



TOOLKIT for Making Written Material Clear
and Effective

SECTION 1: Background

PART 1

About this Toolkit and how it can
help you

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services



TOOLKIT Part 1

About this Toolkit and how it can help you

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This document is Part 1 of the *Toolkit for Making Written Material Clear and Effective*. The Toolkit has 11 Parts. It was written for the Centers for Medicare & Medicaid Services (CMS) by Jeanne McGee, PhD, McGee & Evers Consulting, Inc. The guidelines and other parts of the Toolkit reflect the views of the writer. CMS offers this Toolkit as practical assistance to help you make your written material clear and effective (not as requirements from CMS).

What is the Toolkit?

The *Toolkit for Making Written Material Clear and Effective* is a health literacy resource from the Centers for Medicare & Medicaid Services (CMS). It was written for CMS by Jeanne McGee, PhD, McGee & Evers Consulting, Inc. As shown below, this 11-part Toolkit provides a detailed and comprehensive set of tools to help you make written material in printed formats easier for people to understand and use.



Centers for Medicare & Medicaid Services (CMS)

Toolkit for making written material clear and effective

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The Toolkit focuses on written material for CMS audiences

What are “CMS audiences”?

“CMS audiences” are primarily people who are eligible for or enrolled in health care programs *administered by the Centers for Medicare & Medicaid Services (CMS), caregivers, and partners*. These programs include Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). The guidelines and advice we offer apply to a broad range of program-related and health-related written materials for these CMS audiences. This includes:

- Written material that gives information about the CMS programs or about health-related topics. For example, this includes such things as pamphlets about covered services, patient education booklets, fact sheets that describe patient privacy protection, posters in waiting rooms, notification letters, reminder postcards, and notices about rights and responsibilities that tell people what to do if they have a concern or complaint.
- Written materials that ask the reader to supply program-related or health-related information. Examples include enrollment forms that people fill out to apply for services, health history questionnaires, and satisfaction surveys.

Though our main focus is on written material intended for use by members of the CMS audiences, the guidelines and advice we offer also apply to written material created for people who serve or assist these members. For example, you can use this Toolkit to help improve material written for family members of people with Medicare, outreach workers, agency staff, community organizations, and care providers. And even though we focus specifically on Medicare, Medicaid, and CHIP, you’ll find that our guidelines and advice apply to many kinds of written material created for other populations, including the public.

What do we mean by “written material”?

This Toolkit is about written material that people read in a printed format. Written material comes in different shapes and sizes and is used for different purposes. Examples include brochures or pamphlets, booklets, flyers, fact sheets, posters, bookmarks, application forms, comparison charts, postcards, instruction sheets, and questionnaires. Typically, written material is printed on paper, but it can be printed on other surfaces, such as refrigerator magnets or billboards. There are many ways to do the printing.

Many printed pieces are professionally published by commercial print shops. Some are photocopied for distribution. Some written material is in electronic files that you can print from your computer.

Since reading something that's on a computer screen is very different from reading something in a printed format, we cover written material on a website only in a limited way (see Toolkit Part 8, *Will your written material be on a website?*)

This Toolkit is about written material, but it's important to recognize the limitations of written material. For some audiences and purposes, it is simply not appropriate. It is not suitable for people who cannot read, and must be adapted for readers who have vision loss. And even if your audience members have sufficient reading ability and other literacy skills, written material may not be the most effective way to deliver your message, since learning styles and media preferences differ among readers at all literacy levels and from different cultures.



What are “low literacy skills”?

Medicare, Medicaid, and CHIP audiences are culturally and linguistically diverse and they include many people who have low literacy skills. Throughout this Toolkit, we suggest ways of making written material easier for people with low literacy skills to understand and use. To explain what we mean by “low literacy skills,” this section provides background on how literacy skills are measured.

How are literacy skills measured?

The most up-to-date statistics on literacy levels of the population come from the *National Adult Assessment of Literacy* (NAAL) done by the U.S. Department of Education in 2003. Like its predecessor, the 1992 *National Adult Literacy Study* (NALS), the 2003 NAAL assesses the functional literacy of adults in terms of people's ability to apply literacy skills to everyday situations and tasks. But the 2003 NAAL differs from the 1992 NALS in two important ways:

- 1. The 2003 NAAL categorizes levels of literacy in a new way.**

The five levels of literacy for the 2003 NAAL are *Non-Literate in English*, *Below Basic Level*, *Basic Level*, *Intermediate Level* and *Proficient Level*. The development and rationale for the new way of categorizing literacy levels is described in detail in a report by the Committee on Performance Levels for Adult Literacy (Hauser, Edley, Jr., Anderson Koenig, & Elliott, 2005).

As in the 1992 NALS, each level of literacy has the three dimensions of *prose literacy* (skill in understanding information in a continuous text, such as a newspaper article), *document literacy*

(skill in using information in graphs, figures, and tables, such as in a bus schedule), and *quantitative literacy* (skill in applying arithmetic to numbers presented in texts or documents).

Here are brief summary descriptions of the four levels adapted from a slide show in the *A Quick Guide to Health Literacy* (Office of Disease Prevention and Health Promotion [ODPHP], 2006); for full descriptions, see Hauser et al. (2005):

- Below Basic:* Can perform tasks involving brief and uncomplicated texts and documents. Adults can generally locate a piece of information in a news story.
- Basic:* Able to locate information in text, make low-level inferences, and integrate easily identifiable pieces of information.
- Intermediate:* Able to integrate information from relatively long or dense texts, determine appropriate arithmetic operations, and identify quantities needed to perform the operation.
- Proficient:* Demonstrates proficiencies associated with long and complex documents and texts.

Here are the 2003 results reported in *A First Look at the Literacy of America's Adults in the 21st Century* (National Center for Education Statistics [NCES], 2006a):

Prose literacy:	14%	Below Basic
	29%	Basic
	44%	Intermediate
	13%	Proficient
Document literacy:	12%	Below Basic
	22%	Basic
	53%	Intermediate
	13%	Proficient
Quantitative literacy:	22%	Below Basic
	33%	Basic
	33%	Intermediate
	13%	Proficient

- 2. The 2003 NAAL adds a new health literacy measure.** Additional items on health were added to the NAAL in order to provide a new measure of health literacy. Results are reported in *The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy* (NCES, 2006b). Here are the overall results:

Health literacy:	14%	Below Basic
	22%	Basic
	53%	Intermediate
	12%	Proficient

This Toolkit is oriented toward the needs of readers with only Basic level literacy skills

If you are developing written material related to Medicare, Medicaid, or CHIP programs, chances are good that your intended readers will include many people whose literacy skills are only at the *Basic* level. Although others who will use the written material may have literacy skills above the *Basic* level, focusing on the needs of those with *Basic* literacy skills will allow you to reach the broadest possible audience. Therefore, this Toolkit focuses on creating written material for people with *Basic* literacy skills. Throughout the Toolkit, when we use terms such as *low literacy skills* and *less-skilled readers*, we are referring to literacy skills at the *Basic* level.

If written material is used for people with literacy skills at the *Below Basic* level of literacy skills, it must be specially adapted to be extremely simple and quite brief. We do not focus on these adaptations in this Toolkit.

People who have only *Basic* literacy skills do best when material is familiar, short, and simple. When it comes to using the information or performing operations on numbers, performing tasks that require more than just one step or involve making inferences will be difficult. To make written material clear and effective for people with *Basic* literacy skills, you need to keep distractions to a minimum, and be direct and specific in your explanations and instructions. There are many other ways, as well, to help readers whose literacy skills are at the *Basic* Level. We offer a number of suggestions in this Toolkit's guidelines for writing and design. We also emphasize the need to get feedback directly from your readers to see how well your written material is working for them.

If material works well for people with Basic level literacy skills, is it also suitable for those with skills above the Basic level?

While we emphasize ways to help make written material as suitable as you can for people with only *Basic* level literacy skills, many of the things you do to clarify and simplify the material for readers at this level of literacy skills will also be helpful to readers with stronger literacy skills. In this Toolkit, we urge you to make *all* written material as simple as you can, without sacrificing the content or compromising the meaning. We take a reader-centered approach to help you produce “low barrier” material that is written in “plain language” with special attention given to graphic design and issues of cultural appropriateness.

Making your material “low barrier” can be helpful to readers at all literacy levels. This Toolkit's guidelines will help you identify and fix barriers that can keep people from noticing, understanding, and

using the material. For example, we explain how to design the material in ways that help readers understand its meaning, rather than distracting or misleading them. Although we emphasize things that are likely to be barriers to people with only *Basic* literacy skills, removing these barriers can also make the material more effective for readers who have literacy skills above the *Basic* level. For example, any reader appreciates a clear and simple layout with informative headings and subheadings that are formatted to stand out and be easy to skim. And any reader appreciates a document that repeats the same information right where they need it, instead of sending them somewhere else in the document to find it.

“Plain language” is appealing to readers at all literacy levels. This Toolkit’s guidelines for writing will help you write your material in plain language (or “plain English”). “Plain language” means that the information is organized and presented in ways that make it easy for its intended readers to understand and use. It is communication that people can understand the first time they read it (*A Quick Guide to Health Literacy*, ODPHP, 2006).

- **Done well, plain language does not sound condescending or childish.** For an example, see Toolkit Part 10, *Using this Toolkit’s guidelines to revise a brochure*. This chapter shows a before-and-after makeover of a tri-fold brochure that tells about a tobacco quit line. The words and sentences in the final brochure score as “easy to read” (4th to 6th grade level), yet the text is suitable for skilled readers. For another example, see a booklet called *Taking Time: Support for People with Cancer* by the National Cancer Institute (NCI, 2009). Written in clear and simple language with a warm, supportive tone, this booklet is suitable for readers across a broad range of literacy skill levels. This booklet also scores as “easy to read” (4th to 6th grade level). For concerns and recommendations about using readability formulas and interpreting reading grade level scores, see Toolkit Part 7, *Using readability formulas: a cautionary note*.
- **To check on suitability, you can test the material with readers who represent a range of literacy skills.** If you have developed written material to meet the needs of people with only *Basic* literacy skills, you may want to test it with readers who represent the full range of literacy levels within your intended audience.



The Toolkit is a health literacy resource

What is health literacy and why is it a concern?

Health literacy is about people’s ability to obtain, understand, communicate about, and act upon information in health-related settings and situations. In his foreword to the Institute of Medicine (IOM) report, *Health Literacy: A Prescription to End Confusion*, Dr. Harvey Fineberg describes concerns about health literacy in the following way:

Tens of millions of U.S. adults are unable to read complex texts, including many health related materials. Arcane language and jargon that become second nature to doctors and nurses are inscrutable to many patients. Adults who have a problem understanding written materials are often ashamed and devise methods to mask their difficulty. They may be reluctant to ask questions for fear of being perceived as ignorant. If health professionals were able to take the time to ask their patients to explain exactly what they understand about their diagnoses, instructions, and bottle labels, the caregivers would find many gaps in knowledge, difficulties in understanding, and misinterpretations. These problems are exacerbated by language and cultural variation in our multicultural society, by technological complexity in health care, and by intricate administrative documents and requirements (IOM, 2004: xi).

Here are some things to know about health literacy:

- **Health literacy includes reading skills and much more.** Besides reading skills, health literacy includes listening skills, speaking skills, writing skills, and skills in understanding and using numbers and doing calculations. Health literacy involves a range of social and individual factors and includes cultural and conceptual knowledge (IOM, 2004, Executive Summary: 5). Health literacy has been defined in many ways. One definition that is often cited comes from the National Library of Medicine. It calls health literacy “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan & Parker, 2000). This definition is used in the U. S. public health initiative *Healthy People 2010* (HHS, 2003), in *Health Literacy: A Prescription to End Confusion* (IOM, 2004), and in the slide show that is part of the *Quick Guide to Health Literacy* (ODPHP, 2006).
- **For individuals, health literacy varies by context and situation.** How well people can obtain, understand, communicate about, and act upon health-related information varies depending on the circumstances. For example, health literacy can plummet when people get worried or upset about

their health. It also goes down when information or decision making is complex or unfamiliar. As the Institute of Medicine report on health literacy points out, “even people with strong literacy skills may have trouble obtaining, understanding, and using health information: a surgeon may have trouble helping a family member with Medicare forms, a science teacher may not understand information sent by a doctor about a brain function test, and an accountant may not know when to get a mammogram” (IOM, 2004, Executive Summary: 5).

- **Health literacy affects some subgroups more than others.** Though a person’s health literacy varies depending on the context, studies suggest that the problem of limited health literacy in the United States is often greater among certain subgroups. These include older adults, people with limited education, and people with limited English proficiency (IOM, 2004, Executive Summary: 5).
- **Health literacy goes beyond the individual.** Definitions of health literacy tend to focus on the extent to which individuals have the various skills they need for effective access, understanding, communication, and decision making, but health literacy goes beyond the individual. To emphasize this point, one expert calls health literacy “a shared responsibility in which patients and providers each must communicate in ways the other can understand” (Osborne, 2004). This view that health literacy is a shared responsibility is also reflected in the U.S. public health initiative *National Action Plan to Improve Health Literacy*: “The skills of individuals are an important part of health literacy, but health literacy is not only about individuals’ skills. Health literacy in the U.S. reflects what health systems and professionals do to make health information and services understandable and actionable. Professionals, the media, and public and private sector organizations often present information in ways that make it difficult to understand and act on. Publicly available health information can also be incomplete or inaccurate.... Consequently, the skills of health professionals, the media, and government and private sector agencies to provide health information in a manner appropriate for their audiences are as equally important as an individual’s skills” (ODPHP, 2010:5).
- **Limited health literacy has serious implications.** Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Both of these outcomes are associated with higher health care costs (*A Quick Guide to Health Literacy*, ODPHP, 2006)

What can be done to improve health literacy?

Many people have trouble understanding, communicating about, and acting upon health-related information, and the consequences are serious and troubling (IOM, 2004; ODPHP, 2006 & 2010; Parker, Ratzan, & Lurie, 2003; Root & Stableford, 1999; Rudd, Moeykens, & Colton, 1999; Rudd, Colton, & Schacht, 2000). There are several important ways to help (adapted from IOM, 2004):

- We need to improve the information itself. Making the information easier to understand and use reduces the literacy demands on individuals.
- We need to make those who *provide* health-related information more aware of health literacy and its implications, and strengthen their skills in communicating information more effectively to everyone, including people with lower literacy skills.
- We need to strengthen the literacy skills of individuals who *receive* the health-related information so that they will have less trouble understanding, communicating about, and acting upon this information.
- We need to identify and reduce barriers to communication and decision making that make health-related information hard for people to understand and use.

The *National Action Plan to Improve Health Literacy* (ODPHP, 2010) seeks to engage organizations, professionals, policymakers, individuals, and families in a linked, multi-sector effort to improve health literacy. It contains seven goals and suggests strategies for different sectors of the health care system (such as payers, the media, government agencies, and health care professionals) to achieve them. These strategies include, among others, the four listed in the previous paragraph. According to the plan, building health literacy skills begins early in life and must be reinforced through the educational process and life-long learning about health. Social service agencies, libraries, community-based organizations, non-profits, patient advocacy groups, and other organizations can help individuals and communities build their health literacy skills and find appropriate health information and services in the community. The plan also calls for more research on effective strategies to address health literacy as well as evaluations of interventions aimed at improving health literacy with wide dissemination of these results. For more information about the National Action Plan, visit <http://www.health.gov/communication/HLActionPlan/>.

What about written material and health literacy?

Health care and social service systems rely heavily on written forms of communication, and much of this written material is too difficult for its intended readers:

Over 300 studies, conducted over three decades and assessing various health-related materials, such as informed consent forms and medication package inserts, have found that a mismatch exists between the reading levels of the materials and the reading skills of the intended audience. In fact, most of the assessed materials exceed the reading skills of the average high school graduate (Rudd, Moeykens, and Colton, 1999)...Directions, signs, and official documents, including informed consent forms, social services forms, public health information, medical instructions, and health education materials, often use jargon and technical language that makes them unnecessarily difficult to use (Rudd, Colton, and Schacht, 2000). (IOM, 2004, Executive Summary: 7).

The Toolkit is a health literacy resource for improving written material

Improving written material is only one part of a comprehensive approach to improving health literacy, but it's a crucial part. This Toolkit can help. It gives you practical tools and advice on ways to make your written material clear and effective. Figure 1-a below explains what the Toolkit means by “clear and effective.”

Figure

1-a. What makes written material clear and effective?



To be “**clear and effective**”

written material has to do **all** of the following things:

1

It must attract readers' attention

Members of your intended audience will make snap judgments about your written material, based on a quick glance. They may be in a hurry or distracted or uncomfortable with reading. Since you have only a few moments to convince them to read it, their first impressions are crucial: the topic and purpose should be clear; it should *look* appealing; it should *look* like it's worth reading; it should *look* like it's going to be easy to read.

2

It must hold their attention

To encourage people to keep reading, the material must seem worth the effort and it must be easy to follow. You don't want readers to give up because what initially caught their eye proved to be hard to read, distracting, confusing, or of no interest. To *keep* holding their attention, the material needs to seem personally relevant and be at the right level of detail for them.



It must **make readers feel respected and understood**

The material needs to be *culturally appropriate*, making readers feel that it was written for them. The information needs to fit with the readers' cultural knowledge, traditions, beliefs, and values. It needs to respond to their interests and experiences, and anticipate the kinds of questions or concerns they may have. It needs a friendly and supportive tone that puts readers at ease, making them receptive to the information.



It must **help them understand**

Comprehension is crucial. You want your readers to be able to skim and pick up the main points, without stumbling over words they don't know or being distracted by the design. It needs to be easy for them to find and understand information of personal interest.



It must help **move them to take action**

When you produce written material, it's for a reason – there is something you want your readers to do. Ultimately, what makes written material clear and effective is that people can read and use the information to do something that seems feasible and of value to them.



Source: Created for this Toolkit.

We take a reader-centered approach to developing and testing written material

Medicare, Medicaid, and CHIP audiences are culturally and linguistically diverse and they include many people who have low literacy skills (for the latest national statistics on literacy skills of adults, see NCES, 2006a). To help you create written material that will work well for these audiences, we take a reader-centered approach that emphasizes issues of cultural appropriateness and the needs of less-skilled readers (see Toolkit Part 2, *Using a reader-centered approach to develop and test written material*). Our reader-centered approach also stresses the need to check on how well the material is working by getting feedback directly from your readers (see Toolkit Part 6, *How to collect and use written material from readers*). The more you understand your intended readers, the more responsive you can be to their information interests and needs, and the more successful you will be in motivating them.



How can the Toolkit help you?

What tools does it offer?

This Toolkit is written in non-technical style for people with a broad range of backgrounds and skills. Whatever your role and whatever the written material you are dealing with, the Toolkit offers guidelines and practical advice to help you make it clear and effective. The Toolkit covers a number of topics in depth. It discusses many details that, taken together, can have enormous impact on the clarity and effectiveness of your written material.

- **Detailed guidelines for writing, design, and translation.** To help you develop or revise your written material, this Toolkit includes detailed guidelines for writing, graphic design, and culturally appropriate translation from English into other languages. These guidelines are not presented as requirements or as hard and fast rules that apply to every situation. Rather, they are offered as specific suggestions for making your written material clear and effective for your intended readers. The guidelines and discussion will help you look at the material from your readers' point of view, making it easier for you to identify and remove barriers to your readers' attention, comprehension, and use of the material.
- **Methods for testing material with readers.** Toolkit Part 6 is a book-length guide that explains step-by-step how to collect and use feedback from readers to improve your written material. You don't have to spend a lot of time and money to test your material with readers. Toolkit Part 6 describes some efficient and cost effective ways to get feedback from readers.
- **Special topics in writing and design.** These special topics include cautions about using readability formulas to assess material, things to know if your material is for older adults, a comparison of written material on websites versus written material in printed formats, and an extended "before" and "after" example of using the Toolkit guidelines to revise a brochure.

The table of contents for all parts of the Toolkit is available at the website where you can download the various parts. For background on the Toolkit, see Toolkit Part 1, *About the Toolkit and how it can help you*. For the full list of guidelines for writing and design and how to use them, see Toolkit Part 3, *Summary List of the "Toolkit Guidelines for Writing and Design"*.

How can you use the Toolkit?

How you use this Toolkit depends on your background and situation, including your role and responsibilities, the written material you are working with, and what you are trying to accomplish. For example, you could use the Toolkit in any or all of the following ways:

- As a practical tool for helping to develop and refine your own written material.
- As an in-depth self-study resource to strengthen your current skills and learn new ones.
- As a reference that you read selectively for help with a particular topic.
- As a resource for assessing existing materials. For example, you could use the Toolkit guidelines for writing, design, and translation as a comprehensive checklist for determining the suitability of materials or selecting among materials. Toolkit Part 3 gives suggestions about how to do this.
- As a resource for setting standards for the written materials produced by your organization.
- As a resource for the contractors who produce your written materials.



End notes

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Many examples in this *Toolkit for Making Written Material Clear and Effective* are excerpts from published materials or have been adapted from published materials. While some of the source materials are in the public domain, others are copyrighted. If you wish to use any of the Toolkit's text excerpts, photos, or illustrations in your own work, be sure to contact the publisher of the original source material to get permission.

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TOOLKIT for Making Written Material Clear and Effective
SECTION 1: Background

PART 1: About this Toolkit and how it can help you

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