Plain language guidelines

How to communicate clearly with people who use our services

Contents

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About our plain language guidelines

1. About our plain language guidelines

We have developed plain language guidelines to help you to communicate clearly.

We use them when writing and speaking to patients and people using our health services.

Plain language is:

- writing and communicating clearly
- explaining medical terms
- using clear structure, layout and design in written information
- using charts and images to help explain numbers and complex information.

Why we use plain language

Plain language helps people to access, understand and use our health services. Using plain language helps with health literacy.

Health literacy

Health literacy is about a person's ability to find, understand and use information to make decisions about their health.

Around 1 in 4 adults in Ireland (28%) have limited health literacy (EU health literacy survey 2021, preliminary findings).

This means they may have difficulties finding or understanding healthcare information. They may also find it difficult to access or use healthcare services.

People with low levels of health literacy may:

- have poor general health
- have longer hospital stays
- use emergency services more often
- go to their GP more often
- have lower life expectancies.

The National Adult Literacy Association (NALA) recommends healthcare professionals:

- use less medical terminology - for example, use high blood pressure instead of hypertension
- use everyday language
- take time to explain health advice.

We use plain language to make information and services easy to find and understand. This makes it easier for people to make decisions about their health.

Clear information improves the lives of those using our health services. It also shows that we care and respond to health literacy as an organisation.

Why we should use plain language guidelines

Using these guidelines will:

- improve the quality of communications with people who use our services
- help to create and evaluate our spoken communications and written documents.

Our audiences and our messages

Before we write or speak to people who use our services, we:

- listen to them
- think about how and where they get our information
- consider what they are looking for from us.

This helps to decide what kind of information might suit our audience, as well as the most suitable ways to share the information.

Think about what you want people to do, think, know or feel after they have gotten your written or spoken information.

Digital content

These guidelines cover speaking and writing in English.

For the HSE website and digital services, we follow a content design process.

The HSE content design team maintains a style guide to ensure we create content in a consistent way. The style guide is for anyone creating content for the HSE.

If you would like access to the style guide, or would like advice for writing digital content, email digital@hse.ie

Communicating in Irish and other languages

These guidelines cover speaking and writing in English.

When writing or speaking in Irish or any other language, please follow the general principles in these guidelines. Use plain language at all times.

We have to meet our legal obligations under the Official Languages (Amendment) Act 2021.

You can find guidance and translations on the Irish language web page for HSE staff at hse.ie/OLA

We also have a guide to translating information into different languages that may be useful to you. Find it at bit.ly/HSETranslationGuide

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Writing in
plain language

2. Writing in plain language

When we write letters, emails, patient information leaflets, booklets or consent forms, we consider:

a. Vocabulary and numbers

b. Structuring our writing

c. Designing our documents for print.

a. Vocabulary and numbers

We use everyday language and:

- explain unfamiliar words or medical terms in our information. If this clutters our text, we put the explanations in a glossary at the end of our written information

- use consistent terms. Use one and stick to it. For example, we don't use 'assessment', 'check up' and 'appointment' in the same document

- explain abbreviations at first mention. For example, occupational therapist (OT). We avoid overusing abbreviations

- avoid acronyms, slang or jargon, negative phrases, humour and Latin or French terms, for example, etc, e.g., i.e., au fait and et al

- do not quote regulations and laws unless we must, and we explain them very clearly when we use them

- avoid formal and complicated words, for example:

Instead of	Use
Accompany	join
Ascertain	find out
Commence	start
Endeavour	try
Consequently	so

Numbers

We describe numbers consistently. For example, we don't use percentages and fractions in the same text.

We explain the meaning of numbers. For example, we use terms like 'low risk' and 'high risk'.

Words such as 'majority', 'common' and 'frequent' are not easy to interpret. We use numbers instead, for example:

Instead of	Use
0.1% chance	1 in 1,000 chance
The **majority** of participants get a normal result from blood tests.	**7 out of 10** patients get a normal result from blood tests.
The 2024 Healthy Ireland Survey indicated that the **majority** of the population report being in overall good or very good health.	The 2024 Healthy Ireland Survey reported that **8 out of 10 people** said they were in good or very good health.
25% of adults in Ireland find calculations difficult.	**1 in 4** adults in Ireland finds calculations difficult.

Online dictionaries

These online dictionaries can help to explain difficult terms. They contain plainer alternative words and explanations for medical terms.

- The Plain English Campaign in the United Kingdom has an A-Z of alternative easy words: plainenglish.co.uk/free-guides

- The Plain Language Commission in the United Kingdom has 3,000 words with plainer alternatives and a grading of how difficult each word is: bit.ly/PlainEnglishLexicon

- The Health Information and Quality Authority (HIQA) in Ireland has explanations of social care terms: bit.ly/SocialCareLexicon

- The University of Michigan in the USA has a plain language medical dictionary: bit.ly/PlainLanguageMedicalDictionary

We have a list of medical terms and how to explain them on page 24.

b.   Structuring our writing

We write directly to our readers to help them feel considered and involved. This means that we use 'I', 'we' and 'you' in our documents, where possible. For example:

Instead of	Use
patient, service user	you
the HSE	we

We use the active voice to make it clear to our readers who is taking the action. For example:

Passive voice	Active voice
Your child can be vaccinated by the nurse.	The nurse can vaccinate your child.
The care plan was drafted by the consultant.	The consultant drafted the care plan.
An inspection of the patient records will be conducted by the committee.	The committee will inspect patient records.
Your test results will be sent next week.	We will send your test results next week.

We use verbs rather than abstract nouns. For example:

Instead of	Use
appearance	appear
consideration	consider
development	develop

We avoid wordy phrases. Here are some examples:

Instead of	Use
in reference to	about
in the event that	if
under the provisions of	under, according to

We are concise. We keep sentences to 15 to 20 words on average. This improves our punctuation.

When structuring the text, we:

- left-align paragraphs because it is easier to read than justified text. Justified text creates gaps between words, which slows down reading

- consider the flow of our information and place it in logical order to make it easier to follow

- emphasise actions that people need to complete. For example, confirm an appointment

- consider what our readers are likely to think is most important, and make sure those points come first

- have no more than 1 topic per paragraph

- start with simple details - for example, time and place of appointment

- include a summary of the information or the takeaway messages at the end of our text

- provide links to further details.
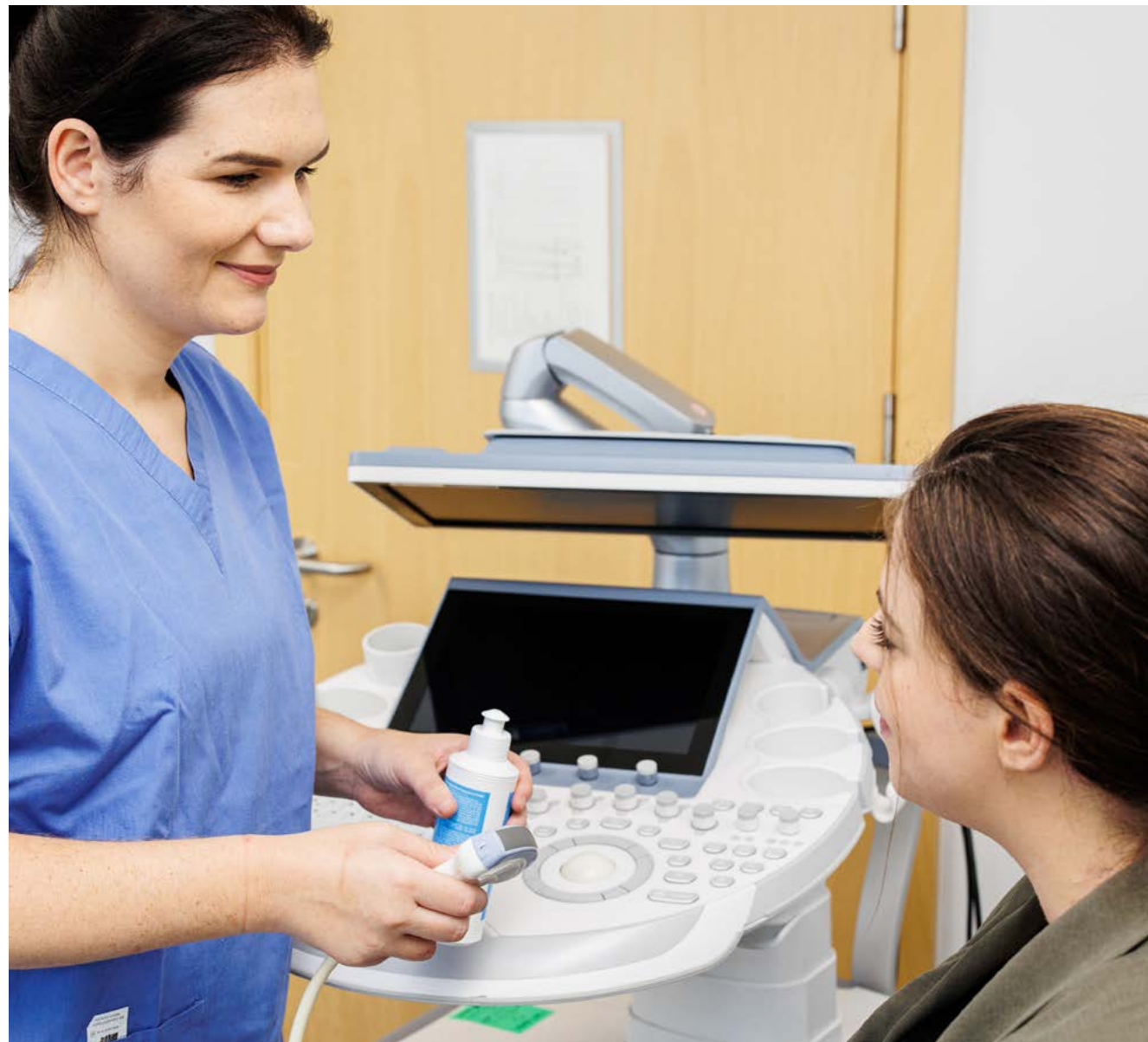
c.   Designing our documents for print

Simple layout and design techniques make a document easier to read.

Font type and size

We use Arial in all our written information for simplicity and readability.

We aim to use a minimum of font size 12 point in the body copy of all our documents. We do not use less than font size 10 point in our documents.

Headings

We use headings to break up blocks of text. We use bold to emphasise our headings.

We use headings that are statements or questions. We avoid using one-word headings such as 'Introduction'. Instead, use 'About this document'.

Paragraphs

Our paragraphs are never longer than their width. Otherwise, we would have blocks of text that are difficult to read.

We add white space to a document using paragraph breaks and line spacing. This makes them easier to read. We usually include one or two sentences in a paragraph and aim to use a minimum of 1.5 line spacing.

Page breaks

We make sure that information is not broken up between pages. If you are starting a new section or paragraph near the end of a page, start it on the next page instead.

Italics and underlining

We do not use italics and underlining as it makes text more difficult to read.

Bold

We only use bold for headings. If we need to emphasise words or phrases, we:

- put the most important information first

- use bullet points.

Sentence case

We use sentence case for headings and body text.

USING ALL CAPITALS makes text more difficult to read and looks harsh. Capitalising Each Word Also Makes Text Difficult To Read.

Bullet points

We use bullet points to break up long sentences.

a.   Bullet points with no lead-in sentence

For bullet points with no lead-in sentence, start with a capital and end with a full stop.

Example:

Data and information are an integral part of the healthcare system.

- They are an essential support to the delivery of high quality, effective health and social care.
- We handle personal information appropriately, safely and securely.
- Relevant data helps us understand the needs of our population.

b.   Bullet points with a lead-in sentence

For bullet points with a lead-in sentence, use lower case at the start of the bullet point. Introduce the list with a colon (:). We do not punctuate bullet point list items. We put a full stop at the end of the list.

Example:

People like bullet points because they:

- are easy to read
- grab attention
- signpost what a page is about.

Charts, tables and images

Charts, tables and images can help people to understand information.

When creating them, we:

- make our charts and tables easy to read
- only use images, photographs, illustrations, infographics, graphs, tables and charts that are related to the text. They help us explain written information further
- only use relevant and appropriate images that are real, relatable and sympathetic to the reader
- use images that reflect our infection prevention and control guidance. For more information, see page 19 of the HSE Visual Identity Guidelines at hse.ie/branding
- use images that are inclusive
- do not use images that reinforce negative or stereotypical attitudes
- add captions to our images, photographs, illustrations, infographics, graphs, tables and charts. We write our captions in full sentences. They can be 2 or 3 sentences long.

Copyright

We use:

- images that the HSE owns the rights to use
- free images with suitable licences.

Consent

We get written consent from people before we publish their images. The HSE National Communications and Public Affairs Team has standard forms to get signed consent available at hse.ie/branding. Talk to your local communications team about these.

Techniques and resources we use to develop information

HSE Visual Identity Guidelines

We follow the HSE Visual Identity Guidelines. These contain important instructions such as using Arial font. The guidelines also tell us how to put the HSE logo on letterheads, documents and all our public information documents.

Developing and checking written documents with our intended readers

We ask intended readers (users) to give feedback when we are creating documents.

This ensures that we write and present our documents in a clear way and follow our plain language guidelines for writing. It makes our documents easier to understand and follow.

Engaging with our users can include getting feedback on:

- finished documents
- draft documents
- the design and source material for documents.

The best way to engage with users is to co-produce documents with them. This is not always possible.

We should, at the very least, ask users to provide feedback on the vocabulary, structure and design (colours, images and charts) of a draft text. We can ask them questions like:

- Is the document clear?
- Are there difficult words in it?
- What is the main message in the document?
- Does it give you all the information you need to know?
- How does the information make you feel?

Online tools to check information for readability

We can use online tools that check or calculate how easy it is to read written documents. They are not as good as checking with our users, described in the previous paragraph.

Some readability tools offer alternative words to complex ones and highlight complicated sentence structures. Others can grade your text (using school average reading ages and grades) and show you how to lower the grade.

It's best to use these tools only for text that will be made public. Some of these tools are not appropriate for confidential or sensitive information. Check the terms and conditions of the tool before using it.

NHS Medical Document Readability Tool

The NHS app is a free online readability tool. You can copy and paste your text into it.

The tool:

- checks your writing (but not your spelling)
- calculates the average age someone in the UK would need to be to read and understand the text
- estimates the average time it takes to read the text
- highlights complex sentences and words and passive verbs
- counts the average words per sentence and sentences per paragraph.

Find the NHS Document Readability Tool at readability.ncldata.dev

Drivel Defence

The Drivel Defence app is a free online readability tool. It was developed by the Plain English Campaign in the UK.

The tool:

- checks your writing and spelling
- offers plain language alternative words to difficult words
- counts the number of sentences
- counts the number of words in sentences
- highlights sentences with more than 20 words.

Find the Drivel Defence app at bit.ly/DrivelDefence

Hemingway Editor

The Hemingway Editor is an online readability tool. It has a free version. You can copy and paste your text into it.

The tool:

- highlights sentences that are very hard to read and hard to understand

- highlights the use of passive verbs and adverbs

- provides alternative words to difficult words

- gives you a word count

- calculates the average age someone in the US would need to be to read and understand the text.

Do not paste any sensitive, confidential, unverified statistics or embargoed information into Hemingway. Any text pasted into Hemingway is accessed by its artificial intelligence (AI) model and can be made public.

Find the Hemingway Editor at hemingwayapp.com

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Speaking in plain language
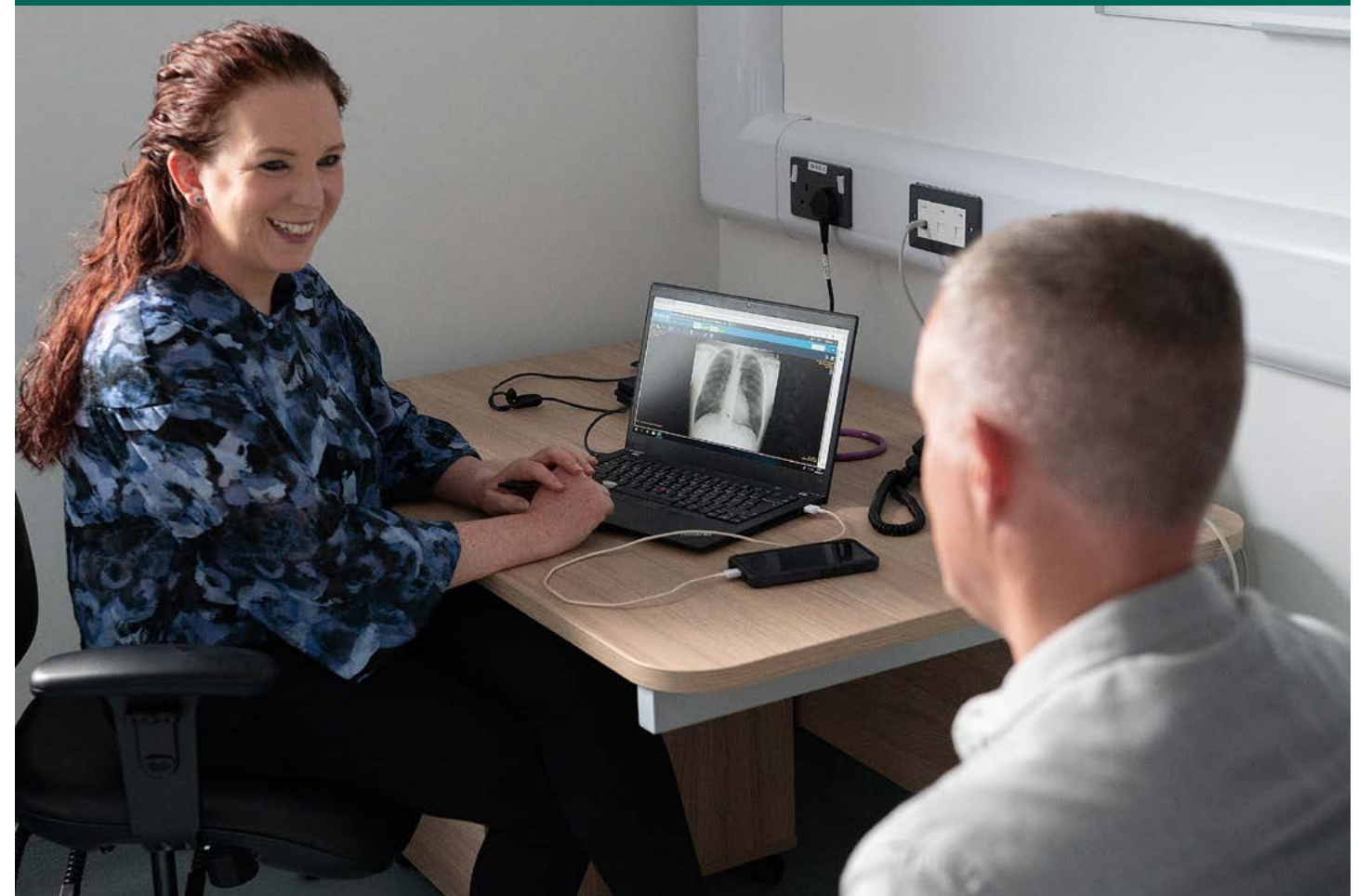
3. Speaking in plain language

We are patient-centred

To put the patient first, we:

- introduce ourselves, saying "Hello my name is…" and warmly welcome the person

- state the purpose of our conversation

- do our best to remove physical barriers, for example sitting opposite a big desk. We sit at the same level as them and concentrate on the person rather than our computer or other distractions

- make eye contact

- use verbal cues including an appropriate tone

- use positive facial expressions

- put ourselves in our patients' and service users' shoes, listening and responding to them: "Is there anything else you need to know?"

Listen and ask open-ended questions

To show we are listening, we:

- give people time to explain and do not finish their sentences

- ask open-ended questions and encourage people to share their concerns

- invite them to ask us questions.

Use plain language

To try and make sure people understand us, we:

- use plain language to explain complex terms: "Let me explain…"

- do not share too much information that they may find difficult. Share what is necessary for what they need to know or do to look after their health

- can repeat the information if needed in a nice way to try and ensure they understand and can follow our instructions

- demonstrate how to take medicines or exercise as well as telling them how to do it. We can discuss with people if they wish to take short videos of us giving the instructions or doing exercises, on their phone, in an anonymous way

- check and write down the information and show it to them if we feel they have not understood the conversation. We can use a visual to explain it further.

Techniques we use to check understanding

Teach-back technique

We can use the teach-back technique to assess and confirm that people understand what we have told them. We ask them 1 or 2 questions to find out if they can repeat back the key information we have told them.

For example, a physiotherapist could ask:

- What are the 3 exercises you are going to do every day?

- How many times will you do these exercises each day?

If the person is not able to respond correctly, we repeat the information nicely and perhaps in a different way.

Find more information on teach-back at teachbacktraining.org

Chunk and check

We can use the chunk and check technique alongside teach-back. Using this technique, we:

1. explain information in small sections (chunks)

2. check for understanding after each section using teach-back

3. move on to the next section.

For example a pharmacist could say:

Mrs Murphy, I have your tablets here. I have 2 types of tablets. You take these ones 3 times a day, with water after a meal. And these smaller ones twice daily on an empty stomach or several hours after eating. You might find this leaflet useful.

This could be split into smaller chunks, using teach-back between chunks where appropriate.

Pharmacist:

Mrs Murphy, I have your tablets here. You have 2 types of tablets.

Take these white oval-shaped ones 3 times a day, with water after each meal. These instructions are typed on the container.

Ask the patient questions to check for understanding.

- How many times will you take these white tablets?

- When will you take the tablets?

- Where can you find the instructions to remind you?

You take these orange smaller ones twice a day on an empty stomach or several hours after eating. These instructions are typed on the container. You might find this leaflet useful.

Ask the patient questions to check for understanding.

- How many times will you take these orange tablets? When will you take the tablets?

- Where can you find these instructions to remind you?

- Find more information on the chunk and check technique at bit.ly/ChunkAndCheck

Ask Me 3

Ask Me 3 is another technique we can use. It encourages people to ask us specific questions.

The questions are:

- What is my main problem?

- What do I need to do?

- Why is it important for me to do this?

We can encourage the person to ask us the questions:

- at the end of a health appointment

- when preparing for a medical test or procedure

- when collecting medicine.

Find more information on the Ask Me 3 technique at bit.ly/AskMe3Health

4
Explaining medical terms

4. Explaining medical terms

We aim to use clear medical words. When we have to use medical terminology we explain what they mean. We can also use the online dictionaries to explain difficult terms, listed on page 10.

Instead of	Consider
Acute	Sudden and severe
Administer	Give
Antenatal	Before birth
Audiology	Hearing
Benign	Harmless
Biopsy	Studying tissue to check for disease
Cardiology	Studying and treating the heart
Catheter	Tube
Central nervous system	Brain and spinal cord
Chemotherapy	Treating cancer with drugs
Chronic	Long-lasting, slow to change
Coagulate	Clot
Congenital	From birth
Contagious	Spreading easily
Contraindication	Reason not to take
Contusion	Bruise
Diagnosis	Identifying a health condition

Instead of	Consider
Dosage	How to take
Elective	Planned (not an emergency)
Epidermis	Skin
Excise	Cut out
Gastroenteritis	Stomach illness

Instead of	Consider
Haemophilia	Severe bleeding
Hypertension	High blood pressure
Immunise	Protect
Incision	Cut
Inhalation	Breathing in
Intravenous	Through a vein
Lateral	At (on) the side
Malignant	Harmful, cancerous
Mammogram	Breast X-ray
Medication	Tablets, injection (specify)
Monitor	Keep track of
Myopia	Short-sightedness
Negative (test results)	You do not have, you are not
Normal range	As it should be
Ophthalmic	Eye
Physician	Doctor
Positive (test results)	You have, you are

Instead of	Consider
Prognosis	Likely outcome, chance of recovery
Renal	Kidney
Respiration	Breathing
Rheumatology	Muscles and joints
Trachea	Wind pipe
Ventricle	Lower chamber of the heart

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Plain language checklists

5. Plain language checklists

Plain language checklist for documents

Written text, when writing, did you:	**Yes**
use 'you' and 'we' where possible?	☐
use the active voice most of the time?	☐
keep medical terms and abbreviations to a minimum?	☐
explain any necessary terms and abbreviations clearly?	☐
avoid Latin and French phrases and Latin abbreviations?	☐
use the same term for the same concept throughout?	☐
keep your sentences and paragraphs short (average 15 to 20 words)?	☐
use correct punctuation?	☐

Structure, when structuring, did you:	**Yes**
put the most important information at the top?	☐
use informative headings or questions to break up text?	☐
create a natural flow from one point to the next?	☐
keep paragraphs short?	☐
use bullet point lists for detailed or complicated information?	☐

Page design and layout, when designing and laying out the page, did you:	**Yes**
use Arial font in size 12 point and not less than 10 point?	☐
align the text to the left?	☐
space text at 1.5?	☐
avoid underlining, italics and unnecessary capital letters?	☐
make sure images, charts or blocks of colour are clear and relevant?	☐
place the text on a plain background and not on top of images or graphics?	☐
check the text contrasts effectively with the background?	☐
follow our Visual Identity Guidelines?	☐

Plain language checklist for forms

Language, punctuation and grammar, did you:	Yes
use 'you' and 'we', where possible?	☐
use the active voice for most questions?	☐
write questions clearly and unambiguously?	☐
explain technical terms or abbreviations clearly?	☐
avoid using Latin and French phrases and Latin abbreviations?	☐
punctuate questions correctly?	☐
use similar words and punctuation in similar questions?	☐
use the simplest verb tense possible in questions?	☐
avoid abstract nouns in questions?	☐

Structure, did you:	Yes
include clear instructions at the start of the form?	☐
put 'official use only' sections near the end of the form?	☐
ask questions in a logical order?	☐
avoid unnecessary or repeated questions?	☐
group similar questions together under useful headings?	☐
keep numbers as simple as possible?	☐

Page design, did you:	Yes
avoid underlining, italics and unnecessary capital letters?	☐
use Arial font in size 12 font and not less than 10?	☐
make it clear where people should put the answers?	☐
leave enough space for answers?	☐
use tick-the-box style for questions where possible?	☐

Plain language checklist for numbers

Clarity	Yes
Are you clear about the meaning of the numbers you are presenting?	☐
Are you clear about what your audience needs to understand?	☐

Conventions and consistency	Yes
Have you been consistent in the way you have written units of measure, time, decimals, percentages, fractions and language?	☐
Did you use plain words to describe specialist terms and phrases?	☐
Did you describe numeric probability in simple terms? For example, "Around 1 in 4 people may be tired, while 3 out of 4 people will not have this side effect."	☐
Where a sentence starts with a number, did you write it in words?	☐
When using percent, did you use the percentage symbol (%)?	☐
Did you use digits to write percent? For example: 20%	☐

Format and layout in tables, graphs and charts	Yes
Did you present your numbers in a simple format?	☐
Did your tables, graphs or charts add help to explain your text further?	☐
Did you include headings or captions on your tables, charts and graphs?	☐
Did you make the scales clear on your axes?	☐

Integrity of your numbers	Yes
Has your presentation of numbers kept their meaning?	☐
Have you used clear examples to spell out what the numbers mean?	☐

Plain language checklist for speaking

When speaking, did you:	Yes
introduce yourself by saying "Hello, my name is…?"	☐
state the purpose of your conversation at the start?	☐
keep your message simple with no more than 4 messages?	☐
use everyday language and explain necessary medical terms?	☐
encourage questions?	☐
check that the person can tell you what they need to do?	☐
ask the person if there is anything else they need to know?	☐
think about using teach-back, chunk and check or Ask Me 3 techniques?	☐
keep background noise to a minimum?	☐
remove any physical barriers between you and the patient?	☐
make sure that you did not have your back to a light source? This can make it difficult for the other person to see your face.	☐
use a small number of clear options for automated phone messages?	☐

6
Useful resources

6.   Useful resources

Toolkits

National Disability Authority: The Customer Communications Toolkit for Services to the Public – A Universal Design Approach 2023

This toolkit has design guidance on communication under 3 areas:

1.   written

2.   spoken and signed

3.   digital

This toolkit is for public service organisations. It is for communications managers, content writers, editors, people who work in customer services, trainers and suppliers (including designers) who are committed to applying a universal design approach.

This toolkit aims to create an environment that can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability.

Find the Customer Communications Toolkit at bit.ly/CustomerCommsToolkit

NHS Health Literacy Toolkit

This toolkit has design guidance on communication under 3 areas:

1.   written

2.   spoken

3.   digital

It provides free online tools and techniques to help people to write, speak and create digital content that is clear, easy-to-understand and action.

Find the NHS Health Literacy Toolkit at bit.ly/NHSHealthLiteracyToolkit

Health Literacy Workplace Toolkit, Department of Health, Tasmania

The toolkit has information and practical tools to help healthcare staff respond to health literacy needs.

Find the Tasmania Health Literacy Toolkit at bit.ly/TasmaniaHealthLiteracy

Health Literacy Universal Precautions Toolkit, Agency for Healthcare Research and Quality, USA

This toolkit provides guidance to help healthcare providers:

1.   make health information easier to understand and act on

2.   make healthcare easier to navigate

3.   increase support for patients of all health literacy levels

Find the Health Literacy Universal Precautions Toolkit at bit.ly/HealthLiteracyPrecautions

eLearning courses

Plain language eLearning course – Adult Literacy for Life (ALL)

Let's talk about plain language: this course demonstrates the use of plain language to communicate clearly. It's for people who communicate with the public. The course takes about 95 minutes.

Visit bit.ly/PlainLanguageALL

Health literacy eLearning courses - Adult Literacy for Life (ALL)

1.   Let's talk about health literacy: an eLearning course to introduce health literacy. This course is for everyone who uses health and social care services. The course takes about 25 minutes.

Visit bit.ly/HealthLiteracyCourseALL

2.   Let's talk about a literacy friendly approach in healthcare: an eLearning course to introduce health literacy and give tips on using health services. The course takes about 25 minutes.

Visit bit.ly/LiteracyFriendlyApproach

Health literacy eLearning course for health care professionals, Irish Cancer Society and NALA

Visit bit.ly/HealthLiteracyCourseICS

Other resources

National Adult Literacy Association (NALA)

This website has free plain English resources such as A to Z guides to legal terms (useful for consent forms) and updates on developments on plain English. NALA provides an editing and training service. There is a charge for this service.

Visit nala.ie

Health literacy website

This is the website of health literacy expert Helen Osborne. It includes tips and articles about how to communicate more clearly with patients and colleagues.

Visit healthliteracy.com

Patient Education Materials Assessment Tool (PEMAT) and User's Guide

The Patient Education Materials Assessment Tool (PEMAT) helps to check if patients will be able to understand and act on education materials.

Visit bit.ly/PEMATandGuide

HSE National Medication Safety Programme (Safermeds)

The Safermeds programme gives people easy to use information on medicine safety. We have plain language resources and translated information.

Visit safermeds.ie

10 attributes of a health literate healthcare organisation

This is a list of 10 ways to become an organisation that is responsive to health literacy. It gives examples of actions to take.

Find 10 ways to become a health literate organization at bit.ly/10WaysHealthLiteracy

Better Letters, Department of Health, Ireland

This initiative used insights from behavioural science to redesign an inpatient and day case appointment letter. It was tested in the Midland Regional Hospital Portlaoise and the Midland Regional Hospital Tullamore.

The redesigned letter increased the number of patients making contact as requested.

Read about the Better Letter Initiative at bit.ly/BetterLetterInitiative

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Bibliography

7. Bibliography

Agency for Healthcare Research and Quality (2024) AHRQ Health Literacy Universal Precautions Toolkit, 3rd Edition Available at: https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html (Accessed 28 April 2025).

Australian Government (2024) *Australian Government Style Manual, clear language and writing style.* Available at: https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style (Accessed 28 April 2025).

Ayre, J., Bonner, C., Gonzalez, J., Vaccaro, T., Cousins, M., McCaffery, K. and Muscat, D.M. (2023), 'Integrating consumer perspectives into a large-scale health literacy audit of health information materials: learnings and next steps', *BMC Health Services Research*, 23(1). doi:10.1186/s12913-023-09434-3.

Correa, V.C., Lugo-Agudelo, L.H., Aguirre-Acevedo, D.C., Contreras, J.P.A., Borrero. A.M.P, Patiño-Lugo, D.R., Castaño Valencia, D.A. (2020) 'Individual, health system, and contextual barriers and facilitators for the implementation of clinical practice guidelines: a systematic metareview', *Health Research Policy and Systems* 18(1), p.p. 1-11. https://doi.org/10.1186/s12961-020-00588-8

Deasy, N. (2024) *Informing the revision of the Health Service Executive's plain English guidelines to improve its organisational health literacy responsiveness.* Unpublished MSc thesis, Atlantic Technological University.

Department of Public Expenditure, NDP Delivery and Reform (2023) *Our Public Service: The Plain English Style Guide for the Public Service.* Available at: https://universaldesign.ie/communications-digital/customer-communications-toolkit-a-universal-design-approach (Accessed 28 April 2025).

Elliott, S.A., Scott, S.D., Charide, R., Patterson-Stallwood, L., Sayfi, S., Motilall, A., Baba, A., Lotfi, T., Suvada, J., Klugar, M., Kredo, T., Mathew, J.L., Richards, D.P., Butcher, N.J., Offringa, M., Pottie, K., Schünemann, H.J. and Hartling, L. (2023) 'A multimethods randomized trial found that plain language versions improved parents' understanding of health recommendations', *Journal of Clinical Epidemiology*, 161, pp. 8–19. doi:10.1016/j.jclinepi.2023.06.018.

Grene, M., Cleary, Y. and Marcus-Quinn, A. (2017) 'Use of Plain-Language Guidelines to Promote Health Literacy', *IEEE Transactions on Professional Communication*, 60(4), pp. 384–400. doi:10.1109/TPC.2017.2761578

Health Information and Quality Authority (2024) *HIQA*: *Lexicon for Social Care.* Available at: https://www.hiqa.ie/areas-we-work/lexicon-social-care (Accessed 28 April 2025).

HSE (2023) *HSE Communications. HSE Communications Strategy 2023-2025.* Available at https://www.hse.ie/eng/about/who/communications/ (Accessed 28 April 2025).

Liu C., Wang D., Liu C., Jiang, J., Wang, X., Chen, H., Ju, X. and Shang, X. (2020) 'What is the meaning of health literacy? A systematic review and qualitative synthesis', *Family Medicine and Community Health*; 8(351). doi:10.1136/ fmch-2020-00035

Maryke, P., Maddocks, S., Tang, C., and Camp, P.G. (2024) 'Simplicity: Using the Power of Plain Language to Encourage Patient-Centered Communication', PTJ: Physical Therapy and Rehabilitation Journal, 104(1), pp. 1–4. doi:10.1093/ptj/pzad103.

Mastroianni, F., Chen, Y.C., Vellar, L., Cvejic, E., Smith, J.K., McCaffery, K.J. and Muscat, D.M. (2019) 'Implementation of an organisation-wide health literacy approach to improve the understandability and actionability of patient information and education materials: A pre-post effectiveness study', *Patient Education and Counseling*, 102(9), pp. 1656–1661. doi:10.1016/j.pec.2019.03.022.

National Adult Literacy Agency (2015) NALA. *Irish people calling for healthcare professionals to use less jargon.* Available at: https://www.nala.ie/irish-people-calling-for-healthcare-professionals-to-use-less-medical-jargon/#:~:text=Survey%20include%3A,to%20explain%20things%20(18%25) (Accessed: 28 April 2025).

National Health Service, NHS (2023) *Health Literacy Toolkit, 2nd edition.* Available at: https://library.nhs.uk/wp-content/uploads/sites/4/2023/06/Health-Literacy-Toolkit.pdf (Accessed 28 April 2025).

Simmons, R. A., Cosgrove, S. C., Romney, M. C., Plumb, J. D., Brawer, R. O., Gonzalez, E. T., Fleisher, L. G. and Moore, B. S. (2017) 'Health Literacy: Cancer Prevention Strategies for Early Adults', *American Journal of Preventive Medicine*, *53*(3S1), pp.73–77. https://doi.org/10.1016/j.amepre.2017.03.016

Tasmanian Government, Department of Health (2021) *Health literacy workplace toolkit.* Available at: https://www.health.tas.gov.au/professionals/health-literacy/health-literacy-workplace-toolkit. (Accessed: 28 April 2025).

WHO, 2024 Health Literacy, Key facts Available at: https://www.who.int/news-room/fact-sheets/detail/health-literacy (Accessed 20 January 2025)

WHO (2021) *WHO Health Promotion Glossary of Terms.* Available at: https://www.who.int/publications/i/item/9789240038349 (Accessed 28 April 2025).

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