



# Advancing Health Literacy with Inclusive Communication

## Achieving a Healthier Montana

To create a healthier Montana, all Montanans must have equal opportunity to make choices that lead to good health for them and their families. This means we have a shared responsibility to ensure all people can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The steps outlined in this document will help you [promote health literacy](#) in your community and organization. It might feel overwhelming to do all the steps at once. Take small steps and commit to learning just a little more each time you develop a new message or resource. With practice, you will build confidence in your ability to improve health literacy through your work every day, which will help us become a healthier Montana.

Please note that most resources in this checklist (but not all) are from government institutions, particularly the Centers for Disease Control and Prevention (CDC). Historically, institutions like these have implemented policies and practices that created social, environmental, and economic barriers for some groups, like people living in rural areas, to living their healthiest lives. However, the CDC is on a mission to remove barriers through its [Office of Minority Health and Health Equity](#) and its [CORE Health Equity Science and Intervention Strategy](#). The resources cited in this checklist were developed out of this effort.

### Steps for developing inclusive & accessible communication materials

1. Draft your message
2. Improve clarity
3. Review for inclusivity
4. Check for accessibility
5. Test your message
6. Finalize

### Personal health literacy:

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

### Organizational health literacy:

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

## Step 1: Draft your message

Plan and draft your message. You can use the steps outlined in the CDC handout [“Plain language: Communication your audience understands the first time”](#) for a reliable method, which are listed below.

- Organize to serve the audience.
  - Know your audience and purpose before you begin.
  - Put the most important message first.
  - Present other information in order of importance to the audience.
  - Break text into logical chunks and use headings.
- Choose words carefully.
  - Write in the active voice.
  - Choose words and numbers your audience knows.
  - Keep sentences and paragraphs short.
  - Include “you” and other pronouns.
- Make information easy to find.
  - Use headings and text boxes.
  - Delete unnecessary words, sentences, and paragraphs.
  - Create lists and tables.

### Learn about your audience:

- [The Evolution of Indian Territories in Montana](#)
- [Montana Indians: Their history and location](#)
- [Communicating with Older Adults](#)
- [Learning More about Culture and Language](#)
- [Learning More about Disability and Health](#)
- [Frameworks Institute](#)
- [PHRASES: Public Health Reaching Across Sectors](#)
- [Health Literacy Online: Simplify the user experience](#)

## Step 2: Improve clarity

The average adult in the United States has a 7th to 8th grade reading level. Can your intended audience understand and use the information?

- Use the [CDC thesaurus for public health jargon, or “Every Day Words for Public Health Communication”](#) to find alternatives and examples for complex words with more than 3 syllables or hard to understand terms.
- Use the [CDC Clear Communication Index online tool](#) to get recommendations for improving your message.

## Step 3: Review for inclusivity

Some population groups have increased risk of getting sick, having overall poor health, and having worse outcomes when they do get sick due to environmental and social barriers. You can avoid contributing to these inequities by:

- Emphasizing that everyone has an equal opportunity for health and that reducing disparities contributes to the common good;
- Describing the impact that removing environmental and social barriers and adding protective factors can make to improving health;
- Recognizing the diversity within and across communities (variations in history, culture, norms, attitudes, behaviors, lived experience, etc.) by not generalizing communities; and
- Avoiding using race and/or ethnicity as a proxy for socioeconomic status, and vice versa.

The recommendations below are adapted from the [CDC Inclusive Communication Principles Guide](#).

### Have you...

Avoided use of adjectives such as “vulnerable,” “marginalized,” and “high-risk?”

### Why?

These terms are vague and imply that the condition is inherent to the group.

### Instead of this...

- Vulnerable groups
- Marginalized groups
- Hard-to-reach communities
- Underserved communities
- Underprivileged communities
- Disadvantaged groups
- High-risk groups
- At-risk groups

### Try this...

- Groups that have been economically/socially marginalized
- Groups that have been marginalized
- Communities that are underserved by/with limited access to [specific service/resource]
- Under-resourced communities
- Groups experiencing disadvantage because of [reason]
- Groups placed at increased risk/put at increased risk of [outcome]
- Groups with higher risk of [outcome]

## Have you...

Used person-first language?

## Why?

Describe people as having a condition or circumstance, not being a condition.

## Instead of this...

- Diabetics
- Diabetes patients
- The diabetes population
- The homeless
- Disabled person
- Inmates

## Try this...

- People/persons with disease, condition, or disability type
- Patients with [disease] (if referring to people who are receiving healthcare)
- People experiencing [health outcome or life circumstance]
- People who are experiencing condition or situation
  - Such as, people who are incarcerated

## Have you...

Limited use of the term “minorities?”

## Why?

It is important to be as specific as possible about the group you are referring to

## Instead of this...

- Minorities
- Minority
- Ethnic groups
- Racial groups
- Disability Groups

## Try this...

Specify the type of subpopulation:

- People from racial and ethnic groups
- People from racial and ethnic minority groups
- People from sexual/gender/linguistic/religious minority groups
- People with/living with mobility/cognitive/vision/hearing/independent living/self-care disabilities

## Have you...

Avoided terms with violent connotations?

## Why?

Avoid saying target, tackle, combat, or other terms with violent connotations when referring to people or communities

## Instead of this...

- Target communities for interventions
- Target population
- Tackle issues within the community
- Aimed at communities
- Combat [disease]
- War against [disease]

## Try this...

- Engage/prioritize/collaborate with/serve [population of focus]
- Consider the needs of/Tailor to the needs of [population of focus]
- Communities/populations of focus
- Intended audience
- Eliminate [issue/disease]

## Have you...

Avoided unintentional blaming?

## Why?

Consider the context and the audience to determine if language used could potentially lead to negative assumptions, stereotyping, or blame.

## Instead of this...

- People who refuse [specific behavior]
- Workers who do not use PPE
- People who do not seek healthcare

## Try this...

- People who have yet to receive/do [specific behavior]
- People with limited access to [specific service/resource]
- Workers under-resourced with [specific service/resource]

## Have you...

Used the preferred terms for select population groups?

## Why?

- Review [https://www.cdc.gov/healthcommunication/Preferred\\_Terms.html](https://www.cdc.gov/healthcommunication/Preferred_Terms.html) to ensure you have used preferred terms for select population groups.

## Step 4: Check for accessibility

Does your final product use best practices for accessibility?

- Make all Word, PowerPoint, Publisher, and other products into PDFs. While documents can be made accessible in their original programs with the correct formatting, PDFs can be opened without a Microsoft subscription and by anyone with free or low-cost PDF readers.
- Ensure products can be navigated by someone who uses a screen reader to access online documents. To check for accessibility, use the built in “Accessibility” tool in Adobe Acrobat and similar programs.
- Provide contact information for a person to use if they have trouble accessing the materials.
- Offer translation of materials or comparable health information that has already been translated into the desired language.

### Learn about accessibility:

- [Montana Disability and Health Program](#)
- [Accessibility Compliance Checklists](#)
- [Accessible Digital Content Tips and Tricks](#)
- [Improving Access for Limited English Proficient \(LEP\) Persons](#)
- [Translation Resources](#)
- [Translated Health Communication Materials](#)

## Step 5: Test your message

Before publication, engage with your intended audience to test your message. The following recommendations have been adapted from the [CDC's materials on testing messages](#).

- Do background research on your audience’s literacy and numeracy skills, culture, and language;
- [Partner](#) with adult literacy groups and community groups to help recruit test readers;
- Read testing materials and directions aloud to help everyone understand the purpose and topic;
- Create tasks for people to do with the information during the sessions and focus on how useful the information is to complete the tasks; and
- Separate lower and higher literacy level readers into different testing groups so that readers aren’t embarrassed or overpowered by others in the group.

## Step 6: Finalize

Finalize your draft by creating opportunities for feedback from coworkers, team members, or partners as well as seeking any relevant supervisor approval prior to printing or distribution. This may also include incorporating your organization's branding guidelines, such as the use of colors, fonts, and your logo.

### Take it to the next level

- Learn more about health literacy by diving into [free CDC resources](#) and [training opportunities](#) either on your own or in a group with coworkers, team members, partners, and/or community members.
- Consider developing [a health literacy plan](#) for your organization, either as a standalone plan, policy, or procedure or incorporate it into an existing communications or strategic plan.
- Reach out to the Public Health and Safety Division at [HHSHealthierMontana@mt.gov](mailto:HHSHealthierMontana@mt.gov) to consult with a public health professional that can answer questions about data or suggest resources to learn more.

# Inclusive & Accessible Communication Material Check List

## Step 1: Draft your message

- Organized for your audience?
- Chosen words carefully?
- Made information easy to find?

## Step 2: Improve clarity

- Checked for an 8th grade reading level? Describes a process to set health priorities

## Step 3: Review for inclusivity

- Avoided terms like vulnerable, marginalized, and high-risk?
- Used person-first language?
- Limited use of the term “minorities?”
- Avoided terms with violent connotations?
- Avoided unintentional blaming?
- Used preferred terms for population groups?

## Step 4: Check for accessibility

- Passes checks by built-in accessibility tools?
- Provides contact information?
- Offers materials in other formats/languages if needed?
- Is shared as a PDF if possible?

## Step 5: Test your message

- Collected and incorporated feedback from your audience?

## Step 6: Finalize

- Received feedback from co-workers or partners?
- Received approval from your supervisor?
- Followed your organizations rules for branding?