · RR 0.65

Warmer wins
a gain-framed reminder beat a neutral letter on attendance (p = .01)
Mavandadi et al., Psychiatric Services · VA RCT, N = 360

62% → 85%
attendance after adding a plain reminder letter
Kunigiri, Gajebasia & Sallah (2014), JRSM Short Reports

THE BUSINESS CASE FOR EAP LEADERS

Utilization is your renewal risk

$1.2M–$5.2M
modeled annual value for an EAP serving 2 million covered lives

Account retention
$0.22–$0.95
Show buyers scored, improved materials before the renewal.

RFP differentiation
$0.10–$0.62
Answer with scored materials and a baseline you can re-measure.

Collateral at scale
$0.14–$0.48
Approve a template once; reuse it across accounts.

Per covered life per year, plus accreditation evidence and Spanish-language reach. HealthcareGPS estimates on public figures, not customer results.

ACTION GUIDE · TAKE THIS WITH YOU

The 5-Question Front-Door Audit

HealthLiteracyCopilot™
From IHA Institute for Healthcare Advancement · HealthcareGPS™

Run it Monday on your EAP brochure, intake email and wallet card.

1 Does the first sentence say it's free and confidential?
Read only the first sentence. Does it say, in plain words, that it costs nothing and is private?
Cost and privacy are the first two worries a reader brings.

2 Does it say plainly who is told what?
Look for one short passage that answers "Will my manager find out?", including the limits, in everyday words.
It's the question behind many first calls, and most materials never answer it.

3 Is it written at a 6th-grade reading level or below?
Paste the text into any readability checker (Flesch-Kincaid grade). Long sentences and long words push the grade up.
The common plain-language target for health materials.

4 Is the Spanish measured in Spanish, not just translated?
Score Spanish text with a Spanish formula such as INFLESZ, and have a native speaker check regional terms.
English readability formulas misjudge Spanish text.

5 Is there exactly one next step, with hours?
Count the calls to action. Is there one number or text code, and does it say when someone will answer?
Every extra choice is another place to drop out.

YOUR DOCUMENT	Q1	Q2	Q3	Q4	Q5	SCORE
EAP brochure	☐	☐	☐	☐	☐	__ / 5
Intake email or letter	☐	☐	☐	☐	☐	__ / 5
Wallet card	☐	☐	☐	☐	☐	__ / 5
Website landing page	☐	☐	☐	☐	☐	__ / 5
Manager referral guide	☐	☐	☐	☐	☐	__ / 5

5 ready · **3–4** fix this quarter · **0–2** start here. One brochure takes an afternoon; every document, in every client account, is where HLC comes in.

SAFE TO SAY YES

Closed knowledge base
Drafts draw only on content you approve, every line traceable to its source.

We never counsel
No clinical advice; your clinicians stay in charge.

Humans approve
Your team reviews every change before it reaches a member.

Every change explained
Reviewers see why, not just what.

No PHI to start
The diagnostic uses your documents, with no personal health data.

HIPAA & SOC 2
As published on healthliteracycopilot.ai.

YOUR NEXT STEP

Start with a two-week EAP Access Diagnostic

Your own documents · English & Spanish · No personal health data

We score your member-facing materials and show where the front door to care is hard to read, and how to fix it.

healthliteracycopilot.ai/eap · healthliteracycopilot@healthcaregps.ai · 1-888-600-2705

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Book your intro

Sources. SHRM (2025); Taylor Benefits Insurance (2026); Global Growth Insights (2026). First-appointment attendance: international benchmark, NHS Talking Therapies, England (Sweetman et al., Psychotherapy Research, 2023). Jayaram, Rattehalli & Kader, BMC Psychiatry 2008;8:90. Mavandadi et al., Psychiatric Services. Kunigiri, Gajebasia & Sallah, JRSM Short Reports 2014. Business-case values: HealthcareGPS estimates, HLC EAP ROI analysis (Sept 2026). Reading levels: Flesch-Kincaid. The before/after example is a composite of typical EAP intake language.

In a crisis, call or text 988.

