



**U.S. Department of Health and Human Services  
Plain Writing Act Compliance Report  
2023**

## **Background**

For more than a decade, the Plain Writing Act of 2010 (Act) has required federal agencies to use clear government communication that the public can understand and use. Plain writing is especially important in the context of healthcare and human services. The U.S. Department of Health and Human Services (HHS or Department) recognizes how plain writing can help address the needs of those with limited health literacy skills. Plainly written documents are less complex, more clear, concise, and jargon-free in helping people understand health information better. The Act requires agencies to write an annual compliance report and post that report on the agency's plain writing web page. It also requires agencies to designate a senior official to oversee implementation of plain writing requirements. The HHS Plain Writing Act compliance reports and senior officials are available at: <https://www.hhs.gov/open/plain-writing/index.html>.

This HHS Compliance Report for calendar year 2022 demonstrates our continued compliance with the requirements of the Act. The Report is organized in sections on Accomplishments, Best Practices, Innovations, Continuous Improvements, Promoting Equity, and Transparency and Accountability. The new focus on transparency and accountability stems from President Biden's issuance of Executive Order 14058 Sec. 7(f) on *Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government* which aims to advance plain writing to improve customer experience by enhancing transparency and accessibility of information and services.

## **Accomplishments**

HHS seeks to reach all Americans with useful health information they can easily understand. Over the past year, the Department and its agencies continued the ongoing review and improvement of new and existing reports and web content for plain writing to ensure the greatest public impact. The following are examples of accomplishments across the Department.

On July 16, 2022, the United States transitioned the 10-digit National Suicide Prevention Lifeline to 988 – an easy-to-remember three-digit number for 24/7 crisis care. The lifeline, which also linked to the Veterans Crisis Line, aimed to address our nation's mental health crisis. A network of more than 200 state and local call centers supported by HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) offered call, text, and chat access to trained crisis counselors who helped people experiencing suicidal, substance use, or emotional crisis. Friends and families who worried about a loved one's mental health crisis also reached out to 988 for crisis support.

SAMHSA used plain language products in English and Spanish to promote 988 awareness. The following are samples with the largest public impact:

- The [988 Partner Toolkit](#) was a one-stop shop for social media, video, print, radio, FAQs, messaging, and other marketing materials for anyone to use to promote 988 awareness. It addressed the need for government, states, territories, tribes, crisis centers, and partners to speak with one voice to ensure there is a clear understanding about what 988 is and how it will work.

- [Wallet Card with Icon](#) was a business-sized wallet card used to publicize the 988 Suicide & Crisis Lifeline: “If someone you know needs support now, call or text 988 or chat 988lifeline.org.”

The Centers for Disease Control and Prevention (CDC) COVID-19 pandemic-related documents and injury prevention publications were among the most widely distributed and visited on the web. They were created to reflect plain language principles. For example:

- [COVID-19 and Emergency Preparedness Messaging to Improve Communication and Engagement of People with Intellectual Disabilities and Extreme Low Literacy](#): Visitors chose from videos, posters, social stories, and interactive activities to best meet their communication needs. These materials (also available in Spanish) conveyed concise and easy-to-understand information about getting a COVID-19 vaccine, getting a COVID-19 test, washing your hands, wearing a mask, and keeping a safe distance until you have gotten your vaccine.
- [Still Going Strong: Learn How You Can Age Without Injury](#): Injuries from falls and car crashes are more common as we age. However, people can take simple steps to prevent these injuries from happening to stay healthy and independent longer. CDC developed this plain language campaign to help older adults and their caregivers learn about risk factors for falls and crashes—and ways to prevent them.

The Food Drug Administration (FDA) created and posted on its website the following new plainly written documents that received many views from the public:

- [At-Home Over-the-Counter COVID-19 Diagnostic Tests](#): FDA approved the test to give individuals the benefit of 15-minute fast results showing if one was infected in the comfort of their home. Powered by that knowledge, they could immediately take the necessary prevention and treatment steps to get better and protect others. The website received 6,649,311 views. The “frequently asked” section that answered questions about test safety, test expiration date, when to test, what the results mean, and how to report the test results received 1,005,409 views.
- [Pulse Oximeter Accuracy and Limitations - FDA Safety Communication](#): The COVID-19 pandemic caused an increase in the use of pulse oximeters. FDA informed patients and healthcare providers that although pulse oximeters were useful for estimating blood oxygen levels, a recent report suggested that the device may be less accurate in people with dark skin pigmentations. The website received 605,520 views and directed patients, who monitor their COVID-19 condition at home, to pay attention to all signs and symptoms and communicate any concerns to their health care provider.
- [Know Your Treatment Options for COVID-19](#): This website received 1.1 million views from visitors who received the plainly written message: “If you have COVID-19 symptoms and test positive, do not wait to get treated. Talk to your healthcare professional about treatment options available through pharmacies, hospitals, health clinics, and healthcare professionals”. The [Treatment Locator](#) helped patients find a location that offered testing and treatments or a

pharmacy where they could fill their prescription.

[The Administration for Community Living \(ACL\) Website](#) provided a communication platform for millions of people, regardless of age or disability, who wanted to live independently and participate fully in their communities. For example, the plainly written [Policy Round-Up blog](#) delivered news from around the federal government of interest to aging and disability stakeholders and grantees in a variety of organizations.

### **Best Practices**

HHS employed a variety of best practices to reinforce plain writing requirements, including senior officials promoting plain writing, and programs for tracking and measuring plain writing effectiveness. The following comprised a representative sample of best practices across the Department in the previous year.

To measure the effectiveness of plainly written documents on the National Institutes of Health (NIH) website, NIH staff used:

- Services that track and report website traffic (e.g., Google Analytics and SiteImprove.com).
- Usability testing techniques on how real users used the websites.
- Audience feedback surveys (e.g., Foresee, Customer Satisfaction Index, QuestionPro, and “Was This Page Helpful?”).
- Focus groups.
- Social media comments.
- Search engine optimization teams tested and continuously monitored content to ensure readers could easily find what they were looking for and understood what they found.

Additionally, NIH defined technical terms and linked them to glossary terms online to help reader’s comprehension. NIH staff used active voice, short sentences, and everyday words when writing materials. They participated in NIH-wide working groups to gather and share insight about applying plain writing best practices to their work. The NIH Consumer Health Content Community of Practice, a group working together on shared practices, offered plain writing workshops on practical and easy-to-apply strategies for NIH staff to incorporate into their digital and print publications.

Senior Officials at the Administration for Children and Family (ACF), Office of Child Support Services (OCSS), distributed a weekly newsletter on writing tips and plain language trainings to reinforce plain language. OCSS staff used plain writing guidance and a quality assurance coordinator to review and update documents and conducted monthly reviews of website content to identify areas for plain language improvements. For example, visits to the storybook website [Moms, Dads, and the Child Support Program](#) increased as a result of transitioning content from the static and difficult to navigate PDF (Portable Document Format) to HTML (Hypertext Markup Language) format making it easily accessible and searchable. The storybook theme *Let’s Work Together* emphasized the importance of parents working with the child support program. It described services and referrals to employment, healthcare, parenting, family violence centers, and other social service agencies.

Senior leaders in the Office of the Assistant Secretary for Financial Resources (ASFR) reinforced plain writing requirements by offering trainings and seminars attended by all employees. They emphasized communication skills, particularly the ability to communicate in plain language. All ASFR staff were held accountable for their performance linked to the effective use of plain language. All ASFR managers were also held accountable for plain language performance.

## **Innovations**

HHS developed innovative strategies to promote plain writing, including employee awards, website awards, videos, and digital tool kits. The following were a representative sample of innovations across HHS in 2022.

NIH's National Institute on Deafness and Other Communication Disorders (NIDCD) encouraged the use of plain writing via the Clear and Concise Communication Award. The award was presented to individuals for outstanding accomplishments in plain writing at the bi-annual Director's Recognition Program. One staff member was recognized for developing clear and concise slide presentations for external and internal audiences to convey NIDCD's programs and mission. Nine other staff members were recognized for their dedication and outstanding contributions to promoting adult hearing healthcare and national over-the-counter hearing aid guidelines.

The NIH video and corresponding script for "Meth, Sex, and HIV" in the [At the Intersection: HIV & Substance Use series](#) was nominated for a Golden Screen Award from the National Association of Government Communicators that rewards excellence in outreach and plain language. [Understanding Cervical Changes: A Health Guide](#) received the Digital Health Award by the Health Information Resource Center that honors the best digital health resources developed for consumers and health professionals.

[Get Started with Medicare](#) won second place in the website category for the 2022 Blue Pencil & Gold Screen awards from the National Association of Government Communicators.

ACF developed the [Teen Pregnancy Prevention Month Digital Toolkit](#) for youth-serving organizations and their program participants to promote May as the National Teen Pregnancy Prevention Month in their local community. ACF's *We Think Twice* (WTT) campaign released "Ask the Expert" video series about [COVID-19 and Sexual Health & STDs](#). A panel of teen interviewers engaged in a question and answer with NIH's health expert Dr. Anthony Fauci about COVID-19 vaccines, and Duke University's School of Nursing Dean, Dr. Vincent Guilamo - Ramos, about sexual health. These videos were the most viewed across the WTT digital landscape.

## **Continuous Improvement**

Across the Department, agencies implemented training activities to ensure employees fully understood the importance of plain writing and how to effectively apply it. Many agencies encouraged the use of plain writing for both internal and external communication. The following were examples of continuous improvement across HHS.

NIH created the [NIH Style Guide](#) for writing website content, fact sheets, brochures, newsletters, and other promotional materials with the goal of standardizing the language NIH used across the agency. In addition, NIH updated the [NIH Science, Health, and Public Trust website](#) on perspectives, tools and resources to improve the quality and usefulness of information about science and health for the public.

Under Section 1557 of the Affordable Care Act, covered entities were required to post notices of nondiscrimination and taglines that alerted individuals with limited English proficiency to the availability of language assistance services. The Office for Civil Rights (OCR) [translated resources in 16 languages](#) for use by covered entities, such as hospitals, health clinics, health insurance issuers, state Medicaid agencies, community health centers, physician's practices, and home healthcare agencies.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) hired an editor to review and edit ASPE documents before public release. Staff organized workshops and “Lunch and Learn” seminars to promote plain writing. They created writing guides to reinforce ASPE’s plain writing expectations and distributed them to contractors. Through leadership messaging and peer training, staff were taught to think from the very beginning of a project how to best write for, and reach, the intended audience. Staff received new tools, such as a “Dissemination and Project Planning” checklist and an “8-Step Guide” to help them incorporate a dissemination and plain language mindset into all aspects of a project.

### **Promoting Equity**

Inequities in U.S. laws, public policies, and public and private institutions have denied equal opportunities to individuals and communities. As a result, entrenching disparities based on race, gender, immigration status, and other characteristics have persisted. Promoting equity was essential to the Department’s mission of protecting the health of all Americans and providing essential human services. The use of plainly written, culturally sensitive, unbiased information, such as in the examples below, supported the Department’s equity promotion by reaching people in a way that resonated with them.

OCR’s work was central in HHS’s effort to ensure equity and nondiscrimination in healthcare. For example:

- Following the U.S. Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization*, OCR issued guidance on [HIPAA and Disclosures of Information Relating to Reproductive Healthcare](#) to ensure covered entities understood that the *HIPAA Privacy Rule* permitted, when certain conditions were met, but did not require that protected health information be disclosed to law enforcement.
- [Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet](#): This guidance explained that protecting the privacy and security of your health information, including what doctors you visited and what medical treatments or services you received, allowed you to control who had access to information about you, how much access they had, and when they had access. It enabled consumers to protect themselves from

potential discrimination, identity theft, or harm to their reputation.

CDC developed the following programs to improve and promote equity:

- Hosted the “[Recognition, Remembrance, and Reflection: The Syphilis Study at Tuskegee and Macon County, AL](#)” event. This virtual and in-person gathering acknowledged the 50th anniversary of the end of the U.S. Public Health Service study of untreated syphilis in black males at Tuskegee and Macon County in Alabama from 1932 to 1972. The event created a space for authentic, accurate storytelling and discussion about current and future opportunities for public health leaders at CDC, and beyond, to move from trust to trustworthiness.
- Developed the [Health Equity Notice of Funding Opportunity \(NOFO\) Checklist](#) to help advance health equity by ensuring that NOFOs promoted interventions at the population-level and generated data that can address the broader structural factors affecting health.
- Hosted a two-day virtual workshop to highlight ongoing activities addressing the equitable use, availability, accessibility, acceptability, and knowledge of personal protective equipment (PPE), as part of its commitment to develop a national strategy for equitable PPE protections for workers.

Indian Health Service (IHS) provided federal health services to approximately 2.6 million American Indians and Alaska Natives (AI/AN), belonging to 574 federally recognized tribes in 37 states. IHS programs served underserved and rural AI/AN communities, Lesbian, Gay, Bisexual, Transgender, Questioning and Two-Spirit people, and those living with disabilities. IHS clinics used plain language to communicate with patients and the public.

SAMHSA’s Office of Behavioral Health Equity sponsored capacity-building workshops on grant writing, budget development, and access to federal data to help prospective grantees prepare competitive, plain language grant applications. SAMHSA also updated the [Developing a Competitive SAMHSA Grant Application](#) resources to reinforce the process.

The Office of the Inspector General (OIG) updated its *Style Guide* with information on how to use gender-neutral pronouns and language in OIG reports and other written products. It also translated three OIG reports into Spanish to promote equity and increase outreach.

NIH continued its effort to identify and end structural racism and racial inequities in biomedical research through the [UNITE initiative](#), which:

- Aimed to understand stakeholder experiences through listening and learning.
- Initiated new research on health disparities and minority health.
- Improved NIH culture and structure for equity, inclusion, and excellence.
- Promoted transparency and accountability in communications with internal and external stakeholders.
- Update the extramural research ecosystem by changing policy, culture, and structure to promote workforce diversity.

The Office of the Assistant Secretary for Public Affairs (ASPA) leveraged analytics to measure plain language-related metrics across the HHS website. Specifically, ASPA:

- Prioritized high-traffic pages to ensure the most impactful and relevant improvements.
- Continued to improve the use of plain language across the HHS.gov website by targeting pages with heavy government, scientific, or legal language.
- Ensured the use of plain language across devices and how it best served the end user.
- Staff presented about the importance of plain language in promoting equity at the 2022 Federal Plain Language Summit.

### **Transparency and Accessibility**

On December 13, 2021, the President signed Executive Order 14058 on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government. Sec. 7(f) asked agencies to “identify means by which their respective agencies can improve transparency and accessibility through their compliance with the Plain Writing Act of 2010 (Public Law 111-274) and related requirements and guidance.”

The following examples illustrated how HHS agencies used plain writing in their policies, programs, and activities to enhance transparency and accessibility of services and information that improved customer experience in 2022.

ACF developed print, digital, website, video, and audio materials for the Adolescent Pregnancy Prevention Program and the Runaway and Homeless Youth Program, ensuring age and cultural appropriateness, plain language use, and 508-compliance. The Office of Child Care, in collaboration with the United States Digital Service, released the plainly written [Guide to Creating a Family Friendly Childcare Assistance Application](#). This digital resource provided states with guidance on how to simplify the childcare assistance application process for families, and how to adopt best practices for eligibility processing, including the elimination of non-essential enrollment requirements, bringing applications online, and using human-centered design and plain language.

FDA’s Center for Devices and Radiologic Health hosted a recurring, virtual Town Hall series on the FDA response to the public health emergencies for COVID-19 and mpox. FDA’s leadership discussed emerging policies and facilitated interactive discussions with public stakeholders to promote understanding. FDA’s Center for Tobacco Products implemented a digital content strategy focused on eliminating duplicative information from its website, correcting, and updating old content, and revising existing content using best practices for plain language. For example, the [E-Cigarettes, Vapes, and other Electronic Nicotine Delivery Systems \(ENDS\) website](#), focused on plain language question and answer format for section headings, and lay audience-based content to convey basic information about these products.

The Office of Medicare Hearings and Appeals (OMHA) used plain language on its public electronic “Appeal Portal” on which appellants file Medicare Part A and Part B appeals and obtain timely status updates on pending appeals. OMHA conducted a survey and received feedback on appellant satisfaction with all levels of the appeals process. It used the results to update policies, practices, and trainings. For example, OMHA updated the [Notice of](#)



[Nondiscrimination](#) based on plain writing to inform beneficiaries of free language assistance services and free auxiliary aids and services by calling the toll-free number (844) 419-3358.

OIG sought feedback from the healthcare industry on ways in which OIG could foster better compliance practices and improve its publicly available resources, including advisory opinions and special fraud alerts. It sought feedback through a request for information on [OIG Modernization Initiative to Improve Its Publicly Available Resources](#) and a roundtable discussion hosted by the American Health Law Association and the Health Care Compliance Association.

CDC hosted a Communicators' Network session on [“Why Accessibility?”](#) The presenters discussed how providing accessible digital communication on a variety of channels allowed more people to get the information they needed. They demonstrated how accessibility, usability, and plain language overlapped and identified who at CDC was responsible for accessibility. The presenters also answered questions from the audience.

The Centers for Medicare and Medicaid Services announced the following [online consumer improvements](#):

- Improved education and outreach to beneficiaries about their Medicare choices.
- Researched and tracked concierge services for 1-800- MEDICARE callers. Taking lessons learned from the pilot and rolling them into additional training and technical enhancements.
- Piloted a new process to improve the experience for those using webchat and needing a referral to 1-800 MEDICARE to have additional discussions. The new process identified users and priority-routed them to agents improving their experience when changing channels.
- The “Hello Medicare” section on the Medicare.gov website was redesigned to make the site more welcoming, easy to use, easy to return to, with an intuitive hierarchy and strategic use of graphics.
- Medicare.gov high-volume sections were updated to improve beneficiary experience, including the summary page for the “Medicare Plan Finder” and “Medicare Account”.

NIH used accessibility and transparency to inform the strategy, design, and development of NIH policies, programs, and activities. Accessibility efforts included the use of the [Accessibility Conformance Checklists and Web Content Accessibility Guidelines](#). Transparency efforts included the [Impact of NIH Research website](#), demonstrating how NIH improved health by promoting treatment and prevention, contributing to society by driving economic growth and productivity, and expanding the biomedical knowledge base by funding cutting-edge research, and cultivating the biomedical workforce of today and tomorrow. NIH ensured services and information were easily accessed, understood, and used by populations of all backgrounds and capabilities. Two specific examples were:

- [The Feedback Loop blog](#) that provided a direct line of communication between NIH's National Institute of General Medical Sciences (NIGMS) and current and potential grantees, explaining the key points in funding opportunity announcements, introducing new policies or procedures, and providing trends data on NIGMS programs. For funding opportunities, the blog included webinars where program officers explained the requirements for applications and addressed questions from the audience. These events were announced several weeks in

advance with information about how to request sign language interpretation or other reasonable accommodations for those who need it.

- NIH's National Center for Complementary and Integrative Health (NCCIH) updated the [Clinical Research Toolbox](#). This toolbox was a web-based information repository for investigators and staff involved in NCCIH-funded clinical research. It provided a one-stop shop for required templates, sample forms, and information to assist clinical investigators in the development and conduct of high-quality clinical research studies. It contained detailed instructions on the submission of required documents by oversight level and links to helpful policy, guidance, and web-based resources for NCCIH grantees.

## **Conclusion**

HHS's implementation of the Plain Writing Act has grown in scope and effectiveness with each year. Through persistent leadership, HHS has cultivated a plain writing culture, ensuring all new and existing documents and web content for the public, other government entities, and HHS employees were written in plain language.

If you have questions or feedback about this Report, please contact Dr. Ekaterini Malliou in the HHS Office of the Executive Secretary at [Ekaterini.Malliou@hhs.gov](mailto:Ekaterini.Malliou@hhs.gov).