

Appendix: Specific tips for information for the older adults

1. Highlight the most important information

Many older people read texts from beginning to end, but have difficulty distinguishing the main points from supporting details. Select the most important information and communicate it briefly. Clearly indicate where older people who want more information can find this (for example with a clear button 'read more').

2. Provide information at B1 level

All information starts with comprehensible and concrete language. For details about the language level, see the Common European Framework of Reference for Languages (CEFR). This framework consists of six reading levels (i.e., A1, A2, B1, B2, C1, and C2), where A1 represents the easiest level and C2 the most difficult one. Public information should ideally be written at the B1 level, meaning that 95% of the population can understand the information.

3. Include audiovisual support

There is consistent evidence for positive effects of audiovisual information. 'Narrative' videos from the first-person perspective are effective. Animations also work well to increase understanding of information. Make sure that people can watch it at their own pace. For example, make it easy to pause the video, or break it down into short animations/videos. Avoid long videos and animations.

4. Include visual support

Visuals cannot replace clear and comprehensible language, but visuals intended to clarify the text can be used to emphasize the most important points or clarifying texts that can not be further simplified (works especially well for older people with low health literacy). By reflecting the most important information, older people are supported in the selection of main and side issues. Only use clear, unambiguous visuals.

5. Follow guidelines for risk information

Some important guidelines (supported by research) are:

- Visualization of numerical information is not functional for very low risks. For larger risks, a bar chart or a small clear table is best understood by older adults. Such visualizations should include the specific numbers in a neutral frame (e.g., both mortality and survival rates).
- Always use absolute risk formats (e.g., 4 out of 100 versus 1 out of 100) and not relative risk formats (e.g., a 4 times higher risk); give the nominator and denominator and natural frequencies. Explicitly explain the meaning of numerical information (e.g., 'out of every X patients admitted to hospitals, Y patients will die' or 'a mortality rate of 1.5% means that of every 100 people ... 1 to 2 will eventually die').
- Put the numerical information in context (e.g., Corona's mortality rates compared to other causes of death; figures in The Netherlands compared to other countries and what this does and does not mean).

6. Follow guidelines for websites for older adults ¹

Some important guidelines (supported by research) are:

- Older adults often use a tablet. The website must be adapted to this.
- Avoid that people must log in. If that is not possible, make logging in very easy.
- Start with a clear overview of topics on the homepage. Organize information with collapsible content, so users can view more text by clicking on one button. When linking to new pages, use one click through at most.
- The 'homepage' button should be prominently present on every page.
- The navigation bar must be clearly visible on every page. Use either a horizontal navigation bar (top) or a vertical navigation bar (left) but not both.
- Websites that not only provide information, but also possibilities for self-management (e.g., tracking health measurements) and interaction (exchanging information) are more effective for older people than websites that only provide information.

¹ Example of website developed in co-creation with older adults (Dutch): www.wijzerbijkanker.nl