Health Literacy Principles: Guidance for Making Information Understandable, Useful, and Navigable

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Health Literacy Principles: Guidance for Making Information Understandable, Useful, and Navigable

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Research documents that most people in the United States cannot understand or use the complex information needed for managing their health and effectively using health care services.[3] We believe it is critical to take a health-literate approach to solving this problem, that is, to align system demands and complexities with individual skills and abilities. For the past two decades, we worked to advance research, teaching, and practices that systematically address improving health literacy. In this piece, we offer a synthesis of the principles we follow to create health information that is better aligned with the skills and abilities of those using that information. We then offer links to examples of materials where these principles guided the development and presentation of information.

As health practitioners and public health educators, we often think about the words that we want to use to convey our messages to our target audience. In contrast, we think less about how we are presenting these ideas or packaging them to compete with our audiences' limited time, attention, and ability to understand and navigate the system. We suggest there is a need to focus on specific domains to maximize chances that the content created is understandable, actionable, and navigable. Those domains, which we explain below, are planning, content, literacy demands, organization, layout and typography, and graphics.

Planning. When planning your educational materials, the communication objectives and the target audience must be defined. Specifically, know the audience's needs, interests, and behaviors. Identify specific ways to involve the target audience in the development and testing of materials.

Content. After clearly defining your purpose and objectives, focus and limit them. For example, it is not realistic to use an educational material to teach everything there is to know about a certain disease. State your objectives in the title, cover illustration, and introduction. Tell the audience what is known, and also what is *not* known. Limit the scope of the content, including *"need to know"* essential information, not the *"nice to know."* Focus on behaviors, skills, and instructions, and repeat or summarize the main points. Be certain that content is evidence-based, reflecting the most accurate, up-to-date information available.

Meeting the language and cultural needs of the audience is critical: Ensure that you have high-quality translation and interpretation of all content. Write content that reflects age, education, income, gender, occupation, and residence of the target audience. State all information as clearly and simply as possible. Include positive, truthful, and helpful content.

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[1] The authors are Participants in the activities of the IOM Roundtable on Health Literacy.

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[3] Institute of Medicine. 2004. *Health literacy: A prescription to end confusion*. Washington, D.C. National Academies Press.

Note key sources, including authors, date of publication or revision, reliable websites, and phone numbers for more information.

Literacy Demands. Chances are you have heard about using readability calculators to test a material's reading level. However, readability level is only **one** component that goes into developing easy-to-read, engaging educational material. When writing content, use common, everyday, specific words that are two syllables or less, and write the way you talk (that is, use a conversational style and active voice). Include the pronunciation of words that may not be familiar so people will know how to say them. For example, some may recognize the word "osteoporosis" when they hear the spoken word, but they may not be able to pronounce and understand the same word when they see it in written form. The use of numbers presents particular concerns for many individuals. To assist in breaking down this barrier, do the math for the reader; do not require addition, subtraction, multiplication, or division. Use whole numbers when possible, and express risk information in frequencies rather than percentages.

Organization. Carefully consider how your information is organized. For example, if medication instructions have listed "shake well," do not save this piece of information for last. Instead, state this information first. Also, think about how the reader's eye will view the content, and present important information at the beginning and again at the end for emphasis. Also, break the information into small, logical sections by using short, simple, and explanatory headings.

Layout and Typography. When choosing your fonts, use a clean, clear typeface, 12-14 point in size, and use upper and lowercase letters—not all caps. Also, limit the number of fonts used in the entire piece. The reader's eyes also need "breaks" or relief from the content—this is called white space. Balance the use of white space with content and graphics. Avoid full justification of text, as this creates awkward spaces in between words. Also, do not let your computer decide when to hyphenate words. Assess where words "fall" at the end of a line. If the word falls on what would be a natural pause, this is great. If the word does not fall at a natural pause, then enter "return" where the natural pause is. Emphasize important information with bulleted lists, underlining, and bold. Use color carefully to highlight, add clarity, differentiate, or focus the eye. Use shading, boxes, and arrows to direct attention to key content.

Graphics. The adage "*a picture is worth a thousand words*" refers to the idea that a single image can communicate a complicated idea. It also is used to convey the idea that it is possible to quickly absorb large amounts of information.[4] As the United States continues to become more ethnically diverse, it is imperative that we rely on the effective use of visual communications. Specifically, use graphics to grab attention, spotlight the objectives, and reinforce predefined learning objectives. Be certain that graphics are relevant and are action-oriented, showing key desired behaviors, rather than behaviors to avoid. Graphics should be simple and free from clutter. Avoid using diagrams, graphs, charts, and data tables that require multiple steps for use.

These principles are described in a user-friendly checklist format, available at http://centerforhealthguidance.org/health-literacy-principles-checklist.pdf.

We also offer two examples of materials we created where all steps, including target audience input on all stages of development and testing, informed the final product. The first is a consumer guide informing people about the Affordable Care Act and how to approach getting health insurance: http://centerforhealthguidance.org/LA4-ACA-Consumer-Guide-2014.pdf. The second is a webinar, *Health Insurance—how to get it, pay for it, and use it,* which we

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[4] Ayto, J. and I. Crofton. 2009. *Brewer's dictionary of modern phrase & fable*. Edinburgh: Chambers Harrap

developed with the Substance Abuse Mental Health Services Administration. That webinar can be found at https://www.youtube.com/watch?v=2cn-9ChKPEc&feature=youtu.be.

Writing and designing materials that are easy-to-read and understand is a skill that requires development over time, and it often feels counterintuitive for many educators and scientists. In fact, it usually is easier to write complicated content rather than content that is as simple as possible.