

# Language Influence on Trust in Government Health Announcements: A Critical Study of English Language and Communication

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**Abstract :** Government health announcements depend on public understanding, but comprehension and trust are distinct outcomes. This paper examines how the use of English, the clarity of English wording, and the perceived source of a message shape responses to health communication. It uses a structured secondary analysis of published surveys, communication experiments, a government-materials assessment, and institutional guidance. In a survey of 1,823 Ontario residents, 831 respondents (46%) reported difficulty making sense of COVID-19 information, while 1,211 (66%) reported high trust in health ministers or public health organizations. An experiment with 488 adults found that a plain-language version of one health recommendation improved comprehension by 19.8 percentage points; the difference for a second recommendation was 3.9 points and was not statistically significant. A separate five-country experiment with 4,561 participants found greater trust in health advice attributed to scientists than in the same advice attributed to government. These results cannot be combined into a single estimate of an “English-language effect”: the studies measure different populations and outcomes. Together, they indicate that government announcements need accessible wording, appropriate language access, and a credible explanation of their evidence. The paper proposes a framework for evaluating comprehension and trust separately before and after publication. [formative.jmir.org](http://formative.jmir.org)

**Keywords:** English language; government health announcements; public trust; plain language; language access; health communication

## Introduction

A government health announcement may be factually correct and still fail to help its audience. A reader must recognize what the message is about, understand what action is requested, and decide whether the source deserves confidence. During an emergency, people may have little time to resolve unfamiliar medical terms or apparently conflicting instructions. Word choice, sentence structure, translation, and attribution therefore matter alongside the scientific content.

English has several roles in this process. For some audiences it is their preferred language; for others it is a second language used with varying confidence. Even among fluent English readers, technical vocabulary and dense official prose can obstruct understanding. An announcement made available only in English creates a different problem for a person who needs another language. These are related barriers, but they should not be measured as if they were identical.

Trust also requires care in definition. A person might understand an announcement but distrust the issuing government. Another might trust a health authority in general yet misread one instruction. Following advice is a further outcome influenced by access to services, prior beliefs,

perceived risk, and practical constraints. The World Health Organization (WHO) consequently recommends providing accurate emergency information through language and channels people can understand and use, while treating trust and community engagement as continuing responsibilities. [who.int](http://who.int)

This paper asks: **What can published evidence establish about the relationship between English-language communication and trust in government health announcements?** It focuses on three mechanisms: whether people can access a message in a usable language, whether its wording makes the requested action understandable, and whether its source appears credible. Its critical contribution is to keep these mechanisms analytically separate while considering how they interact in practice.

## Research Objectives

The study aims to:

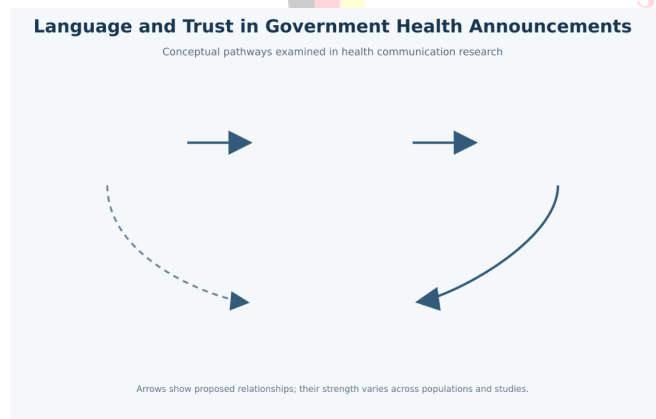
- Distinguish language access, English-language clarity, comprehension, source trust, and intended action.
- Examine published numerical findings relevant to these distinct outcomes.

- Assess what the findings do and do not establish about government health announcements.
- Develop practical criteria for drafting and evaluating announcements for audiences with differing language needs.

## Literature Review

WHO emergency risk communication guidance places language within a broader relationship between authorities and affected communities. It calls for information that reaches people early and repeatedly through channels they understand and trust. Its later policy brief on building trust through risk communication and community engagement reinforces the need to involve affected populations in a health response. Such guidance supports accessible communication as a public-health responsibility, but does not imply that translation alone will repair distrust of an institution. [who.int](https://www.who.int)

Research on **plain-language English** provides more specific evidence about understanding. Sayfi and colleagues conducted a randomized study involving 488 adults with some English proficiency. Participants received either a plain-language recommendation or its standard-language counterpart. For a WHO COVID-19 vaccine recommendation, the plain-language version produced a 19.8-percentage-point improvement in answers to comprehension questions. For a CDC recommendation, the estimated difference was 3.9 points and its confidence interval included zero. The contrast between the two recommendations is valuable: rewriting a message can have a substantial effect, but its size depends on the original



message and the material being explained. The study measured understanding and related responses; it did not establish an equivalent increase in trust in government. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)

A related randomized study of parents also found benefits from plain-language health recommendations. Its analysis involved 241 parents who completed the study from 295 randomized participants. Taken together, these trials support testing health text with intended readers rather than assuming

that a professionally written statement is readily understood. They also show why reading difficulty and institutional credibility need separate measures. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)

English-language access becomes more visible when researchers compare populations with different language preferences. Evola and colleagues analyzed 144 surveys at a United States community health center, including 33 respondents who preferred a language other than English. The groups differed in reported perceptions concerning government, health-information sources, and whether cultural needs were met. This is directly relevant to the present topic, although a small, local survey cannot identify English wording as the sole cause of those differences. Language preference may overlap with experiences of care, immigration, culture, and prior institutional contact. [pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)

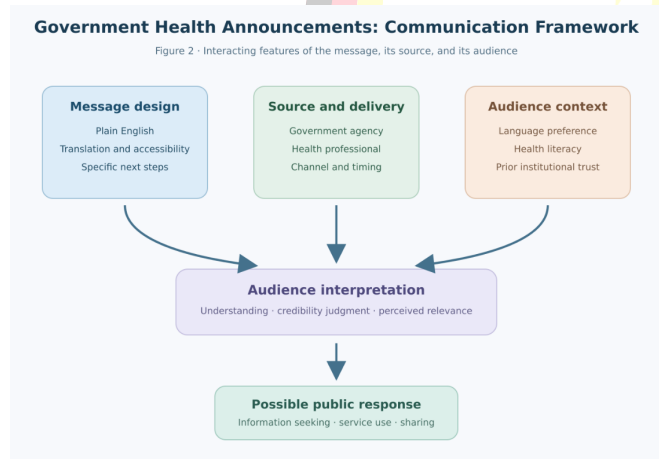
Eliaz and colleagues studied another aspect of language access: whether a public-health worker speaking a person's preferred language was associated with contact-tracing outcomes. Their analysis included 2,668 Spanish-speaking adults in San Francisco. Language-concordant contact tracing was associated with greater odds of subsequent testing and referral to support services. The researchers did **not** find evidence of a corresponding difference in completion of the tracing interview. This pattern suggests that being reached and completing a conversation are insufficient measures of effective communication. It also does not directly measure trust in an announcement. [PMC](https://pubmed.ncbi.nlm.nih.gov/)

Trust in the **speaker** provides a separate strand of evidence. In a five-country experiment with 4,561 participants, Zarzeczna and colleagues varied whether COVID-19 prevention advice was attributed to a government or a scientific source. Participants generally rated advice attributed to scientists as more trustworthy. The source change did not directly alter stated intentions to act, although the researchers reported an indirect relationship through trust. Thus, even perfectly accessible English cannot guarantee confidence in a government announcement; attribution and existing views of institutions matter. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)

Surveys of public communication show that comprehension difficulties and institutional trust can coexist. Fahim and colleagues surveyed 1,823 residents of Ontario. Forty-six percent reported difficulty making sense of COVID-19 information they encountered, while 66% reported high or very high trust in health ministers or public health organizations. Because the survey was delivered in English, its results chiefly describe people able and willing to respond through that channel. The percentages cannot be treated as a comparison between English and non-English announcements. They do, however, show that trust in a public-health institution does not remove the need to improve its messages. [formative.jmir.org](https://pubmed.ncbi.nlm.nih.gov/)

Studies of official messaging add context to these numerical findings. Vilar Lluch and colleagues combined linguistic analysis of British government vaccination updates with survey evidence and public involvement. They found that groups with different vaccination views could express similar message preferences while differing in reported compliance. A content analysis by Biswas and colleagues examined 265 COVID-19 information materials published on India's Ministry of Health and Family Welfare website. Most met the study's quality standards for content, readability, and appearance, yet the authors still recommended greater audience engagement. Both studies caution against judging communication solely by what an official text looks like to its producers. [orca.cardiff.ac.uk](http://orca.cardiff.ac.uk)

Institutional tools translate this concern into editorial practice. The CDC Clear Communication Index provides research-based criteria for assessing public-facing materials, including attention to the main message and everyday wording. The CDC's language-assistance information also describes its 2024 plan to improve access for people with limited English proficiency. These resources address two different tasks: making an English message clearer and making information accessible to audiences who need another language. [Centers for Disease Control and Prevention](https://www.cdc.gov/od/oc/media/pressroom/fs101219.html)



The gap across this literature is methodological. Studies frequently measure comprehension, trust, language preference, or behavior, but fewer hold the announcement's factual content and source constant while separately testing English complexity and preferred-language access. Without that separation, an observed trust difference cannot confidently be attributed to English itself.

## Methodology

This paper uses a **structured secondary evidence analysis**. No new participants were recruited, no government announcements were experimentally assigned by this paper, and no unpublished survey dataset was analyzed. The evidence set comprises peer-reviewed studies of public-health language, comprehension and source trust, alongside

WHO and CDC guidance. Studies were selected for their direct relevance to at least one of five outcomes: language access, comprehension, perceived trustworthiness, stated intention, or observed public-health action.

The analysis proceeded in three steps. First, each study was classified by design and population. A randomized wording experiment permits a more focused conclusion about its tested wording change than a cross-sectional survey does. Second, each reported statistic was attached to its **original denominator and measured outcome**. Results from different studies were not pooled, because their populations, questions, and interventions differ. Third, findings were compared for consistency and tension. For example, improved comprehension could support the case for plain language, while a separate source experiment could show why comprehension does not fully explain trust.

The conceptual model treats the announcement as passing through several possible points of difficulty: access to the language and channel; understanding of the words and requested action; assessment of the source; and ability or willingness to act. It is an interpretation of published evidence, not a statistical model fitted to individual-level observations.

## Results

### Language, comprehension, and trust are different measured outcomes

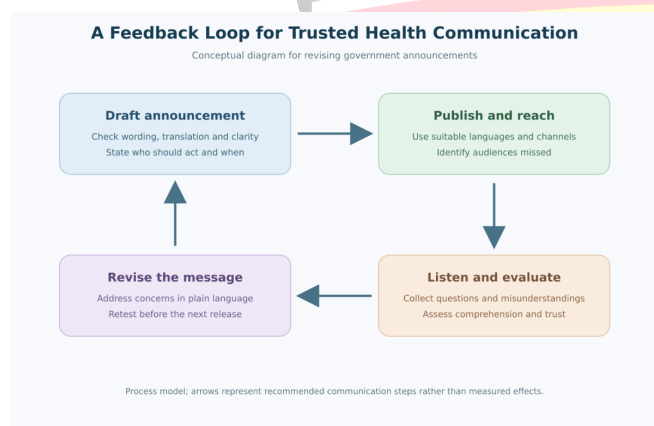
**Table 1. Selected published findings relevant to government health communication**

| Source and design                      | Population        | Reported result                                                                    | Outcome actually measured              |
|----------------------------------------|-------------------|------------------------------------------------------------------------------------|----------------------------------------|
| Fahim et al.; Ontario survey           | 1,823 respondents | 831 (46%) had difficulty making sense of COVID-19 information                      | Self-reported comprehension difficulty |
| Fahim et al.; same survey              | 1,823 respondents | 1,211 (66%) reported high trust in health ministers or public health organizations | Trust in an information source         |
| Sayfi et al.; randomized wording study | 488 adults        | Plain language improved comprehension of the tested WHO recommendation by 19.8     | Answers to comprehension questions     |

|                                                  |                    | percentage points                                                                                         |                                           |
|--------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Sayfi et al.; same study                         | 488 adults         | Difference for the tested CDC recommendation: 3.9 points; not statistically significant                   | Answers to comprehension questions        |
| Zarzczena et al.; five-country source experiment | 4,561 participants | Advice attributed to scientists was generally rated more trustworthy than advice attributed to government | Trust under different source attributions |

**Note:** Each figure retains the original study's meaning. The percentages and effects are not pooled, and none of the rows estimates a universal effect of English on trust. [formative.jmir.org](http://formative.jmir.org)

Table 1 demonstrates why a government should not rely on one indicator of message success. In the Ontario survey, high reported trust in health authorities appeared alongside widespread difficulty interpreting information. These are results from the same sample, but the published totals do not establish that the *same individuals* gave both responses. The finding supports measuring comprehension and trust separately; it does not establish that unclear English caused distrust. [formative.jmir.org](http://formative.jmir.org)



The randomized wording findings offer more direct evidence about English clarity. The 19.8-point difference for one recommendation shows that accessible presentation can materially change understanding under the conditions tested. The second recommendation's smaller, statistically uncertain difference rules out the stronger claim that plain-language rewriting always produces an improvement of similar size.

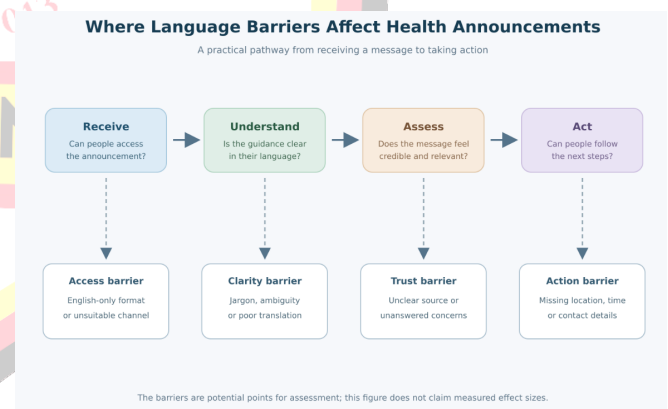
Neither comparison was a direct experiment on trust in a government announcement. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)

## Language access and public-health action

**Table 2. Reported outcomes in language-concordant contact tracing**

| Outcome among Spanish-speaking contacts      | Reported result for language-concordant contact tracing |
|----------------------------------------------|---------------------------------------------------------|
| Contacts included                            | 2,668                                                   |
| Reached by language-concordant tracers       | 1,877 (70.4%)                                           |
| Completed interview                          | Adjusted odds ratio 1.04; 95% CI 0.83–1.29              |
| Subsequently completed COVID-19 testing      | Adjusted odds ratio 1.19; 95% CI 1.00–1.42              |
| Referred for isolation or quarantine support | Adjusted odds ratio 1.49; 95% CI 1.24–1.79              |

**Note:** The reference group was reached without a language-concordant tracer. An odds ratio is not a percentage-point change or a measure of trust. The testing interval reaches 1.00 after rounding, so that estimate warrants particular caution. [PMC](https://pubmed.ncbi.nlm.nih.gov/)



The tracing study provides evidence that language alignment may matter after a message is delivered. Its clearest reported association concerned referrals for practical support. The interview-completion estimate, by contrast, did not show a detectable difference. This distinction matters for announcements: counting whether people opened a webpage, answered a call, or heard a broadcast does not establish whether they understood the advice or could use it. Contact tracing is an interpersonal service rather than a written announcement, so the finding informs a mechanism without serving as a direct test of announcement wording.

### The message's issuer matters

The five-country experiment establishes another boundary on language-based explanations. Participants' trust ratings changed when the **attributed source** changed between government and science. The study did not report a direct effect of source attribution on intentions to act. It follows that labeling an announcement clearly and explaining its evidential basis may matter, but improved ratings of trust cannot automatically be reported as improved adherence. Political orientation also moderated the source effect in most of the countries studied, underscoring that the same English text can meet different prior expectations. [PubMed](#)

### Discussion

The evidence supports a layered account of language influence. At the first layer, a person must receive information in a language and channel they can use. At the second, the wording must allow them to identify the main claim, its qualifications, and the action requested. At the third, they assess who issued the statement and whether its claims appear supported. Trust can be affected at more than one layer, but the reviewed studies do not justify reducing it to a single readability score.

A critical distinction concerns **English proficiency and plain English**. A plain-English announcement may help many English readers and may also be easier for some second-language readers. It cannot substitute for appropriate language access when an audience cannot reliably use English. Conversely, translating dense or ambiguous wording into another language may reproduce the underlying problem. Government teams should establish the meaning of the original instruction, test its clarity, and check translated versions with intended audiences. The CDC's separate work on clear communication and language assistance reflects this practical distinction. [Centers for Disease Control and Prevention](#)

The reviewed evidence also argues against treating trust as an automatic reward for simpler prose. Plain-language versions in Sayfi and colleagues' study improved understanding strongly for one recommendation. Zarzeczna and colleagues showed that source attribution independently affected trust. A well-designed government announcement therefore needs both a usable explanation and a credible account of who is speaking, what evidence supports the instruction, and what remains uncertain. Its credibility can also be affected by consistency across announcements and by whether the recommended action is realistically available.

The Ontario findings illustrate why evaluating a message after publication remains necessary. Respondents could report considerable trust in health organizations while still struggling to make sense of information. A communications team that asks only "Do you trust us?" may miss a comprehension problem; one that asks only "Can you repeat

the instruction?" may miss a credibility problem. For English-language announcements, a short evaluation could separately ask readers to identify the requested action, explain any unfamiliar term, state how certain they think the claim is, and rate confidence in the issuing institution.

### Practical Implications

Before release, government agencies can test a draft announcement with people who reflect the intended audience's English proficiency and language preferences. Testing should focus on whether readers can find the main message and accurately describe what they should do. It should also ask whether the announcement makes its source and supporting evidence identifiable. Revisions can then be assessed using a structured tool such as the CDC Clear Communication Index. [Centers for Disease Control and Prevention](#)

When several languages are needed, authorities should plan that access as part of the announcement process. Timing matters in emergencies: a translated version that appears substantially later may leave an information gap even when its wording is accurate. Community feedback can identify confusing expressions, unsuitable channels, and practical barriers to following the instruction. These steps are consistent with WHO guidance on risk communication and engagement; their effects on trust should still be measured in the population concerned. [who.int](#)

### Limitations

This paper compares published results rather than reanalyzing participant-level data. Its numerical findings come from different countries and designs, principally studies conducted around COVID-19. The Ontario survey was administered in English and is poorly suited to estimating outcomes among people unable to answer an English survey. The community-health-center survey was small and local. Contact-tracing outcomes do not directly measure trust in written announcements, while experimental trust ratings do not establish real-world behavior. No combined effect size or causal claim about English-language use across all government announcements is therefore presented.

### Conclusion

Language influences how government health announcements are encountered and understood, but trust depends on more than the language chosen. Published experiments show that clearer wording can improve comprehension under specified conditions and that attribution to government or science can change trust ratings. Surveys and service data show why language access and practical usability require separate attention. The most defensible communication strategy is to test **access, understanding, trust, and action as distinct outcomes**. Government agencies can then revise English wording, provide appropriate language access, explain the

evidence behind their advice, and evaluate whether the intended audience can actually use the announcement.

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