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HEALing Communities Study

HCS Clear Communications Tip Sheets

Contents:

1. Audience

Know your audience(s): Identify your primary audience, their health literacy skills, your primary communication objective, and your main message.

Use the **CDC Clear Communication Index** to evaluate your content (https://www.cdc.gov/ccindex/index.html) and the **Clear Communication Index Score Sheet** to assess if you're on track (https://www.cdc.gov/healthcommunication/pdf/clearcommunicationindex/fillableformmay2013.pdf).

2. Active Voice

Use active voice as much as possible.

3. Language and Tone

Use engaging, culturally sensitive, and familiar language specific to the target audience.

Use a conversational tone for a general audience. Language should be neutral and not imply any specific cultural, income, or ethnic points of view.

See the National Institute on Drug Abuse website **Easy to Read Drug Facts** for helpful examples of plain language (https://easyread.drugabuse.gov/).

4. Reading Roadblocks

Avoid reading roadblocks that will make your target readers stumble, such as complex technical, medical, or scientific jargon and overly long and complex sentences.

5. Define Unfamiliar Terms

When using terms that you think your audience will not be familiar with and/or will stumble over, recast them in plain language and/or define them.

6. Declarative Statements

Making declarative statements is fine if you have the evidence to back them up. It's not always necessary to state that "studies show," "evidence indicates" or "research has found." It's implicit that you're an authoritative voice and you know the science to back up your statements/claims/arguments.

7. Reading Level

Aim for a 7th- to 8th-grade reading level.

8. Reading Ease

Reading ease is even more important than reading level. As a metric, aim for a **Flesch Reading Ease Scale** (not Flesch-Kincaid grade level) of a minimum of 60, but better in the 80–70 range (the higher the score the greater the reading ease).

For information about running a readability analysis, see the Test Document Readability & Readability Calculator Tip Sheet.

9. Average Number of Words per Sentence

Keep the average number of words per sentence between 10 and 15. If it's higher, shorten sentences or break them into two or more sentences.

10. Average Number of Syllables per Word

Keep the average number of syllables per word low. Two syllables or less per word is a good target. If you have to use longer words, such as medical terms, be sure to define them in plain language first.

11. Formatting the Content

Format the content to increase reading ease by

- Chunking text
- Using bulleted lists
- Using white space liberally
- Using icons
- Using images/photos
- Using infographics
- Avoiding complicated figures and charts (for example, stacked bar charts are particularly challenging for people with lower numeracy skills)

This free online software tool calculates readability. It works best for English text.

The measure of readability used here indicates the number of years of education a person needs to be able to understand the text easily on the first reading.

This tool calculates several readability scores, but here we focus on just two:

* SMOG (Simple Measure of Gobbledygook) score, and

* Flesch Reading Ease Scale.

Basic text metrics displayed include the

- number of characters, words, and sentences;
- average number of characters per word;
- syllables per word; and
- words per sentence.

It also indicates polysyllabic words and long, complex sentences and provides suggestions for what you might do to improve readability.

In general, your writing will score better when you use simpler diction, shorter sentences, less technical jargon, and a conversational tone.

For information about communicating clearly, see the Plain Language and Clear Communication Tip Sheet.

ANALYZING READABILITY

Choosing Your Text

- Choose samples of connected, flowing text.
- Use only complete sentences.
- Use at least 30 sentences or 300 words. Small samples may not give an accurate score.
- Cut and paste the text you want to analyze into a new document and rename it to keep track of the different versions. Or delete the text you won't use and rename the document.

Cleaning Up Your Text

Prepare or "clean up" your text first or you'll have problems with accuracy.

Go through the document and delete:

- All headings and subheadings
- Sentence fragments
- Lists with bullets and the actual bullets (If the bulleted text is a complete sentence, you can use it in your sample.)

- Periods that don't mark the end of a sentence. If you don't remove extra periods, the software may "see" many more sentences than are really there. This will artificially lower your readability score.

Examples of periods to remove for the analysis step include the following:

 – after numerals in a numbered list (1. or 2.)

 – with abbreviations (Jill M. Sanchez, M.D. or Q. & A.)

 – in e.g., or i.e.,

 – in decimals (98.6 degrees or 12.9%)

 – in a.m. and p.m. with times (9 a.m.)

- Save the document with a new name.

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[1] Online-Utility.org is a project to provide free online computer utilities (tools) to users around the world. These utilities can be considered accessories to Online Operating Systems. The founder of Online-Utility.org is Mladen Adamovic: **mladen.adamovic@gmail.com**

RUNNING THE ANALYSIS

- Go to: **https://www.online-utility.org/english/readability_test_and_improve.jsp**

- Copy and paste the text from the document you're working with before into the box that says "Enter text (copy and paste is fine) here:"
- Click the "Process Text" box.

WHAT GOOD SCORES LOOK LIKE

For Plain Language text (typically a 7th- to 8th grade reading level), here are the scores to aim for:

- **SMOG** score of 7 or 8 (rounded to the nearest whole number).

- **Flesch Reading Ease Scale** (not Flesch-Kincaid grade level)
  - The higher the score, the easier to read (see **Table 1** to find the grade level range).
  - A minimum score for plain language is 60 or above.
  - Aim to be in the 80–70 range.
  - NOTE: It can be challenging to go below a 7th- to 8th-grade reading level and still accurately convey scientific/medical/health information. However, some audiences may require a 5th- to 6th-grade reading level.

- **Keep the average number of words per sentence** between 10 and 15. If it's higher, shorten sentences or break them into two or more sentences.

- **Keep the average number of syllables per word** low. Two syllables or less per word is a good target. If you have to use longer words, such as medical terms, be sure to define them in plain language first.

Table 1. Flesch Reading Ease Score

Flesch Reading Ease Score	General Level of Difficulty	Appropriate Grade Level
100–90	Very Easy	5th
90–80	Easy	6th
80–70	**Fairly Easy**	**7th**
70–60	Standard	8th–9th
60–50	Fairly Difficult	10th–12th
50–30	Difficult	College
30–0	Very Difficult	Above college (graduate school level)

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TIP SHEET
Guidance for Selecting Relatable Images for Consumer Materials on Opioid Use Disorders: Avoiding Triggers and Stigma

» AVOIDING TRIGGERS

Research shows that visual cues can trigger relapse in people with substance use disorders. Also, certain stereotypical or gimmicky images can add to stigma.

When using stock images for HCS materials, or creating your own images, here are some guidelines for screening your selections.

GENERAL GUIDELINES

- Don't use photos or images of people using drugs or implying they've just used drugs, as this cue is considered the most powerful relapse trigger.
- Don't use images that "titillate" or cause an emotional reaction from people with opioid use disorder, as this cue can also be a relapse trigger.
- If images are needed for educational purposes, here are some things you can do:
  - Distance the reader/viewer from how easy it would be to use the drug by avoiding images that imply easy access (e.g. someone using drugs, looking at drugs, or standing next to drugs). Do not show drugs and potential users in the same image.
  - Make it harder to find the image. For example, position the image a few pages or clicks away and caution the reader/viewer about the image content.

HEROIN & OTHER OPIOIDS USED WITH NEEDLES

- It's very important not to show drugs or paraphernalia "ready to use" or immediately after use. For example, don't show needles, syringes, spoons, lighters, etc.
- Instead, use images that grab positive attention, but focus on sending the stronger message with words.
- The best images show heartfelt humanity, such as hopeful photos of people or places.
- If you need to show a needle for educational purposes, it should be an abstract illustration (not a photo), with no "drops" coming out of the needle tip.

PRESCRIPTION OPIOIDS

- Images should not imply that pills (or syrup, patch, etc.) are about to be used.
- Instead, use more clinical images, such as
  - Pills next to or in a prescription bottle,
  - A doctor holding the prescription bottle,
  - A prescription pad with writing, or
  - A generic emergency department or ambulance.
- Don't put the pills next to a glass of water or show them crushed or being thrown into the mouth, etc.
- If you need to show specific pills for educational purposes, make sure not to show brands or the imprinted number on the pill, and make sure the images of pills are opioids.

» AVOIDING STIGMA

- Don't show an image of a person passed out or sick from drugs.
- Don't use images of money or images that hint at purchasing drugs.
- Don't trivialize substance use issues with gimmicky stock images.

- Don't imply criminal activity, show people being arrested, or show people hanging around in a dark alley, etc.
- Do show images that imply good health and generate a hopeful response; for example, a person in nature, with family or with friends.

- Do show images that imply a drug use disorder is a medical issue; for example, a person with a health care provider or reading a medical booklet.
- Use common sense and avoid negative stereotypes about people who use drugs.
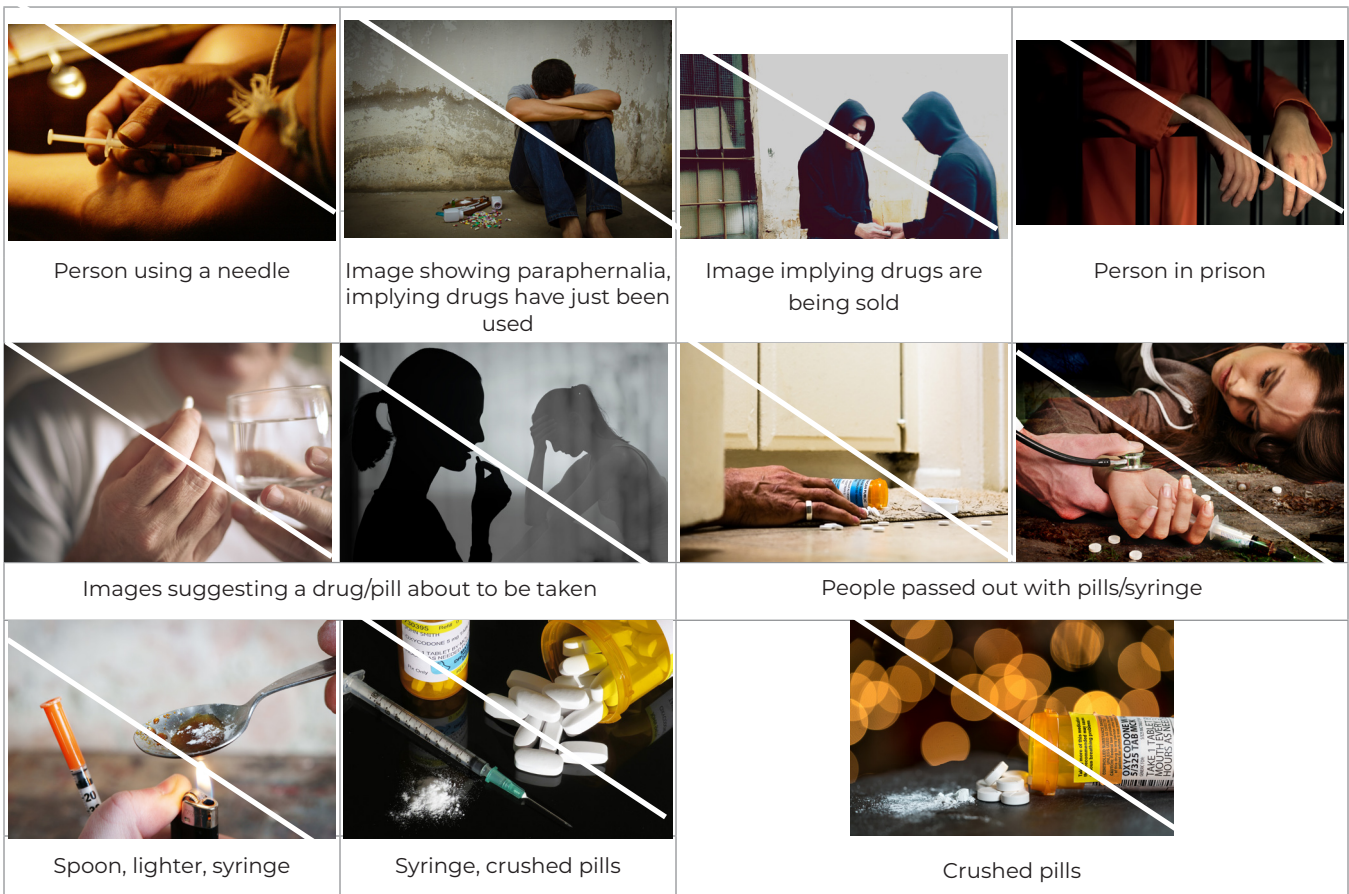
» MAKING IMAGES RELATABLE, NOT INTIMIDATING

HCS message testing suggests that culturally/economically neutral images can help avoid stigma, and make messages more relevant to a general audience.

- Pay particular attention to avoiding images representing wealth. For example, images of certain homes, vehicles, or brands of computers, phones, or other electronic devices can imply overt wealth.

- Use images that appear more neutral or less costly, and that can be identified with any income level.

» EXAMPLES OF IMAGES NOT RECOMMENDED FOR HCS MATERIALS

EXAMPLE IMAGES OF PEOPLE THAT CAN BE RELAPSE TRIGGERS

Person using a needle	Image showing paraphernalia, implying drugs have just been used	Image implying drugs are being sold	Person in prison

Images suggesting a drug/pill about to be taken		People passed out with pills/syringe

Spoon, lighter, syringe	Syringe, crushed pills	Crushed pills

EXAMPLES OF GIMMICKY IMAGES THAT CONTRIBUTE TO STIGMA AND LACK OF SERIOUSNESS ABOUT SUBSTANCE USE

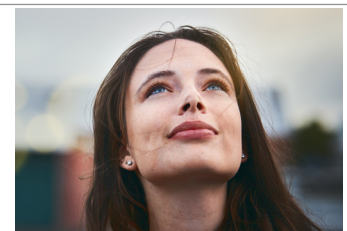## EXAMPLES OF NON-RELATABLE IMAGES THAT IMPLY WEALTH

» **EXAMPLES OF PREFERRED IMAGES FOR HCS MATERIALS**
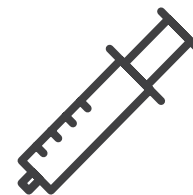

Opioid pills in prescription bottle

Prescription pad

Hopeful person

Generic Emergency Department or ambulance images

Syringe illustration: Syringes should <u>not</u> be used in ads, but if an image is needed for educational purposes, it should be an illustration, not a photo. Note: No liquid should be coming from the tip, and the tip should be flattened out. Consider removing the tip altogether.

ADDITIONAL RESOURCES

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

For additional guidance on images, see how NIDA and SAMHSA use images of opioids.

Other Studies

Berridge KC, Robinson TE. Liking, wanting, and the incentive-sensitization theory of addiction. Am Psychol. 2016;71(8):670-679. DOI: 10.1037/amp0000059

Childress AR, Ehrman RN, Wang Z, et al. Prelude to passion: limbic activation by "unseen" drug and sexual Cues. PLoS ONE. 2008;3(1): e1506. DOI: 10.1371/journal.pone.0001506

Garland EL, Froeliger B, Passik SD, Howard MO. Attentional bias for prescription opioid cues among opioid dependent chronic pain patients. J Behav Med. 2013;36(6):611-620. DOI: 10.1007/s10865-012-9455-8

McLean RR, Sofuoglu M, Brede E, Robinson C, Waters AJ. Attentional bias in opioid users: A systematic review and meta-analysis. Drug Alcohol Depend. 2018;191:270-278. DOI: 10.1016/j.drugalcdep.2018.07.012