



Introduction to health literacy: Your clear communication toolkit

NHC health literacy training 1
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Why does health literacy matter?

Readers with low literacy get distracted easily, give up quickly, and struggle with dense text and complex navigation.

How do we help readers navigate our content?

- State your purpose in the title and put the most important information first
- Use photos and other visuals that will appeal to your intended audience and are sensitive to cultural factors such as their geographic region, race, gender, income, and age
- Build in levels of information (headings, subheadings, body text, and bullets) and use visual cues such as bold formatting and color to highlight important information

Health literate revision of CDC document

CDC
Injury Prevention

National Violent Death Reporting System (NVDRS) FY 2014 Background Document

NVDRS Data Saves Lives
Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

Public Health Problem
Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

Strategies that Work
NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

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The National Violent Death Reporting System (NVDRS):
A powerful tool for prevention

NAME OF AGENCY SUPPORTS
State and local health professionals

The National Violent Death Reporting System (NVDRS) provides data that can help state and local health departments develop evidence-based strategies for reducing violent deaths.

Violence is a public health problem that affects individuals, families, and communities throughout the United States. Too often, violence results in death by homicide or suicide. According to data from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center):

- More than 55,000 Americans died because of homicide or suicide in 2010 — that's an average of more than 6 people dying a violent death every hour.
- Violence-related deaths, assaults, and acts of self-harm are expensive. They cost the United States an estimated \$107 billion in medical care and lost productivity every year.

The good news is that violence can be prevented — and accurate information about violence is the key to directing, designing, implementing, and evaluating prevention efforts. NVDRS provides this information to state and local health departments.

NVDRS data provide a complete picture of violent deaths.

NAME OF AGENCY

How do we make our content clear?

- Avoid using complex words that are unfamiliar to your audience (jargon). To do this:

Replace jargon with a shorter, more familiar word that means the same thing, for example:

Authored by → Written by
Collaborate → Work together

or

Define jargon using simple words, for example:

Chronic → Long-lasting
Placebo → A look-alike that doesn't contain an active drug

- Write the way you speak, using direct sentences and contractions, for example:

Before: "We understand that people are concerned about the costs associated with health care in general, and prescription drugs in particular."

After: "We understand that people worry about the costs of health care, especially for prescription drugs."

- Use active voice instead of passive voice. For example: "The researcher read the chart" instead of "The chart was read by the researcher."

How do we make our content actionable?

Describe the action in detail

- Give simple, yet specific action steps when appropriate
- Focus on what readers should do, not what they shouldn't do
- Make your content motivating – tell readers why they should take action, and how the issue affects them



How do we design clear communications?

- Leave 20-30% white space so the pages don't look crowded
- Use clear, sans serif fonts such as Arial, Calibri, Verdana
- Avoid ALL CAPS, *italics*, underlining, and condensed fonts or novelty fonts
- Where appropriate, use photos that represent your audience
- Use visual cues to highlight important information, such as bolding, color, arrows, or boxes

Resources

Use online health literacy resources

- CDC Health Literacy Resources
<https://www.cdc.gov/healthliteracy/learn/resources.html>
- Usability.gov
<https://www.usability.gov/>

Use a health literacy or plain language thesaurus

- CDC's Everyday Words for Public Health Communication
<https://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication.pdf>
- Health Research for Action's Plain Language Word List
<https://multco.us/file/46697/download>

Use Word's features to help you edit

Check your readability statistics:

1. To set it up:
 - Go to "File" > "Options" > "Proofing"
 - Check "Show readability statistics" under "When correcting spelling and grammar in Word"
2. To see the Flesch-Kincaid reading level of your current document:
 - Go to "Review" > "Spelling & Grammar" or "Editor"

Look up simple synonyms:

1. Right-click on the word
2. Hover over "Synonyms" and click on "Thesaurus"

Health literacy cheat sheet

Use this cheat sheet to see if your material follows the main principles of health literacy.

Purpose and audience

Make your purpose and intended audience clear at first glance to help build trust with your readers.

Purpose

Think about your purpose. What is your topic? Are you trying to educate, motivate, or change attitudes or behaviors? Describe your purpose as specifically as you can:

Audience

Think about your audience. Keep them in mind as you develop the material: their age, gender, ethnicity, reading level, and cultural beliefs. What questions might they have? Describe your intended audience as specifically as you can:

- State or imply the purpose in the title.
- Add a table of contents if material is 4 pages or longer.
- State or imply the audience in the title.
- Match visuals to the audience's physical appearance and life experience.
- Test your material with 3-5 people in your audience to see if it meets their needs.

Structure

Structure your material so readers can easily find what they need.

- Place the content in this order:
 - Most important information first – the core message or what patients **need** to know to take action
 - Supporting info second
 - Background info last – history or data

- Include only “need to know” not “nice to know” information, such as prevalence data.
- Stick to 1 main message supported by 3-5 points that tie directly to your purpose. Write short sentences (15 words or fewer) and paragraphs (3-5 sentences).
- Delete extra words that muddy sentences, such as “Please be advised...”
- Place related items together – make sure the same point doesn't appear in multiple places (one exception is action steps, which are okay to summarize or repeat).
- Use headings that accurately represent the content that follows.
- Write headings that put the reader in an active role: “Ways to keep your heart healthy” instead of “Cardiovascular health.”

Content

- Make your words and numbers easier to understand by saying what you mean and nothing more.
- Replace jargon (complex words) with common words when possible.
- If you need to use a complex word that can't be replaced, define it in the text: “Foot doctor, called a podiatrist.”
- Write sentences in active voice so the subject performs the action: “The boy took his medicine” instead of “The medicine was taken by the boy.”
- Use a conversational style. Try 1st person questions in headings and 2nd person answers in the body text.
- Use consistent terms rather than varying them. If you choose “doctor,” stick with it throughout the material.

Behaviors

- Clearly tell your readers what you want them to do.
- Make the desired actions clear by highlighting and concretely explaining behaviors.
- If actions should be done in a certain order, put them in a numbered list.
- Engage readers with interactive elements such as a checklist, quiz, or a place where they can write notes

Design

- Make your material appealing and easy to read through clear layout and graphics.
- Make it easy to read:
 - Include 20%-30% white space
 - Break content into chunks
 - Make headings distinct from body copy with more space above than below through bolding or using a different font
 - Left-align the text
 - Use dark text on a light background
- Aim for a line length of 3-5 inches.
- Limit bulleted lists to 2-7 items.

Graphics

- Choose graphics that are highly related to the purpose and that describe action steps – consider picture-based instructions to describe a process.
- Use clear graphics:
 - Simple black and white line drawings
 - No distracting backgrounds
 - Explain through captions
- Use simple tables with around 3 rows and 3 columns.

Fonts

- Use clear fonts:
 - Sans serif
 - 12-point or larger
 - Use **bold** to highlight an important word or phrase
- Avoid ALL CAPS, underlining, *italics*, and novelty fonts

Resources

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2013). ***CDC Clear communication index: a tool for developing and assessing CDC public communication products***, <http://www.cdc.gov/ccindex/>

Doak, C., Doak, L., & Root, J. (1996). ***Teaching patients with low literacy skills*** (2nd ed.). Philadelphia: J.B. Lippincott.