

HEALTH LITERACY FACT SHEETS

# Improving Written Communication to Promote Health Literacy

More than half of adults living in the U.S. have limited reading skills.<sup>1</sup> But most health materials are written at or above the 10<sup>th</sup> grade level. To create health communications that are effective and easy to understand, use plain language, simple design principles, and clearly organized content.

## Guidelines for Creating Effective Written Health Communications

Patients and their families rely on written communications, whether digital or in print, to learn about health care issues, receive instructions, schedule and manage care, and engage with legal documents. To develop written health materials that are easy to understand, follow the three principles below. Then, as described below, test your documents.



### 1. Organize information clearly.

- Begin with relevant background information or context. Prioritize “need to know” information.
- Write in a logical flow so that each section builds on previous information.
- Group information into meaningful sections with clear and consistently formatted headings. Use bold font rather than italics or underline to indicate new sections.

### 2. Use plain, clear language and content that is relevant to your audience.

- Use short, familiar words. Explain new words and concepts. Provide concrete examples.
- Use sentences that average no more than 15-20 words. Keep your messages clear and simple.
- Avoid jargon and unfamiliar acronyms. Tailor your message to what your audience knows.

## HEALTH LITERACY FACT SHEET SERIES

This fact sheet is part of a series addressing the impact of limited health literacy and providing strategies for organizational improvement. For more information, visit [www.chcs.org/health-literacy](http://www.chcs.org/health-literacy).

- Present numbers simply. For example, say “one out of every four people” instead of “25 percent of people.” Do not require your reader to do any calculations.
- Use words, examples, and a tone that are culturally relevant and appropriate for your audience.

### **3. Use simple layout and design techniques to facilitate reading and comprehension.**

- Create a lot of blank/white space. Use wide margins to create ample space between paragraphs.
- Use bulleted lists to break up blocks of information. Limit lists to between three and seven items.
- Use images of people who look like your intended audiences. Images should “explain” the content.
- Be consistent with font sizes and styles throughout the document. Use a familiar font in at least 12-point size.
- Avoid writing in all capital letters. Use upper and lowercase for easier reading.
- Use dark text on a white or light background. This helps older adults and anyone with visual impairments.

## **Guidelines for Assessing the Content and Readability of Written Communications**

After creating new health communications, an important next step is assessing their content and readability. A number of tools and readability formulas are available for assessing literacy levels in written documents, as described below.

Readability formulas calculate a score that shows the general difficulty of text. The formulas are designed to give “grade level” equivalents, but they also show a general score on a continuum. Most readability formulas calculate the average number of syllables per word and average number of words per sentence. Long words and sentences increase the reading level.

### **Health Literacy in the Health Care Environment**

Confusing or unreadable signage, intimidating check-in processes, complicated paperwork, and inadequate time to ask questions are all environmental factors that impact patients and families.

Simple improvements to your organization’s environment can enhance patient experience. For example:

- Use signs with plain, everyday words such as “X-Rays” in addition to or instead of “Radiology.”
- Ensure signage is large, well-placed, and translated into languages of major population groups.
- Revise and translate forms so that they are reader friendly. Train staff to offer help if they see someone struggling.

## Tools to Assess the Reading Level of Health Information

- **The AHRQ Patient Education Materials Assessment Tool:** Assesses the understandability and actionability of patient education materials.
- **The CDC Clear Communication Index:** Assists in developing and assessing public communication materials.
- **Flesch-Kincaid:** Analyzes readability based on the number of syllables per word and words per sentence in addition to other measures.
- **Gunning Fog:** Assigns grade level of language based on sentence length, number of words, and number of polysyllabic (more than three syllables) words.
- **SMOG Readability Formula:** Analyzes reading level of prose in sentence and paragraph format.

Finally, make sure to consider the features that readability formulas do not assess. These tools cannot measure the utility or relevance of design and imagery, determine cultural appropriateness or appeal. Even if your document is written at a basic reading level, it may be difficult to comprehend or use if the content is poorly organized, poorly designed, or not culturally relevant.

## Guidelines for User-Testing Written Communications

The next step in creating useful, understandable, and culturally relevant health communications is to test them with members of your intended audience. This includes actively seeking input from audiences and using that input to make relevant changes. Do this after conducting content assessments and readability tests to ensure you are user-testing the best possible versions.

### Process for User-Testing Health Communications Materials

**Step 1.** Define your key health problem or areas interest (e.g., *low use of preventive services*) and identify your intended audience (e.g., *Black and Latina women or adults over 65*).

**Step 2.** Engage your intended audience. Conduct one-on-one interviews, hold focus groups, and engage community forums like Patient and Family Advisory Councils to seek input. Determine your audience's needs, beliefs and values, knowledge level, and perceived barriers related to the identified health topic.<sup>2</sup>

**Step 3.** Determine key concepts and messages based on your knowledge of the audience.

**Step 4.** Design a draft of the materials.

**Step 5.** Pilot the materials with your intended audience. Community-based organizations are a good resource for a pre-test audience. Ask both broad and specific questions. Be prepared to make significant changes. Provide meaningful compensation to the people you interview.<sup>3</sup>

**Step 6.** Revise drafts according to feedback from the pilot audience.

**Step 7.** Publish and distribute materials. Whenever possible, provide translations of materials created by professional translators or in consultation with community members.

**Step 8.** Evaluate the audience's satisfaction, understanding, and desired behavior change via one-on-one interviews, focus groups, and advisory groups.

### Additional Resources

**[Beyond Translation: Promoting a New National Standard for Equity in Health Materials Translated from English](#)**: A call to action discussing the strategy of addressing health equity and patient-centered care by ensuring translation of health care communications.

**[Centers for Medicare & Medicaid Services' Guidelines for Effective Writing](#)**: CMS guidelines for clear communications.

**[Language, Interpretation, and Translation: A Clarification and Reference Checklist in Service of Health Literacy and Cultural Respect](#)**: Resources for providers to help navigate multilingual health care interactions and improve health literacy.

**[Making Medicaid Communications Easy to Understand: Cross-Project Insights](#)**: Collects resources and recommendations to improve written Medicaid materials.

**[Plain Language Writing Act of 2010](#)**: A 2010 law requires federal agencies to use clear communication that the public can understand and use.

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

## ENDNOTES

<sup>1</sup> Kutner, M., Greenberg, E., & Baer, J. (2005). *National assessment of adult literacy (NAAL): A first look at the literacy of America's adults in the 21st Century*. U.S. Department of Education. National Center for Education Statistics. (NCES 2006-470). <http://nces.ed.gov/naal/pdf/2006470.pdf>

<sup>2</sup> Institute for Patient and Family Centered Care. (n.d.) *Engaging patient and family advisors in research effective patient and family advisory councils*. <https://www.ipfcc.org/bestpractices/sustainable-partnerships/engaging/effective-pfacts.html>

<sup>3</sup> Spencer, A., & Jacobs, L.S. (2023, October). *Engaging community members: A guide to equitable compensation*. Center for Health Care Strategies. <https://www.chcs.org/resource/engaging-community-members-a-guide-to-equitable-compensation/>