

In Brief: Using Evidence-Based Health Literacy Assessments to Improve State Paid Family and Medical Leave Program Websites

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Policy question: How understandable, easy to navigate and actionable are paid family and medical leave (PFML) program websites for workers and their families who need to learn about, sign up for and receive benefits?

Why PFML website usability matters: More and more states are implementing PFML programs, but not all eligible workers use these benefits, especially lower-wage, younger, Black and Hispanic workers. As states invest more resources in outreach to raise awareness about PFML, it is also critical to understand and address the challenges workers face in accessing the program once they know about it. Workers mainly access benefits through state websites that provide program information and a portal to submit paperwork. If these websites are difficult to understand and too burdensome to use, PFML use will remain low, and workers and families will miss out on this important program.

Current study: We used evidence-based health literacy assessments to determine the degree to which program information presented on PFML websites can be accessed, understood and used by the average U.S. worker in order for them to make decisions about PFML.

Findings: Understanding state PFML websites require literacy skills that far exceed those of the average U.S. worker. For example, college-level reading skills are needed to comprehend much of PFML website content. Multiple assessment tools showed that the complexity of program information and the setup of PFML websites do not match the literacy skills of the average adult worker, creating a significant burden on workers trying to secure PFML benefits.

Next steps: Use evidence-based assessments to modify PFML websites, ensuring that best practices and plain language are incorporated. With these changes, all eligible workers will be better able to understand benefits and apply for paid leave.



Introduction

When serious life events happen, workers may need to take time away from their jobs to tend to their health, welcome a new child or care for an ill family member. Yet, the United States is one of only a few countries that does not have a national **paid family and medical leave (PFML)**¹ policy. Instead, a patchwork of paid leave benefits are currently offered by just 13 states and Washington D.C. (hereafter, state(s)) to their residents (Bipartisan Policy Center, 2024; U.S. Bureau of Labor Statistics, 2023). Without a national standard, these state programs vary by eligibility, length of leave, wage replacement and which family members are covered. This state-level approach has created inequities by state of residence in workers' access to programs.

Studies have documented how this inequitable PFML program design limits eligibility, but less focus has been placed on another big challenge to PFML access: program implementation (Mitchell & Roux, 2024). After states pass PFML laws, they must set up administrative systems, including a website interface, which require significant investment. State agencies often must bring PFML programs online quickly to comply with timing set by lawmakers, and legislation does not always include enough funds to invest in user-friendly websites written in plain language. Since PFML programs are often only accessed online, confusing and complex websites can lead to information gaps and lower use of the program.

This brief examines the accessibility of ten states' PFML websites using evidence-based health literacy assessments. The project sought to explore if the websites are useful for workers and their family members as they try to learn about PFML, determine their eligibility and apply for benefits. These assessments identified website features that act as barriers and facilitators to accessing, understanding and using PFML programs. We present our findings and conclude with recommendations to support implementation of PFML. The aim is for all workers to be able to understand and use PFML websites to make decisions about leave, leading to higher program use. This analysis can help current and future state PFML programs develop more inclusive practices and reduce **administrative burden**. Expanding access to and use of social protection policies and employer-based programs, like PFML, has implications for improving **job quality** and economic mobility (Joshi & Jurado, 2023).

Increasing Workers' Access to PFML by Addressing Learning Costs

Administrative burden may limit workers' ability to access and use a public program such as paid family and medical leave (PFML). This brief concentrates on one aspect of PFML administrative burden: **learning costs**, or difficulties associated with learning about paid leave programs, eligibility criteria, the benefits offered and how to apply. Because efforts already exist to improve workers'

¹ All green bolded terms are defined in the Glossary of key terms on page 13.

awareness of PFML programs (Mendez & Krause, 2023), our project focuses on a challenge workers face after they become aware of the program: understanding and navigating a program’s website to find out if they are eligible and sign up for benefits. Program websites that are difficult to navigate may limit use of PFML, especially for workers with lower literacy skills and less familiarity with web applications. Therefore, administrative systems that are difficult to understand—such as websites that use jargon and do not clearly outline action steps—obstruct equitable PFML implementation that allows all eligible workers to access and use PFML.²

In general, PFML is a complicated program to understand. For example, complex eligibility rules make plain language explanations long and difficult to execute well. A PFML application also requires that a worker navigate interactions across three sectors—state workforce agencies, employers and health care providers—which further increases learning costs for workers. Applying for paid leave can be even more confusing in states that use third-party vendors to distribute benefits (e.g., Connecticut and New York) or have additional paid leave options through **Temporary Disability Insurance (TDI)** programs, which may be located on another website.

The goals of this report are to assess the learning costs of using state PFML websites to apply for benefits and provide recommendations to reduce these costs. However, we note the constraints that state administrators can face in efforts to reduce learning costs. One constraint is that state programs must frequently use outdated systems and technology to build a new website. New PFML program websites often must build administrative systems on top of, or interface with, state **Unemployment Insurance (UI)** programs, which are known for obsolete technology and dense, technical websites that contribute to low worker uptake (Office of Information and Regulatory Affairs, 2023). Black and Hispanic workers are more likely to have less stable work hours, which makes their UI applications more complex. As such, UI systems may be especially ill-equipped to make benefit determinations for these workers (Ananat & Gassman-Pines, 2023). The federal government has identified UI administrative systems as in need of modernization. State equity grants have been awarded to improve technology and use plain language (Parker, 2023); PFML programs may benefit from these efforts. However, modernizing UI programs is not sufficient for addressing the full suite of learning costs associated with PFML websites. Website understandability, user experience, actionability and readability must be addressed independently from Unemployment Insurance updates.

Assessments of PFML Program Websites

How can we estimate the learning costs involved in accessing and using PFML program information—information that is only available online and necessary to navigate successfully to start an

² Fully assessing user interface accessibility for workers with disabilities is outside the scope of this brief; however, eight out of ten state programs we reviewed explicitly stated that they were following section 508 of the Rehabilitation Act of 1973 (section508.gov, 2025).

application? In this work, we estimate learning costs using an **organizational health literacy** approach, which recognizes that organizations need to create processes, information and tools that match the needs of the U.S. adult population (Santana et al., 2021). The U.S. Department of Education estimates that over half of U.S. adults (54%) lack proficiency in literacy (Rothwell, 2020). They are at risk of struggling to understand written material or perform tasks based on it. PFML—and all public benefits—will remain largely inaccessible to eligible workers if websites, application processes and materials are presented in ways that do not meet these needs and skills of the general population.

Assessments of PFML learning costs should consider (1) the literacy skills of the population trying to obtain information about a program, and (2) the ways that an organization or agency offering the program summarizes and presents information and makes it actionable. An alternative framework to assess learning costs, the level of **administrative literacy** that workers need to understand and act on program information, focuses solely on workers' individual skills, which provides an incomplete assessment. For example, an individual with high literacy skills may still have difficulty navigating a program website that is overly complicated or has incomplete information, especially when the individual is undergoing a stressful life event.

Organizational **health literacy assessments** have been used to inform changes to existing institutions and programs and to develop new systems from scratch. However, most prior peer-reviewed work has focused on whether the information and services offered meet the literacy skills of those who need to use said information and services. Recent examples that go beyond the literacy skills of individuals include work in regional health services, COVID 19, decision aids, mental health shelters and health clinics (Mani et al., 2021; Mastroianni et al., 2019; Muscat et al., 2021; Rosenfeld et al., 2022, 2023). Practice-focused reports have assessed health department, early childhood and social program settings (Baur et al., 2024; Rosenfeld et al., 2024; Stone et al., 2024). One component of organizational health literacy assessment focuses on accessing, understanding, navigating and acting on information, as we explore with the PFML program sites. Other components include the skills of individuals and professionals; activities or tasks to undertake using provided information and systems; and the organizational facilitators and barriers that create equitable access to information and services (Rosenfeld et al., 2023; R. Rudd, 2017).

Study approach

We systematically reviewed state paid family and medical leave websites using evidence-based assessments of readability, understandability, actionability and navigability to answer the following questions:

- 1) What reading skills are required to understand PFML information on state websites? (**Simple Measure of Gobbledygook (SMOG)** assessment)

- 2) How easy is it to understand and use the information presented on state websites? (**Patient Education Materials Assessment Tool (PEMAT)**) And do websites meet best practices for navigability and understandability? (**Health Literacy Online (HLO)** assessment)
- 3) Does the required paid family leave health certificate meet best practices for easy-to-use forms? (**HLE2 (Health Literacy Environment of Hospitals and Health Centers)** assessment, form analysis section)

We reviewed the following state PFML program websites, all of which were active at the time of our analysis (September 2023 – January 2024): California, Colorado, Connecticut, District of Columbia, Massachusetts, New Jersey, New York, Oregon, Rhode Island and Washington. When our analysis began, these ten states were the only ones with PFML programs.

Findings

- 1) **Paid family and medical leave websites require reading skills beyond that of the average U.S. adult. (assessment: SMOG)**

We found that each of the ten PFML websites require high school-level reading skills at minimum. Furthermore, each website has at least one page (homepage, main eligibility information page and/or **health certificate**) that requires a minimum of college-level reading skills, and in certain cases, graduate-level skills. Overall, these websites require a reading level far above that of the average U.S. worker (Table 1). PFML homepages are generally easier to understand than eligibility pages and health certificate text, which generally require higher reading skills.

What this may look like: If a worker goes to their state PFML website, they may be able to understand that the website is about paid family leave benefits, but they will have difficulty finding eligibility information. Still further, they will have difficulty discerning which information is relevant to them and what next steps to take. For example, reading skills needed for eligibility pages range from high school level (n=1), to 1-2 years of college (n=5) and 3-4 years of college (n=4).

Why it matters: Eligible workers and their families may be stymied in their attempts to move forward in the benefits application process. This is complicated further by a health certificate form that is likely too complex for most workers to understand and use. In all but one state, reading a health certificate form requires at least a few years of college education.

Table 1. Reading Level Skills Required for Select State PFML Program Website Pages and Sections
Some state PFML webpages and sections require reading skills at ninth grade or above.

| | Homepage | Eligibility page | Health certificate text |
|----------|----------------|------------------|-------------------------|
| State 1 | Dark Blue | Light Blue | Dark Blue |
| State 2 | Light Blue | Dark Blue | Light Blue |
| State 3 | Very Dark Blue | Light Blue | Light Blue |
| State 4 | Very Dark Blue | Dark Blue | Dark Blue |
| State 5 | Very Dark Blue | Light Blue | Light Blue |
| State 6 | Dark Blue | Dark Blue | Very Dark Blue |
| State 7 | Light Blue | Light Blue | Very Light Blue |
| State 8 | Very Dark Blue | Dark Blue | Very Light Blue |
| State 9 | Light Blue | Dark Blue | Dark Blue |
| State 10 | Very Dark Blue | Very Dark Blue | Light Blue |

| 17 th grade and beyond | 15 th –16 th grade | 13 th –14 th grade | 9 th –12 th grade | Below 9 th grade |
|-----------------------------------|--|--|---|-----------------------------|
| Graduate study | 3-4 years college | 1-2 years college | High school | Middle school and less |

Source: Authors' calculations

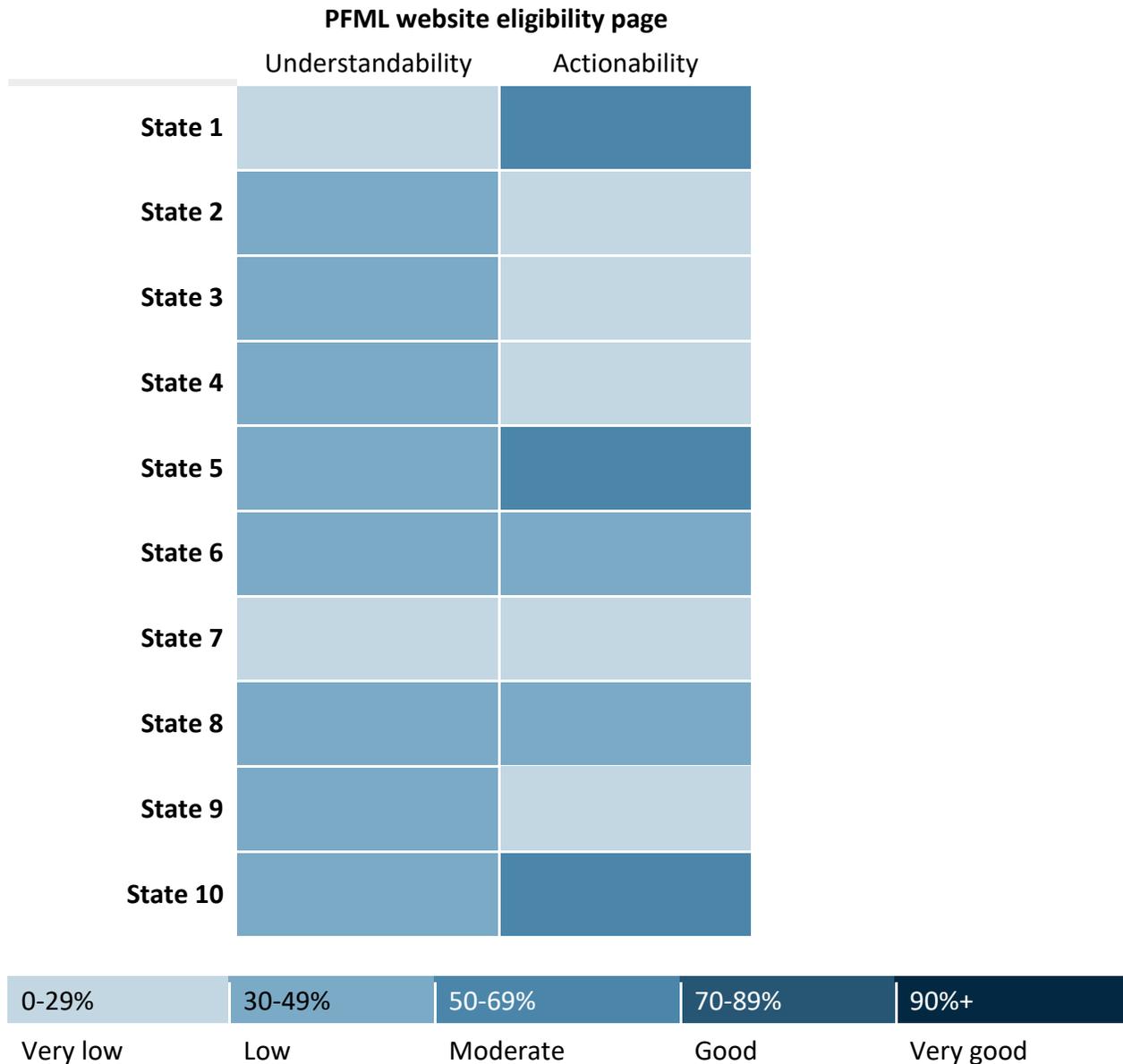
Notes: Reading level determined using the Simple Measure of Gobbledygook (SMOG) assessment.

2) Overall, paid leave websites' main eligibility pages are not easily understandable, actionable or easy to navigate. (assessments: PEMAT & HLO)

We found that none of the state PFML website eligibility pages are easily understandable or actionable, nor do they meet best practices for user experience.

No website pages met a “good” or “very good” score of 70% or higher in an assessment of content, word choice and style, use of numbers, organization, layout and design and use of visual aids, as well as clarity of next steps (Table 2). Eligibility pages range from “very low” to “low” understandability and “very low” to “moderate” actionability.

Table 2. Understandability and Actionability of State PFML Program Website Eligibility Pages
Webpages do not meet understandability or actionability best practices.



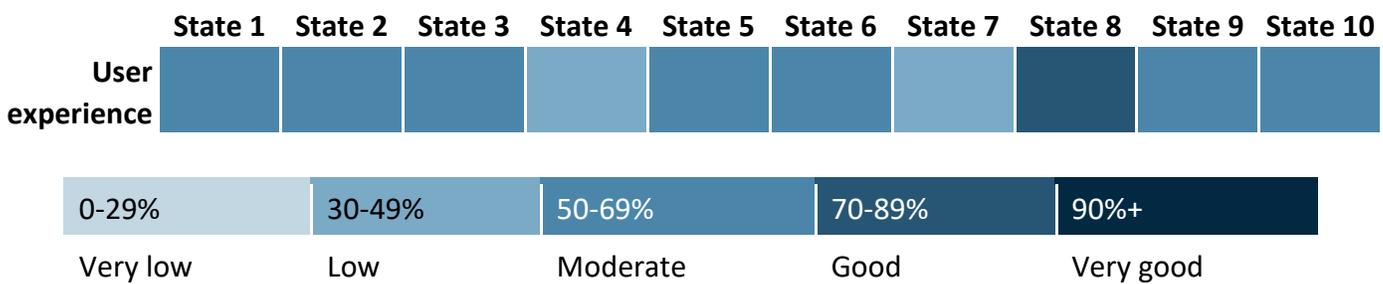
Source: Authors’ calculations

Notes: Understandability and actionability determined using Patient Education Materials Assessment Tool (PEMAT).

Five understandability items were not met by any eligibility webpage: *Word Choice & Style* (material uses common, everyday language; employment and medical terms are used only to familiarize the audience); *Use of Numbers* (numbers appearing in the material are clear and easy to understand; the material does not expect the user to perform calculations); *Use of Visual Aids* (the material uses visual aids to make content clearer). No eligibility page consistently met actionability items.

Furthermore, none of the websites met a threshold of 90% or higher on a user experience checklist that assessed whether content was actionable, displayed clearly, well-organized, simple to navigate and engaging (Table 3). For example, across eligibility pages, the average section score for user experience items was: *Write Actionable Content* (31.4%), *Display Content Clearly on the Page* (72.3%), *Organize Content and Simplify Navigation* (80.6%) and *Engage Users*, (54%).

Table 3. User Experience (Navigability and Understandability) of State PFML Website Eligibility Pages
State PFML eligibility webpages do not meet best practices for navigability or understandability.



Source: Authors’ calculations

Note: User experience determined using the Health Literacy Online (HLO) assessment.

What this may look like: If a worker goes to their state PFML website and finds the eligibility information, they will likely have difficulty navigating the eligibility webpage, determining if they are eligible and understanding what to do if they are.

Why it matters: Eligible workers and their families may not get the benefits they are entitled to because eligibility information is not readily understandable or actionable.

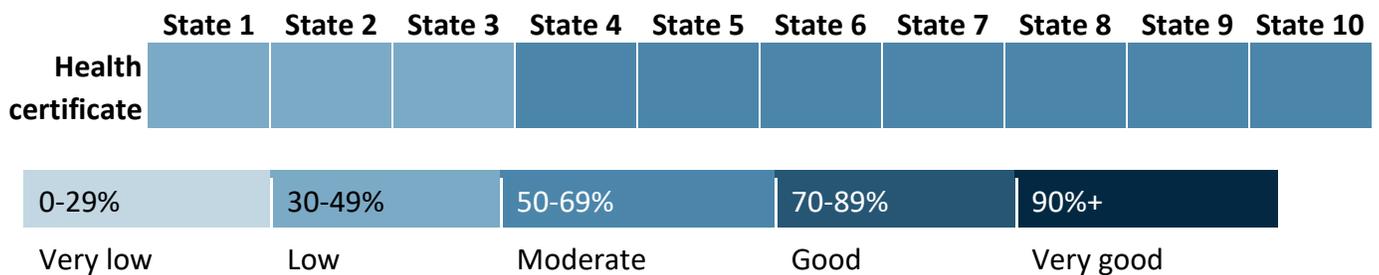
3) Overall, paid family leave health certificate forms do not meet best practices for easy-to-use forms. (assessment: form analysis – HLE2)

We found that none of the state PFML health certificate forms meet best practices for easy-to-use forms. Using a threshold of 90% or higher to determine whether a form meets best practices and is generally usable, we found that websites scores ranged from “low” to “moderate” (Table 4).

Most state health certificates met the following criteria frequently or always: *The questions are organized into meaningful groupings* (90%); *the form avoids asking respondents to perform math tasks (e.g., calculate 10% of your salary)* (100%); *the form limits the number of “detours” (e.g., if yes..., if no... questions)* (100%). However, some state health certificates seldom met criteria frequently or always, scoring less than <90% on the following criteria: *If employment words (such as “leave”) are used, the term is defined in plain language and, if possible, with a helpful example or illustration* (0%); *if math terms (such as mean, average range, rate or risk) are used, the term is defined in plain language, and if possible, with a helpful example or illustration* (10%).

Table 4. Usability of Health Certificates on State PFML Program Websites

Health certificates do not meet best practices for easy-to-use forms.



Source: Authors’ calculations

Note: User experience determined using Part 2, Forms of the Communication Section of the HLE2 (Health Literacy Environment of Hospitals and Health Centers) assessment.

What this may look like: If a worker goes to their state PFML website, they will likely have difficulty understanding what the health certificate form is asking for, assessing who needs to complete the form and judging whether it has been filled out appropriately. Assessment results above suggest, and it was also our experience, that the health certificate forms were not easy to find on the website.

Why it matters: One of the most common reasons for delays in processing PFML applications is incomplete submissions, including missing forms (Zucker, 2021). Eligible workers and their families may not get the benefits they are entitled to because using the health certificates—a required step to secure benefits—is likely very challenging.

Discussion

Paid family and medical leave program websites provide complex information, including eligibility for diverse circumstances, benefits calculation, health certificate form availability and form submission. Worker surveys highlight limited knowledge and awareness of paid family leave programs, which are even more limited for workers who have lower income and who are part of minoritized racial/ethnic groups (National Academies of Sciences, 2023). Findings from our report highlight additional hurdles to accessing paid leave. PFML program websites do not meet best practice criteria for being

accessible, understandable or usable, creating additional challenges for workers and their family members at times of major life difficulty and change. Our research shows that key information on these websites often require reading skills beyond the high school level and are not easy to navigate or well-organized. Two key sections, eligibility pages and health certificate forms, are written and laid out in a way that is largely inaccessible for the average U.S. worker.

This burden means that eligible workers may be unable to reap the positive effects of PFML because they face challenges learning about and applying for benefits. The benefits of PFML can include a strengthened family system as well as improved workplace morale and output and employment and health outcomes (National Academies of Sciences, 2023).

Fortunately, websites can be changed. To increase uptake of PFML benefits, program administrators can make PFML websites easier to navigate and use. Any PFML program can integrate evidence-based assessments—and the general framework they use—to revise current or pending program websites, making it easier for workers and their family members to access, understand and use PFML benefits. Decreasing the complexity of securing benefits can increase access to paid family leave, which can increase employment and health equity (Rossin-Slater & Stearns, 2020).

Recommendations to Improve Readability, Actionability and Ease of Navigation of PFML Websites

We provide the following recommendations for policymakers and state PFML programs.

Revise all state PFML websites, information, processes and forms to meet best practice criteria for readability, understandability, actionability, navigability and usability. Administrators must provide information and services in a way that is accessible to all workers, which can help reduce administrative burden. For example:

Readability: Make text easy to read and digest. Use short, clear sentences. Define all terms. Avoid jargon (“use” is sufficient; “utilize” is unnecessary). Use size 12 font or larger and a plain font type, like Calibri or Arial. Avoid using all capital letters for words, headers, titles, etc.

Understandability: Use plain language. Organize information into sections with headings. Headings and sub-headings alone should provide an outline of the information and clearly state what is in each section. Use bullet points to highlight the most important information. Use graphics and photos that enhance understanding of the information and that are directly related to the topic. Define terms and acronyms at first use. Limit the number of points per topic. Use the active voice.

Actionability: Include concrete next steps. Clearly state why information is included and what the related action steps are. Highlight how to learn more, ask questions and find the information in other

languages. Emphasize how employers can work in partnership with employees and get questions answered.

Navigability: Make clear the purpose of each page, document and form. Walk a user through the website, document or form, either via a video or a concise description. State what the site is for, explain how information is organized and make it clear where the user can find more information. Make clear how a reader can customize font size, color contrast or language for accessibility. Ensure that the website interface is compatible across customizations and devices (desktop, laptop, tablet, phone).

Usability of Forms: State the goal of the form. Clearly label sections and use plain language descriptions of what to do with each section. Identify who is responsible for completing which parts of the form. State how the form can be submitted.

Changes like these can help everyone access and use complicated information that often must be digested in the challenging emotional context that surrounds needing to take time away from work.

Engage communities in PFML program implementation by planning and testing with community input. For example, New Jersey held a community feedback process to gain insight into the barriers applicants faced accessing and using paid leave benefits (Zucker, 2021). Other states can likewise involve workers when creating or revising program information, websites and processes.

Audience Feedback: Develop and pilot content and processes with the intended audience. Engage potential or past users of PFML programs throughout the process. Invite workers and family members that are representative of regions, ages, genders, races, religions, work roles and workers, including exempt vs. hourly, full-time vs. part-time, self-employed and more. Include employers, too.

Codify the role of paid family leave in improving employment equity and health equity. Work across systems to improve uptake for eligible workers. PFML improves employment and health equity. Workers are more likely to use PFML benefits if state program websites are simple to use. PFML administrators can also engage entities outside of employment to increase program uptake. For example, healthcare, housing and childcare systems can become partners in providing PFML information and guidance.

Our analysis shows how policy implementation can create unintended administrative burden, potentially preventing workers from securing benefits, even when they are eligible. Each assessment identifies PFML program website barriers that can be changed and facilitators that can be continued or enhanced. State PFML programs can use these assessments and/or concepts to center accessibility, understandability and usability in their websites to increase equitable access and use of PFML benefits by eligible workers.

Appendix

About this project

This brief is part of a collaborative project between diversitydatakids.org (Boston University 2025–present; Brandeis University 2023–24) and UnidosUS exploring how implementation of state-level PFML programs can facilitate or impede access to the program. The project explores access for underserved workers, particularly Hispanic workers who generally use public programs less (Bitler et al., 2021) and are less likely to have access to paid leave through their employers (Bartel et al., 2019). The objective is twofold: (1) uncover the facilitators and barriers that arise for eligible workers in accessing and securing leave, and (2) highlight and develop strategies that can improve program uptake among workers. These strategies are especially important for states in the current political environment, in which a comprehensive federal approach to PFML is not a priority.

Methods

Two trained team members used each assessment to explore every program’s homepage, eligibility page and health application certificate for care of a family member. Consensus was reached for all assessments, and a third team member performed a 20% consensus check to additionally ensure valid and reliable scoring. In addition, we engaged in a consensus process to identify similar questions across assessments. The PEMAT and HLO assessments had three questions that covered the same themes or topics. We reviewed responses to ensure alignment. Full consensus was achieved. The final scores were used for the questions in both assessments.

SMOG: Two coders independently conducted SMOG assessments for each program using screen captures/PDFs of the homepage and eligibility pages and the health certificate (certification of health for care of a family member). Coders’ final scores were averaged to create a final SMOG score. If the individual coder results were more than one grade level apart, the group deliberated to understand where there were discrepancies in how the assessment was done. As noted above, consensus was reached each time.

PEMAT: We focused the PEMAT-P (Print) assessment on each website’s eligibility page. We scored the eligibility page on all 26 PEMAT-P items to assess “understandability” and “actionability” separately. Topics were scored 1=Agree, 0=Disagree, or N/A= Not applicable. 70% is deemed adequate, and we used a threshold of 90% to indicate ready to use, with only a few improvements (Shoemaker et al., 2013).

HLO: We focused the HLO on each website’s eligibility page. We adapted the checklist into a tool where each criterion was given a score: 0=not present, 0.5=sometimes present, 1=present, N/A. The score was calculated by dividing the points awarded for meeting the criteria (numerator) by the total possible points (denominator).

HLE2: We used the usability of forms analysis, Part 2 of the Communication Section, to gauge how well PFML health certificates met evidence-based best practice criteria for forms. Scoring options included: 0=never, 1=rarely, 2=occasionally, 3=frequently, and 4=always. We obtained PDFs of the health certificates via each website, or when necessary, by contacting the state program directly.

Study limitations

We did not assess every part of each state PFML website. Therefore, scores are based on a sample of pages and forms from each program’s website.

Coders may introduce bias despite rigorous training and validation processes.

Many of the assessments were originally designed for health information, although we did not use them in a clinical setting. However, only one item on one assessment had to be changed because of context. With the PEMAT, instead of exploring the use of “health terms,” we explored the use of “employment terms.”

Glossary of key terms

| Term | Definition |
|--------------------------------|---|
| Policy terms | |
| Administrative burden | The cost of accessing and using program benefits. There are three types of costs: learning, compliance and psychological (Herd & Moynihan, 2018). |
| Administrative literacy | Individuals’ capacity to obtain, process and understand information provided by public organizations to make decisions (Döring, 2021). Those with lower levels of administrative literacy may not understand program rules and procedures (Barnes & Riel, 2022). The concept is adapted from an area of health literacy research and only focuses on individual skills. |
| Health certificate | A required form for qualifying for paid family or medical leave that must be completed by a qualified health care provider. For a worker’s own medical leave, the form certifies the presence of a serious health condition, confirms the worker cannot work due to the condition, states when the condition began and its probable duration and notes activities that should be avoided. For leave for a family member’s serious health condition, the form includes a statement about the family member’s condition, confirmation that the worker’s caregiving is required and the expected frequency and duration of the worker’s caregiving responsibilities. For family leave to bond with a new child, families often only need to provide a birth certificate or other certificate from an adoption or foster care agency. |

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|---|---|
| Job quality | A multidimensional concept that describes a worker’s overall experience with employment. It includes a range of factors that impact worker and family wellbeing, including: pay, benefits, job security and working conditions, organizational culture, empowerment and representation, skills and career advancement (Walters et al., 2022). |
| Learning costs | Workers’ challenges with 1) finding out about a program, 2) determining whether they are eligible and 3) understanding how to apply for benefits. Learning costs are likely to be higher for new programs because individuals must learn new rules and procedures (Herd et al., 2023). |
| Paid family and medical leave (PFML) | Policies that provide workers with wage replacement when they take extended time off from work for qualifying reasons, such as bonding with a new child, recovering from a serious health condition or caring for a loved one with a serious health condition (Women’s Bureau, 2024). |
| Temporary disability insurance (TDI) | Policies that provide short-term wage replacement to workers who are unable to work due to a non-work-related injury or illness. TDI can also cover pregnancy and childbirth. |
| Unemployment Insurance (UI) | A joint federal-state program that provides temporary cash benefits to unemployed workers who are unemployed through no fault of their own and meet certain other eligibility requirements (Whittaker & Isaacs, 2019). |
| Organizational health literacy | Healthy People 2030 defines organizational health literacy as “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” (Office of Disease Prevention and Health Promotion, 2025). |
| Health literacy assessments | |
| Health Literacy Environment of Hospitals and Health Centers (HLE2) | Explores an institution or system’s organizational policies, institutional practices, navigation, culture and language and communication (R. E. Rudd et al., 2019) |
| Health Literacy Online | An evidence-based guide produced by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion to help website administrators simplify the user experience of health websites and digital tools (Health Literacy Online, 2016). |
| Patient Education Materials Assessment Tool (PEMAT) | A validated assessment created by the Agency for Healthcare Resources and Quality to determine the understandability and actionability of health information. The “understandability” section assesses content, word choice and style, use of numbers, |

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|--|--|
| | organization, layout and design and use of visual aids. The “actionability” section assesses ease of user action, e.g., whether a material breaks down actions into manageable, explicit steps (Shoemaker et al., 2013). |
| Simple Measure of Gobbledygook (SMOG) | A validated readability formula that describes the reading demand of the text and provides a grade-level equivalent (Mc Laughlin, 1969). |

Citations

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About diversitydatakids.org

[diversitydatakids.org](https://www.diversitydatakids.org) is a project of the Institute for Equity in Child Opportunity & Healthy Development at Boston University School of Social Work. Established in 2014 with support from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, diversitydatakids.org fills an urgent need for a rigorous, equity-focused research program with a mission to help improve child wellbeing and increase racial and ethnic equity in opportunities for children. Today, we have a thriving community of users of our research and data. We provide them with the information they need to make a positive impact through further research, community conversations about equity, and actions to change policy and allocate resources to increase equitable access to opportunity for all children. During the grant period, diversitydatakids.org moved to Boston University from the Heller School for Social Policy and Management, Brandeis University.

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