

INSPIRE's Community Engagement Learning Network

Session #12: How to write health information in plain language, so it is easier for people to understand and use.

Featured presenter: [American Institutes for Research](#)
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Every month, the Community Engagement Learning Network will bring together a nationwide team of community engagement (CE) professionals and people with lived experience to host group discussions about improving CE efforts, present best practices for launching and maintaining CE initiatives — drawn from experts in the field, and foster community-building among participants.



Key takeaways

- “Plain language” is defined as communication whose wording, structure, and design are so clear that the intended audience can easily find what they need, understand what they find, and use that information.
- Plain language can benefit everyone. It is not "dumbing down" content. Rather, it is an evidence-based practice that aligns with how the human brain actually processes information — not how we wish people would read.
- Research using eye-tracking shows that almost no one reads word-for-word or full paragraphs. Instead, readers:

- Jump around the text and spend more time on unfamiliar or complex words.
- Scan for structure — looking first at headings, then bullets, then bold text, then the first lines of paragraphs.
- Skip easy words because they can predict them.
- Stop reading entirely when content becomes too dense or confusing.
- Individual reading ability can depend on prior knowledge, language background, reading fluency (ability to read text accurately and quickly), and cognitive load (which is the amount of mental effort a person can sustain before it becomes too difficult). In healthcare settings, high-stress or emotionally charged situations can affect a person's ability to process complex language.
- Health literacy is both a personal and organizational responsibility. Personal health literacy is the degree to which individuals can find, understand, and use health information to make decisions. Organizational health literacy refers to the degree to which organizations enable individuals to do the same.
- People with lived experience are essential contributors to plain language work. They can identify whether terms, concepts, and organizational choices actually make sense to the intended audience — something reading-level formulas and even AI tools cannot reliably do.



Action steps

Plan & prepare

- **Clarify your communication goals and primary audience.** Health communication is easier to write when it is intended for one specific audience.
- **Learn about your audience** through direct engagement. Determine what that audience already knows, what they want to know, and how they are likely to use the information. To do this you can:
 - Partner with people with lived experience,
 - Conduct interviews or focus groups,
 - Review commonly asked questions, and/or
 - Observe where people search for information online.
- **Build a team** with diverse expertise. Include someone with plain language expertise, someone who can verify accuracy of the content (a subject matter expert), someone who represents the intended audience -in terms of literacy level, language, age, and culture (a person/people with lived experience), and any relevant technical contributors such as a graphic designer or videographer.
- **Involve internal stakeholders early.** If legal, finance, or compliance departments must review materials, bring them in at the start so they understand the audience and approach.

Plain language best practices

- **Content and organization:** Distinguish "need to know" from "nice to know" and lead with the most important information. Group content in sections that make sense to readers — not to the writer — and use clear headings. Frame information positively where possible.
- **Words:** Use common, one- to two-syllable words; define necessary technical terms; use consistent terminology throughout; and avoid or explain acronyms, jargon, and idioms (which often fail to translate across languages and cultures). Watch for word endings. Words ending in "-tion," "-ment," or "-ing" often signal an opportunity to simplify (e.g., change "evaluation of" to "evaluate").
- **Sentences:** Keep sentences to approximately 15–20 words with one main idea each. Use active voice to make it clear who is doing what, and reduce unnecessary words (e.g., replace "evaluation of" with simply "evaluate").
- **Numbers:** Avoid requiring readers to do math; explain whether a number is good or bad; and present both relative and absolute risk when communicating health risks.
- **Design:** Use white space, short, bulleted lists, bold (not italics or all caps) for emphasis, consistent fonts, upper and lower case text, and dark text on a light background for readability.

Check your work

- **Get feedback from real readers.** Readability formulas have limits. They do not assess whether words are familiar, whether sentences are clear to a specific audience, or whether information is logically organized.
 - Share materials with intended audience members before finalizing.
 - Observe them reading if possible; otherwise, gather written feedback.
 - Structure your feedback questions to put the burden of clarity on the writer, not the reader — for example: "What do you think the authors meant by this?" or "How would you explain this in your own words?"
- **Use a readability formula** (such as Flesch-Kincaid, available in Microsoft Word) to check grade level.
 - A 4th–6th grade reading level is considered easy to read
 - 7th–9th is average
 - Above 10th is difficult
 - If targeting audiences below a 5th grade reading level, consider non-written formats such as video.
- **Consider using AI** to help simplify words and sentences, but do not rely on it to confirm accuracy or assess whether readers will interpret information as intended — that still requires input from the intended audience.

“Plain language makes it easier for everyone to find, read, and use information. It’s more than just simplifying words; it’s aligning information with how people read. Engaging people with lived experience in the process improves the usefulness of all health information.”



Resources for additional learning

- [PCOR Translation Center | American Institutes for Research](#)
- [Center for Plain Language \(website\)](#)
- [Plain Language Materials Development Checklist](#)

inspire partners

Organizations



People with lived experience



Alan Coker



Burt Pusch



Laura Carroll



Rebecca Esparza



Savina Makalena



Stephanie Burdick