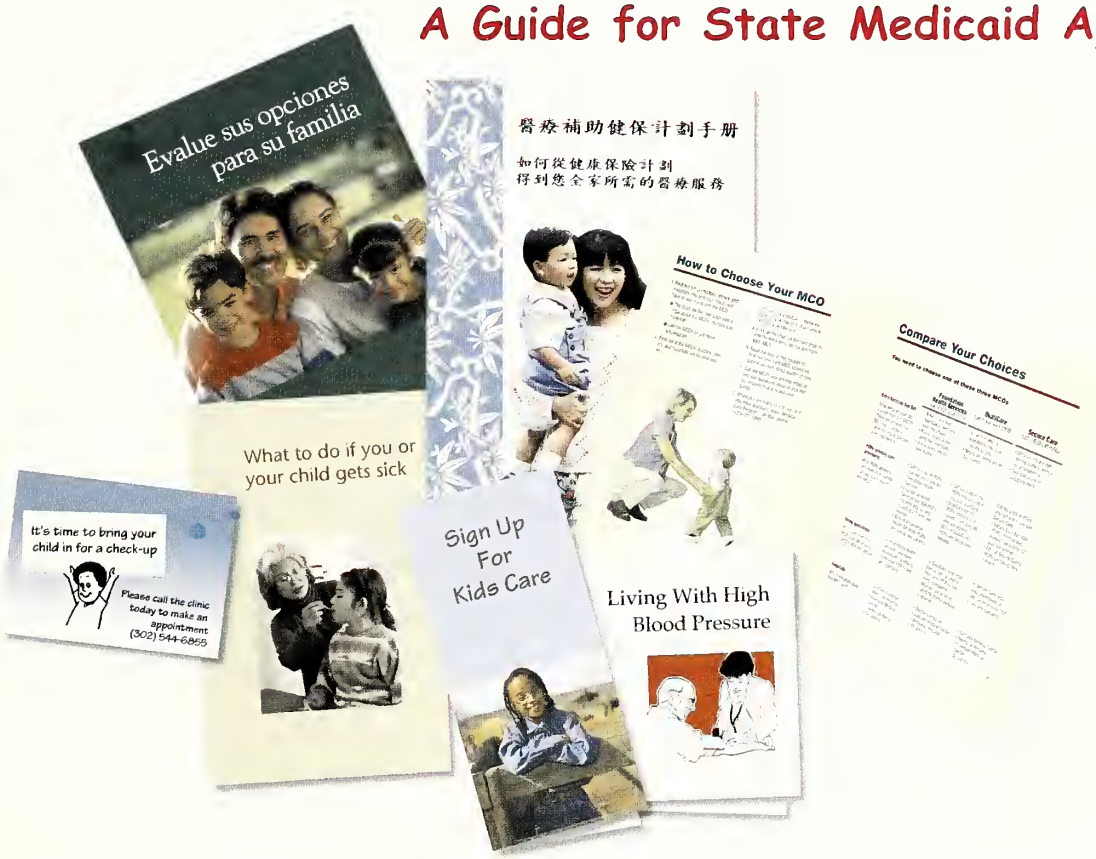
Writing and Designing Print Materials for Beneficiaries:

A Guide for State Medicaid Agencies



- Detailed checklist for assessing print materials
- Emphasis on cultural appropriateness and testing of materials
- Examples and a directory of additional resources

U.S. Department of Health and Human Services
Health Care Financing Administration
Center For Medicaid and State Operations
HCFA Publication Number 10145
October 1999

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
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September 20, 1999

Dear Partners:

The Health Care Financing Administration, Center for Medicaid and State Operations, is delighted to provide you with the *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies.* While the *Guide* focuses on information needs of Medicaid beneficiaries, it covers fundamentals that apply to any audience. It provides practical advice, examples, and a directory of resources to learn even more. We are sure you will find the *Guide* helpful in developing information not only for Medicaid beneficiaries, but also for beneficiaries of the Children's Health Insurance Program (CHIP), Medicare and other public programs.

Please give us your reaction to the *Guide* by returning the Customer Feedback Form enclosed. Your input is important in assessing the quality of our technical assistance tools and strategies.

Sincerely,

Rachel R. Block
Deputy Director

Writing and designing print materials for beneficiaries: A guide for state Medicaid agencies

This Writing and Designing Guide was prepared under contract to the Health Care Financing Administration Center for Medicaid and State Operations (HCFA), Contract No. 500-95-0057, T.O. 2, and published in October 1999.

The Guide was written and designed by Jeanne McGee, McGee & Evers Consulting, Inc., for the primary contractor, Barents Group LLC. Kathleen Blume, Health Care Financing Administration, served as the task leader, providing valuable guidance and feedback throughout the development of the Guide.

HCFA joins Jeanne McGee and the Barents Group in thanking the many individuals, state Medicaid agencies, and other public and private organizations that offered ideas, shared experiences and knowledge, provided critical feedback on draft chapters, and supplied examples for inclusion. This Guide benefitted enormously from their contributions.

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BACKGROUND:

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Introduction to the Writing and Designing Guide

Is this Guide for you?

The Writing and Designing Guide is for people who produce information materials and for those who get involved in other ways, such as planning or field testing or answering questions from people who are using the materials. It is full of practical hints and resources to help you communicate effectively with Medicaid beneficiaries.

If you're new to developing print materials for beneficiaries, this Guide walks you through the basics. If your materials aren't working well for readers with low literacy, this Guide can help you figure out what needs to change. If you're not happy with the look of your brochure but don't know how to improve it, this Guide will give you ideas. Whatever your situation, if you want to make information easier for people to understand and use, this Guide provides practical advice, examples, and a directory of resources to learn even more.

Why was this Guide produced?

The Writing and Designing Guide was produced by the Health Care Financing Administration (HCFA) as a tool to help states and others implement the Medicaid information and communication requirements of the Balanced Budget Act of 1997 (BBA). Section 1932 of the BBA requires states, enrollment brokers, and managed care organizations to provide information about Medicaid managed care that is easy for beneficiaries to understand.

Beneficiaries served by the Medicaid program are heterogeneous—they are racially and ethnically diverse, many have low literacy skills and special needs, and many speak languages other than English. Making information readily understood by beneficiaries requires clear and simple writing, as well as sensitivity to issues of culture and language.

The goal of the Guide is to help you create materials that recognize literacy barriers and reflect an awareness of cultural differences. It focuses on ways to improve print materials because state agencies and managed care organizations rely heavily on print in communicating with beneficiaries, and because studies show that many health-care-related print publications are too

complex and difficult for a sizeable proportion of their intended audience (see Chapter 2). Since print materials are inappropriate or less effective than other media for some audiences and for some messages, the Guide suggests using print in combination with other approaches.

The Guide has a detailed Checklist to help you assess factors that make a difference in getting people to notice, understand, and use the materials you give them. While the Guide focuses on materials for Medicaid beneficiaries, it covers the fundamental principles that apply to written materials for any audience. You may also find this Guide useful when communicating with other audiences as well, such as individuals enrolled in the Child Health Insurance Program (CHIP), Medicare, and other public programs.

How is this Guide organized?

Since readers have different interests and needs, the Writing and Designing Guide is designed for easy skimming and selective reading. It is organized into five parts.

Part I gives you background:

Part I gives you background about literacy, cultural appropriateness, and the development and testing of print materials. Its three chapters build the foundation for the remainder of the Guide:

- *Chapter 2* – background information about literacy levels and measures of reading level. This chapter documents the problem of low literacy and discusses how to match the reading level of your materials to the reading skills of your intended audience.
- *Chapter 3* – cultural appropriateness. Chapter 3 is about diversity and its implications for producing print materials that are culturally appropriate. Concepts introduced in this chapter are applied throughout the Guide.

- *Chapter 4* – a six-step model for developing and testing print materials. This model emphasizes the importance of getting advice and feedback on your draft materials from members of your intended audience. Specific methods of research and testing are covered later in the Guide, in Chapter 11.

Part II presents the Guide Checklist:

- *Chapter 5* – the Guide Checklist, a detailed assessment tool. You can use this Checklist to assess many features that affect the suitability and effectiveness of print materials for audiences in general, and those with low literacy skills in particular. The Guide itself is organized in terms of this Checklist. Each Checklist topic is addressed in one or more chapters in the Guide. The Appendix B gives you the Checklist in a format that is ready to administer.

Part III tells how to apply the Checklist to your materials, item-by-item:

- *Chapter 6* – defining your purpose and audience. This chapter covers the descriptive items in Part A of the Checklist, including goals, type of print material and its distribution, characteristics of the intended audience, research and testing.

- *Chapter 7* – guidelines for writing. This chapter explains how to apply the Checklist items that cover content, organization, and writing style. It emphasizes ways to make your materials easier for low literacy readers to understand.

- *Chapters 8 and 9* – guidelines for graphic design. These chapters cover the basics about visual aspects of print materials, including use of photographs and illustrations.

- *Chapter 10* – language translation. This chapter gives some practical suggestions for communicating with beneficiaries whose first language is not English.

Part IV covers methods of research and testing:

- *Chapter 11* – using interviews and focus groups. These chapters discuss how to use interviews and focus groups to learn about your audience and test print materials.

Part V gives you references and resources:

- The Guide ends with Chapter 12, a list of references and additional resources. This chapter provides the citations from all of the chapters, and lists articles, books, projects, websites, and other types of resources on the topics raised in this Guide.

Appendix:

- *Appendix A* has a fax-back form. Please use it to give your feedback about this guide to staff at HCFA Medicaid and State Operations.
- *Appendix B* gives the Guide Checklist in a format that is ready for you to use to assess your print materials.

2 Matching the reading level of your materials to the reading skills of your intended audience

Introduction

Studies show that many health care print materials are written at the tenth grade reading level or higher, including many handbooks for Medicaid beneficiaries. Material written at this level is generally much too difficult for Medicaid beneficiaries. It's also too difficult for the general public.

Chapters that come later in this Guide suggest ways to make your print materials easy for beneficiaries to read and understand. This chapter discusses literacy levels and how to measure the difficulty of written materials. It includes some important cautions and recommendations about using measures of reading level to judge the difficulty of materials. The background information in this chapter provides the basis for many of the Guide's recommendations for making your materials easier to read.

Literacy skills among adult Americans

Low literacy is a widespread problem

Recent studies show that large numbers of Americans lack the literacy skills to function effectively in many areas of everyday life. The average reading level is between eighth and ninth grade for adult Americans in general, and only fifth grade for those in Medicaid programs (The National Work Group on Literacy and Health, 1998).[1]

The National Adult Literacy Study (NALS) was done by the U.S. Department of Education in 1993 (and will be repeated in 2002). It tested a representative sample of 26,000 American adults for functional literacy, that is, their ability to

[1] Full references for this publication and all others cited in the Guide are in Chapter 12, *References and additional resources.*

apply reading and writing skills to everyday tasks (Kirsch et al., 1993). The NALS measured functional literacy in three areas:

- Prose literacy (skills needed to understand and use information from texts, such as finding information in a newspaper article or interpreting instructions from a warranty)
- Document literacy (skills needed to find and use information in forms and schedules, such as finding and using information in job applications, payroll forms, bus schedules, maps, and tables)
- Quantitative literacy (applying arithmetic skills to everyday problems such as balancing a checkbook and using information on a restaurant check to calculate change from a ten dollar bill)

Results were reported in five levels. Nearly half of the adults scored in Level I or Level II, the *bottom two levels* of functional literacy. According to experts in the literacy field, these results can be translated to mean that nearly half of all American adults read at the eighth grade level or below.

Adult literacy in America: A first look at the results of the national adult literacy survey (Kirsch et al., 1993) gives a detailed discussion of the NALS results. This report shows literacy results separately for people with different characteristics, such as age, race/ethnic group, and health status. Another publication, *Literacy and Dependency: The literacy skills of welfare recipients in the United States* (Barton and Jenkins, 1995), summarizes the NALS results for the subgroup of "welfare recipients," defined as those who had received Aid to Families with Dependent Children (AFDC) or food stamps in the preceding year.

Here are some highlights from these reports:

- Depending on the type of literacy measured, between about one-third and half of the welfare recipients performed in the lowest literacy level.
- On average, welfare recipients had lower literacy scores than the general population (about two-thirds to three-quarters of welfare recipients scored in the lowest two levels of literacy, compared to about half of the general population). This means that up to half of welfare recipients are likely to have trouble with such tasks as interpreting instructions from an appliance warranty, locating an intersection on a street map, filling out an application for a Social Security card, or calculating the total costs of a purchase from an order form (Barton and Jenkins, 1995:3).

- Not surprisingly, people who have had fewer years of school tend to score lower in literacy, but even among those who have attended college, some scored at the two lowest levels of literacy.
- Compared to the population as a whole, literacy skills are substantially lower among people who are 65 and older: 44% of the people 65 and older scored at the lowest level of literacy, and 32% scored at the second lowest of the five levels. This compares to 21% of the general population at the lowest level and 27% at the second lowest.
- People who have physical, mental, or other health conditions tend to have substantially lower literacy skills than the general population.
- Literacy scores vary among ethnic groups; there is a general pattern of lower literacy scores for people in the race/ethnic groups other than White. Groups include some people who are recent immigrants and some for whom English is a second language.

These results from the NALS show the magnitude of the literacy problem in America: a sizeable proportion of American adults are likely to have trouble reading and understanding anything other than the simplest print material. Even so, they tend to see themselves as good readers: 71% of those at Level 1 and 97% of those at Level 2 reported that they read English "well" or "very well."

When people with low literacy skills find it hard to read and understand print material, they may not seek help. Rather small percentages of those who scored at the lowest two levels said that they get "a lot" of help from others when they have to fill out forms (27% for those who scored at Level 1 and 12% of those who scored at Level 2) (Kirsch et al., 1993). In discussing the stigma associated with low literacy, *Teaching patients with low literacy skills* notes that people who are nonreaders or poor readers generally try to hide it, and are usually successful (Doak, Doak, and Root, 1996:6). These results suggest that it's important not to presume that people who have trouble reading or understanding written materials will openly reveal their lack of understanding or seek help from others.

The consequences of low literacy can be serious in a health care setting, as illustrated by the following vignettes from *Write it easy-to-read* (Root and Stableford, 1998:3):

- A child had a serious ear infection and did not improve with antibiotics. His mother didn't know what "orally" meant and put the medication in his ear.

- A client who was attending a mandatory substance abuse treatment program was sent to jail for noncompliance. He was told to "read the Big Book and write out Step 1." His counselor didn't know the client couldn't read.
- A man with paraplegia called to report a developing pressure ulcer and was told that the next available appointment was in three weeks. He couldn't understand the language in the managed care plan handbook about how to get more immediate help. He eventually had to be hospitalized.

The burden is on state agencies, managed care organizations, and others who work with Medicaid beneficiaries to develop print and non-print ways to communicate effectively with beneficiaries who have low literacy skills. This includes the need to produce print materials that are written at an appropriate reading level.

Mismatch: Reading difficulty of materials, reading skills of the intended audience

Many health care print materials are too hard for their intended readers to understand

Government agencies and health care organizations rely heavily on written materials to tell people about health-related information and services. However, many of these materials are written at such a high grade level that they are unusable by a large proportion of the general public.

The Report of the National Work Group on Literacy and Health cites 14 studies of patient education materials showing that they are typically written at the tenth grade level or higher (*Communicating with patients who have limited literacy skills,* 1998). Another analysis concludes that patients are often baffled by the documents they get from their managed care plan because the authors don't take into account literacy level, reading skills, thinking style, or short-term memory (Hochhauser, 1997, 1998, 1999a). Legal documents for medical research projects, such as informed consent forms and advanced directions, are especially difficult to understand. They are typically written at the college level (Hochhauser, 1999b).

Since the average reading level for adults is eighth grade, materials written at the 10th grade level are too difficult for over half of the population. The gap is especially large for Medicaid beneficiaries, who read at the fifth grade level on average. The Center for Reproductive Law and Policy in New York City analyzed 23 Medicaid managed care handbooks and found an average reading level of tenth grade (1996).

Implications and costs of low literacy in a managed care context

In their article, *Easy-to-read consumer communications: A missing link in medicaid managed care*, authors Jane Root and Sue Stableford discuss the implications of this large gap between the reading skills of Medicaid beneficiaries and the reading level of most health care materials. They argue that most managed care materials require the very skills marginal readers lack. Poor readers, therefore, can hardly know what to do (such as enroll, get a primary care provider, use the emergency room according to plan specifications, etc.) if directions are not clear, simple, and direct (Root and Stableford, 1999:6).

In this same article, the authors discuss the economic and social costs of the mismatch between the low literacy skills of the intended population and the high reading level of most health and managed care materials. With managed care, for example, they note that the results can be:

- Noncompliance with enrollment procedures
- Inappropriate plan utilization
- Suboptimal care for enrollees and their children, with suboptimal outcomes
- Health plans not meeting accreditation requirements
- Potential litigation around informed consent and other issues
- Potentially higher costs to administer the plan, provide the care, and respond to consumer complaints (Root and Stableford, 1999:7)

Clearly there is great need to reduce the reading level of health care print materials in general, and materials written for Medicaid and Medicare beneficiaries in particular. This task requires some knowledge of how to measure the reading level of print materials and how to estimate the average reading level of an intended audience. These topics are covered in the sections that follow. Then the last part of this chapter discusses how to set and achieve goals related to reading level as a key component of making print materials easy to understand.

Formulas to measure the reading grade level of print materials

There are several dozen formulas to measure the reading grade level or difficulty of print materials.[1] The formulas estimate reading level from the difficulty of the vocabulary and the sentences, such as by counting the number of syllables in a word and the average number of words per sentence.

Formulas are widely used and can be helpful as general indicators of the complexity of print material. The most common methods include the Fry formula, SMOG, and Flesch tests (Flesch-Kincaid and Flesch Reading Ease). Many measures have versions designed for use with languages other than English. There are computer programs, too, but some experts recommend doing the tests by hand instead, to gain more insight about what contributes to difficulty of text, and because testing by hand can be more reliable. The text you want to score might not be in your computer, in any case. Moreover, it can take significant time to prepare text for computerized testing, as explained below, so it may be just as easy to do it manually.

Figure 2-1 shows the same basic content written at three different reading levels. Notice the variations from version to version in vocabulary and length of sentences.

[1] A note on terminology: People who are specialists in literacy typically refer to the formulas discussed in this section as measures of readability. Since people outside the field of literacy might interpret readability in a broader, less technical way (as indicating that materials are easy to understand, for example), this Guide instead refers to the formulas as measures of reading grade level or reading difficulty.

FIGURE 2-1. **Can you guess the reading grade level?**

Version 1:

It makes good sense that premature births and newborn illnesses are decreased by early pregnancy care. The doctor is actively involved in testing the pregnant woman for pregnancy-induced diabetes and a host of other problems that would not be detected by the patient alone. We know that these problems cause premature births and illness in newborns. It certainly makes sense that early detection and treatment of these problems by the doctor results in healthier babies.

Version 2:

If you are pregnant or think you may be pregnant, call for an appointment right away. Getting care early in your pregnancy will help you have a healthy pregnancy and a healthy baby. Your PCP (or an OB-GYN doctor you choose from our network) will give you certain tests to make sure everything is going well. If there are any problems, it's good to find them early. That way, you have the best chance for a healthy baby.

Version 3:

If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a childbirth doctor from our list will give you a first exam. Tests every month or so will let you know if all is going well. If there is a problem, you'll know it right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.

Answers: Approximate grade levels are twelfth grade for version 1, eighth grade for version 2, and fourth grade for version 3.

Source: Exercise 9 in *Write it easy-to-read* (Root and Stableford, 1998). Used with permission.

Cautions and suggestions for using formulas to measure reading difficulty

Reading difficulty scores are helpful, but use them with caution

Formulas that measure reading grade level are useful and important tools, but they have some limitations. To use the formulas in meaningful ways, you need to be aware of the concerns and cautions raised by some specialists in the field. As discussed below, these include lack of reliability (such as different computerized versions of a formula yielding different scores), misleading results (such as the Flesch-Kincaid systematically underestimating the actual reading level), and potential to do harm (such as *writing to the formula* which can produce choppy text that is actually harder to read).

Here are recommendations for using them:

1 Pick your formula and method carefully.

This chapter outlines some strengths and limitations of several methods. It recommends the Fry method for general use if you are preparing materials for Medicaid beneficiaries, and gives instructions for this method and the SMOG. It also explains the importance of preparing a document if you decide to use a computerized formula.

Two formulas include the name Flesch, and they are scored and interpreted in different ways: be careful not to confuse Flesch-Kincaid and the Flesch Reading Ease Scale:

- The Flesch-Kincaid is included in many versions of well-known word-processing packages such as MS Word and WordPerfect. It is scored as a reading grade level. Literacy specialists warn that Flesch-Kincaid scores tend to underestimate actual reading grade level because they are often several grade levels below results obtained using other measures (Root and Stableford 1998; Audrey Riffenburgh, *Personal communication*, 1999).
- The Flesch Reading Ease Scale (also known as the Flesch Index or Readability Score) is based on a scale from 0 to 100,

where higher scores mean easier to read. Flesch Reading Ease scores do not mean grade levels. You need to refer to a chart to interpret scores. For example, a score of 70 to 80 means "fairly easy" and approximately seventh grade reading level.

2 Interpret a specific reading grade level score as indicating a general range of difficulty.

For example, *Write it easy-to-read* (Root and Stableford, 1998:23) suggests the following interpretations:

- Fourth to sixth grade level = easy-to-read
- Seventh to ninth grade level = average difficulty
- Tenth grade or above = difficult

It is important not to over-interpret a specific score for a number of reasons. First, the measurement itself is imprecise. Scores for the same piece can differ by formula, and computer programs that use the same formula can yield different results. Whatever the formula, scores in general are typically interpreted as reflecting a given grade level plus or minus *1.5 levels*.

It's especially crucial to understand that the formulas do *not* measure reader comprehension. They measure things that are easy to count, like number of syllables and number of words in a sentence. As shown by the example in Figure 7-9 of Chapter 7, *Guidelines for content, organization, and writing style*, the formulas do not measure attributes beyond the sentence level, such as how well sentences are connected.

Formulas can't take into account the life experience and active search for meaning that individuals bring to the task of reading. In their article, *The place of readability formulas in technical communication* (1985:49), Janice Redish and Jack Selzer argue that the underlying assumption of formulas—that any text for any reader for any purpose can be measured with the same formula—presumes that readers process information in a passive way, word by word, sentence by sentence. This does not mesh with the active way in which readers search for meaning, bringing their own experiences to bear.

As Redish and Selzer put it, "people are not text-processing machines . . . and readability formulas are a simplistic solution to a complex problem" (1985:49). The measurement process is done in a

mechanical way and the assumptions sometimes don't hold. Formulas typically assume that longer words are less familiar and harder to read than shorter ones, but there are many exceptions to this rule.

Familiarity with the subject matter counts for a lot. The important point is not that the words be short, but that your readers know the words you are using, say authors Redish and Selzer (1985:49). They use the following example to illustrate the point that not all content is equally easy to understand:

1. Enter your gross annual income. Add all your assets in real estate, stocks, and bonds. Figure your tax from the table.

2. Write down your first name. Now put down your middle initial and your last name. Fill in your age on the next line.

Although the following two passages have identical Flesch scores, most people would find it easier to follow the second set of instructions than the first (Redish and Selzer, 1985:50).

A final reason to avoid over-interpreting the results from formulas is that scoring in terms of grade level gives a false sense of precision and encourages a literal interpretation that is not warranted. Just because material scores at the sixth grade level does not guarantee that someone with a sixth grade education can read and understand it. One reason is that adults tend to read several grade levels below the highest grade in school that they completed. It also does not mean that you need to have six years of schooling to understand it.

Especially at higher grade levels, precise interpretation of this sort doesn't make sense. As Mark Hochhauser puts it: "Based on a readability estimate, researchers may conclude that readers 'need four years of college to understand the document.' But what does 'four years of college' mean? Does it mean that someone with four years of college will completely understand the document, but that someone with only three years of college will have no understanding of the document? . . . A grade-16 reading level is just another way of saying that the material is complex and average readers may find it very hard to read and understand" (*Some pros and cons of readability formulas*, 1999c:1).

3 Do not use the reading level formulas as your guide to writing style

Don't try to make written material easier to read simply by shortening sentences and substituting short words for long ones. You will likely end up with choppy text that is actually harder to read, despite an improved reading grade level score. There are examples in Figure 2-2 below, and in Figure 7-9 in Chapter 7, *Guidelines for content, organization, and writing style.*

FIGURE 2-2. **Example: Short words and short sentences can make text *choppy and harder to read***

The second passage scores at a lower reading level, but the short disconnected sentences make it harder to read:

1. The defendant is a fifteen-year-old teenager who is accused of shoplifting.
2. He is the defendant. He is fifteen years old. He is in his teens. Someone says he stole from a store.

Source: *The place of readability formulas in technical communication* (Redish and Selzer, 1985:49).

4 Use measures of reading grade level only in combination with other factors to judge ease of reading

Never use a score for reading grade level as a goal or as your only indicator of difficulty. It's important to assess the grade level, but the Guide Checklist for assessing print materials (see Chapter 5) includes many other factors that also have significant impact on ease of reading and understanding. They include the amount of material, its organization, writing style, cultural appropriateness, and graphic design.

When you need to reduce the reading difficulty of your materials, use a measure of reading level to screen your material for complexity of words and sentences, but use all of the Checklist items in combination to guide your work of producing materials that are easy for beneficiaries to understand. Further, as discussed in the final section of this chapter, feedback from actual readers is the ultimate test.

Using the Fry and SMOG methods to score the reading level of materials by hand

Using the Fry method to estimate reading level

The Fry method (done by hand) is recommended for general use by several national specialists who work with materials for Medicaid beneficiaries and low literacy audiences in general (Root and Stableford, 1998; Doak, Doak, and Root, 1996). The Fry method is good for general use across the full range of reading levels, and it can be applied to short passages of text. It is not copyrighted, and there is nothing you have to buy.

Figure 2-3 gives instructions.

FIGURE 2-3. **Instructions for using the Fry method by hand to assess the reading level of print materials**

1. Select three 100-word passages from the material you wish to test. Count out exactly 100 words for each passage, starting with the first word of a sentence. (Omit headings.) If you are testing a very short pamphlet that may have only a few hundred words, select a single 100-word sample to test.

   Since difficulty of the text may vary considerably within the document, select one passage from near the beginning, one from the middle, and one from near the end. Since difficulty may differ by content, another method is to select three samples that cover different content topics. For example, if a pamphlet includes such topics as the disease process, treatment options, and actions the patient should take, select one sample from each of these topics.

   A word is defined as a group of symbols with a space on either side; thus "PCP," "2001," and "&" are each one word.

   Count proper nouns (for example, Riverside Medical Center is three words). Hyphenated words (such as user-friendly) count as one word.

   Write it easy-to-read suggests a minor adaptation of the counting rules to get more meaningful results in situations where terms will be scored

as complex, but you know that they are familiar to your intended audience:

- For example, in a brochure for diabetics, the word diabetes will likely be familiar to many readers, even though it has four syllables. Lengthy proper nouns, such as names of clinics or hospitals, are another example.
- In such cases, *Write it easy-to-read* suggests that you count the word the first time it appears and not thereafter. This will give a more realistic assessment of reading difficulty for the audience.
- Another option is to apply the formula twice. The first time, count the word that is likely to be familiar but will score as difficult each time it is mentioned. The second time, omit the word. Report both scores.

2. Count the number of sentences in each 100 words, estimating the fractional length of the last sentence to the nearest ⅒. For example, if the 100th word occurs 5 words into a 15-word sentence, the fraction of the sentence is 5/15 or ⅓ or 0.3.

3. Count the total number of syllables in each 100 word passage. For acronyms (for example, PCP) and numerals (for example, 2001), count 1 syllable for each symbol. So "PCP" = 3 syllables and 2001 = 4 syllables.

   Regular method for counting the syllables: Make a small check mark over each syllable.

   Shortcut method: Since each 100-word sample must have at least 100 syllables, skip the first syllable in each word. Don't count it; just add 100 after you finish the count. Count only the remaining syllables (that are greater than one) in the 100-word sample. Thus you don't put check marks over any of the one-syllable words. You put only one check over each two-syllable word, two checks over three-syllable words, and so forth.

   Occasionally, you may be in doubt as to the number of syllables in a word. Resolve the doubt by placing a finger under your chin, say the word aloud, and count the number of times your chin drops. Each chin drop counts as a syllable. Variations of a few syllables overall between different pronunciations won't make much difference in final calculations.

4. Calculate the average number of sentences and the average number of syllables from the three passages. This is done by dividing the totals obtained from the three samples by 3 as shown in the example below.

Example:	Number of sentences	Number of syllables
1st 100 words	5.9	124
2nd 100 words	4.8	141
3rd 100 words	6.1	158
Totals	16.8	423
Divide totals by 3:	5.6 (average)	141 (average)

5. Refer to the Fry graph in Figure 2-4 to interpret the results. On the horizontal axis, find the line for the average number of syllables (141 for the above example). On the vertical axis, find the line for the average number of sentences (5.6 for the example). The reading grade level of the material is found at the point where the two lines intersect.

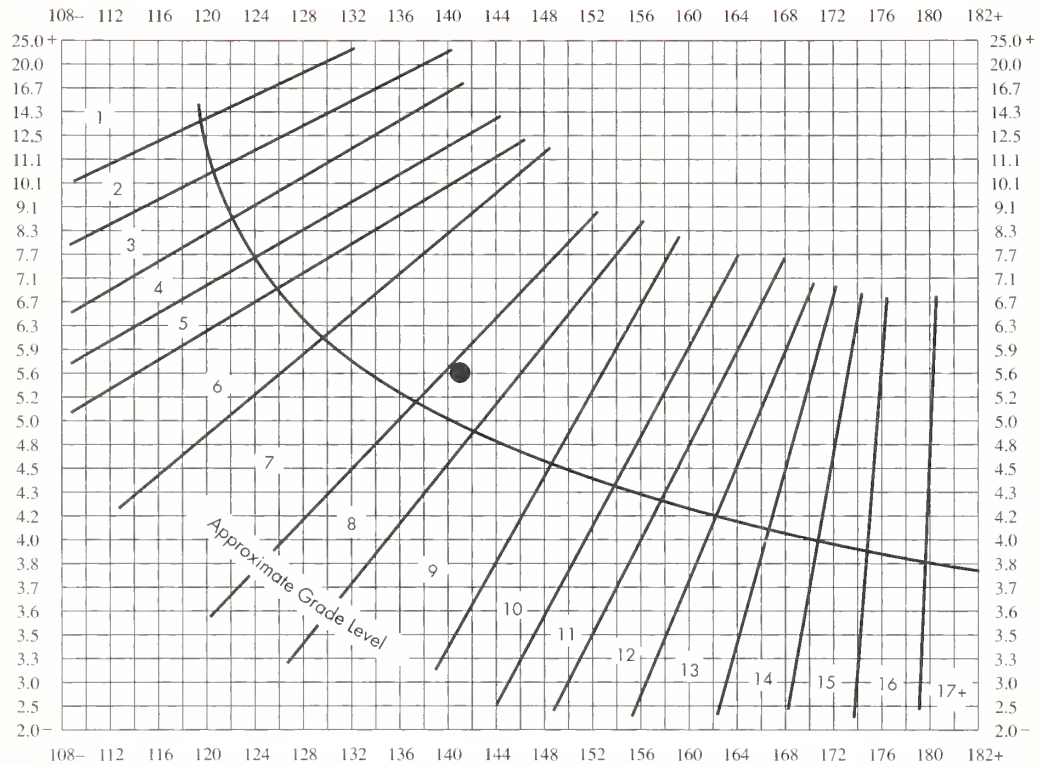
   The dot on the Fry graph in Figure 2-4 shows the results for the example above—a reading level of eighth grade.

   The curved line through the center of the Fry graph marks the area where scores are most accurate.

With a little practice, the five-step process will become much easier. You will soon be able to determine a reading level in less than 10 minutes.

Source: Adapted from *Teaching patients with low literacy skills, Second Edition* (Doak, Doak, and Root, 1996:44–47). Additional note about scoring is from *Write it easy-to-read* (Root and Stableford, 1998:28). Used with permission.

FIGURE 2-4. **The Fry graph** (use this graph to interpret the reading grade level based on average number of sentences and syllables per 100 words; see instructions in Figure 2-3).



Using the SMOG to estimate reading level

The SMOG (Statistical Measure of Gobbledygook) is a quick and easy method used routinely by some organizations (CSAP Technical Bulletin: *You can prepare easy-to-read materials*, 1994). It is based on counting the number of words of three or more syllables in a sample of 30 sentences, and is best used for reading levels in the middle range and higher. It is not copyrighted, and there is nothing you have to buy. Since it requires 30 sentences, it is not generally suitable for short documents. *Communicating in plain English: A guide for health care providers* (Riffenburgh, forthcoming) gives a formula for using the SMOG with passages of less than 30 sentences and discusses precautions for its use.

The SMOG is an efficient screening tool if you want to do a quick assessment of numerous documents, but it does not discriminate well at levels of literacy at the sixth grade and below. *Write it easy-to-read* (Root and Stableford, 1998) advises against using the SMOG if you are developing low literacy materials. Instructions for using the SMOG are in Figure 2-5.

FIGURE 2-5. **Instructions for using the SMOG by hand to assess the reading level of print materials**

1. Select your sample of 30 sentences:

   - You can select a representative sample of 30 consecutive sentences, or
   - If it's a longer document, select three passages of ten consecutive sentences each.

   You can follow the procedures suggested in Figure 2-3 for selecting three samples of ten sentences each: since difficulty of the text may vary considerably within the document, select one passage from near the beginning, one from the middle, and one from near the end. Since difficulty may differ by content, another method is to select three samples that cover different content topics.

2. Count the number of words with three or more syllables in the sample of 30 sentences.

3. Use the chart below to look up the approximate grade level.

SMOG Conversion Chart

Number of words with 3 or more syllables	Approximate grade level
0 – 2	4
3 – 6	5
7 – 12	6
13 – 20	7
21 – 30	8
31 – 42	9
43 – 56	10
57 – 72	11
73 – 90	12
91 – 110	13
111 – 132	14
133 – 156	15
157 – 182	16
183 – 210	17
211 – 240	18

Source: Developed by Harold C. McGraw, Office of Educational Research, Baltimore County Schools, Towson, Maryland. Instructions are adapted from *Clear & simple* (National Cancer Institute, 1994:17).

How to prepare a document to be scored by computer for reading difficulty[2]

The most widely used computer word processing programs include options to measure reading level, grammatical structure, and other characteristics of text. There are also stand-alone reading level assessment programs for the computer. Unfortunately, using the computer to do a reading level assessment is not as simple as pushing a button. Unless you prepare the document first, the results may be off by a considerable margin. This section gives you step-by-step instructions.

Preparing your document for computerized testing of reading level means removing things that will confuse and mislead the computer. To score the text, the computer program will analyze (1) word length as measured by the average number of syllables per word and (2) sentence length as measured by the average number of words per sentence. The program specifies how to do this and the computer follows instructions in a totally mechanical way.

For example, most readability programs tell the computer to sense the end of a sentence by looking for the type of punctuation that normally marks the end of a sentence, such as a period, question mark, or exclamation point. Some sentences have periods embedded within them, but there's no way for a computer to know this.

For example, how many sentences do you see in the box below?

> Dr. Suarez said to call if the fever is higher than 100.5 degrees.

You see only one sentence, but the computer sees three. The computer counts the periods in the abbreviation, the decimal number, and at the end of the sentence. Of the three "sentences," two are extremely short, which underestimates the reading level.

Titles, headings, and bulleted lists also mislead the computer. There is usually no punctuation to help computers distinguish ordinary sentences from titles, headings, and bulleted lists. If the computer keeps searching for punctuation

[2] This section is based in part on personal communication with Audrey Riffenburgh, a specialist in reader-friendly document design. See her book, *Communicating in plain English: A guide for health care providers* (forthcoming) for an extensive discussion of techniques for analyzing materials.]

such as a period or question mark or exclamation point, it will include the text from headings as part of the first sentence that follows the heading. Obviously, the counts of sentence length can be miscalculated. Your job is to remove embedded punctuation and do anything else that is necessary for the computer to do the calculations correctly. Check your program documentation for information and specific instructions. Here are general guidelines:

FIGURE 2-6. **How to prepare text before using a computer program to score its reading level**

1. If you score a document both by hand and by computer, use the same sample of text for both methods in order to make meaningful comparisons of the results.

2. Prepare a computer file that contains either the full document or a sample of it. The method to use depends on whether the document is already in an electronic file:

   If the document is already in an electronic file:

   - You can use the whole document. If it is more than a few pages long, it will be easier and still acceptable to prepare a shorter excerpt (see below for a possible sampling method). Make a copy of the file and give it a new name, since you will be editing the file for testing purposes.

   If the document is not already in an electronic file:

   - Type in a sample of text from the document. One option is to follow the sampling guidelines suggested for the Fry method by selecting ten sentences from near the beginning of the document, ten from the middle, and ten from the end.

3. Remove each of the following:

   - All titles, headings, subheadings, and captions that are less than full sentences.

   - Punctuation that normally marks the end of a sentence (periods, exclamation points, question marks) but is embedded within the sentence instead. This includes decimal numbers (such as "copayment of $5.00"), abbreviations (such as "Ms."), time (such as 8:00 A.M.).

Your file is now ready to be scored by computer.

Consider the reading skills of your intended audience

To produce materials at an appropriate reading grade level, you need a general sense of the average reading skill level of members of your intended audience. Also, if you test your draft materials with pretest participants other than members of your intended audience, it's helpful to be able to verify that their reading skills are similar to those of your intended audience. Here are two approaches for making rough estimates of the reading skills of an audience:

- You can use information about the average years of schooling to estimate their average reading grade level. Studies suggest that the reading grade level for American adults is about three to five years below the highest grade level completed in school. So if you know that the average education of members of your intended audience is tenth grade, you can estimate an average reading grade level of fifth to seventh grade.

- Use National Adult Literacy Study (NALS) results for the subgroups that match your intended audience as a rough estimate of literacy skills. As mentioned near the beginning of this chapter, *Adult literacy in America: A first look at the results of the national adult literacy survey* (National Center for Education Statistics, 1993) gives a detailed discussion of the NALS results including results shown separately for subgroups of people different characteristics. Suppose, for example, that you are developing print materials for people who are Medicare beneficiaries, and most of them are African American. You could check the average literacy levels for the subgroups of Medicare beneficiaries (using the group identified as "65 and older" as the closest approximation), and African Americans. Then use your judgment to combine these NALS results into a single estimate for your intended audience.

For *estimating* the reading skills of an audience, this Guide recommends the approaches outlined above. For *verifying* that materials are at an appropriate reading grade level for a particular audience, the Guide recommends testing the materials by getting reactions from members of the intended audience (see Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*).

While academic researchers sometimes use tests such as WRAT (Wide Range Achievement Test) and the Cloze technique to test the reading skills of individuals, testing of this type is not necessary when your purpose is to design materials for beneficiaries. As mentioned above, a rough estimate of the reading skills of your audience is enough to guide your work. It's best to avoid testing reading skills of individuals if you don't really need to, because the tests themselves put people on the spot.

For example, the WRAT is a word recognition test that uses ability to pronounce a word correctly as evidence of familiarity with the word. A person is asked to read words out loud, starting with the easiest words on a written list and proceeding to more difficult ones. The test is over (and the reading grade level is established) when the person has mispronounced a total of ten words. The Cloze technique, which measures comprehension by asking readers to fill in words that have been omitted from text. Every fifth word is replaced by a blank line, and the reader's ability to fill in the blanks demonstrates understanding of the text and familiarity with sentence structure. No matter how tactfully they are administered, the WRAT and the Cloze test both force people to openly demonstrate their literacy skills, and thus have the potential to cause people great discomfort.

Setting and meeting goals for making print materials easy to understand

Closing the gap between reading levels of print materials and reading skills of the audience

This Guide assumes that your goal is to make your print materials easy for people to understand. You may be required to do this. For example, as mentioned in Chapter 1, the Balanced Budget Act of 1997 (BBA) includes the requirement that information related to Medicaid managed care be *easily understood* by Medicaid enrollees and potential enrollees. This applies to information provided by states, enrollment brokers, and managed care organizations. Making information understandable to patients is also part of the standards set by organizations such as the Joint Commission for Accreditation of Health Care Organizations and the National Committee for Quality Assurance that do accreditation of health care organizations.

Write in plain English as a general goal

It's a challenge to write health care materials at the lower reading level that is needed, particularly for Medicaid and Medicare beneficiaries. As a general goal, try to get the reading level of your materials as low as you can without losing important content or distorting the meaning, and without sounding condescending to the reader.

Write in *plain English* or *plain language*, with a clear, simple, conversational writing style and good organization of key points. Chapter 7, *Guidelines for content, organization, and writing style*, gives you guidelines and examples about how to do this.

The Checklist items in Chapter 5 pay special attention to the needs of low literacy readers (see below), but since plain English is appealing to everyone, the Checklist items are broadly applicable to information documents for any reader. As Jane Root and Sue Stableford have said, the bottom line is that we're writing information, not literature, and most of us like to get our basic information as quickly and easily as possible. When we read we skim the text looking for answers to our questions, and if we can't find them easily or feel overwhelmed by the amount of information, we may just give up (1998).

Do you need to use "low literacy" print materials?

Since the studies described earlier in this chapter show that many Medicaid and Medicare beneficiaries have low literacy skills, the print materials you develop for them need to include aids and educational devices that help people with poor reading skills understand the messages. Figure 2-7, adapted from a table in *Teaching patients with low literacy skills*, compares characteristics of skilled and poor readers. It shows some of the ways you can make it easier for people with limited reading skills to understand your print materials.

FIGURE 2-7. **Differences between skilled and poor readers**

Skilled readers	Poor readers	How to help poor readers
Interpret meaning	Take words literally without interpreting them differently for new situations	Explain the meaning directly
Read with fluency	Read slowly, often one word at a time, and miss meaning	Make sure your sentences are simple and slowly "build" the message, use examples
Get help for the uncommon word	Skip over the word, don't think in terms of classes of information or categories	Use common words to explain uncommon ones
Grasp the context	May miss the context and not make inferences from factual data	Tell the context first, review main points, use visuals
Persist	Tire quickly	Place information in short, well-defined segments, use layout and design to guide readers

Source: Adapted with permission from Table 1-1 on page 4 of *Teaching patients with low literacy skills* (Doak, Doak, and Root (1996). Used with permission.

Do you need to tailor information in different ways for different subgroups?

"One-size-fits-all" is often not effective. As discussed in Chapter 4, *Six-step model for developing and testing print materials*, it may work better to provide information in different ways for different subgroups (often called *segments* in the field of social marketing). Here are two questions to ask:

1 Can your print materials "stand alone" or should you supplement them?

This Guide focuses on print materials, but it's important to recognize their limitations. It's clear that print materials are inappropriate or less effective than other media for some audiences and for some messages. Even when print materials work well for many people, they still must be adapted for those with visual impairments and those who can't read or who have very limited literacy skills (regardless of their language).

Especially for vulnerable populations, print materials often work best when they are reinforced by other media. For example, Figure 4-13 in Chapter 4, *Six-step model for developing and testing print materials*, gives details about a project that uses Interactive Voice Response Systems (IVR—a telephone that connects to a talking computer) to coach patients over the phone about such topics as what managed care is and how it works, and how to ask questions about medication (Abacus, 1998). The project is being developed for low-literate and non-English speaking consumers. Key messages given during the phone call are reinforced on a follow-up postcard.

2 If you produce "low literacy" print materials, will they work well with people who have average to good reading skills?

Most audiences for print materials include people with a wide range of reading skills, so you may naturally wonder if the lower level material sounds condescending to some of your readers. *Clear and simple* notes that evidence is mixed: Some have found that better educated information seekers will not even pick up a product that is clearly aimed at a basic level. Others say that all readers appreciate a message conveyed simply and clearly and that those readers who want more detail can be directed to sources of in-depth information (National Cancer Institute, 1994:6).

To determine if materials geared to the needs of low literacy readers are acceptable across a broader range of reading skill levels, test them with people who represent the full range of literacy levels within your intended audience. Pay special attention to the tone of materials written at the sixth grade level and below, which are most likely to be perceived as condescending by skilled readers. Skilled readers are unlikely to react negatively to materials written at average difficulty (seventh to ninth grade).

Suggestions for producing print materials that are easy for beneficiaries to understand

1 Use an audience-focused approach that seeks feedback from your intended readers during the development stage as well as the testing stage

An appropriate reading grade level helps to make print material easy to read, but it doesn't guarantee that people will understand what they read, or put it to use. Achieving a good match between the reading level of your material and the reading skills of your intended audience is not final evidence that materials are easy to understand. The real test of success is whether your readers find your materials easy to understand and use. To find out, you'll need to get feedback directly from them.

This Guide strongly recommends that you start seeking feedback from your audience when you begin developing your materials, rather than waiting until toward the end when you are ready to test draft versions. In addition, people who are familiar with the audience, such as staff from community groups and agencies, can serve as key informants to help you understand the audience and guide the development of your materials.

Chapters that follow discuss ways to get members of your audience and key informants actively involved in helping you produce materials that are easy to understand and use:

- At the outset, feedback from members of your audience about your materials can help clarify goals and key messages that make sense from their point of view (see Chapter 4, *Six-step model for developing and testing print materials*).

- As you get feedback from members of your audience, listen closely and you will learn the words that you need to use in your materials and the concerns you need to address (see Chapter 7, *Guidelines for content, organization, and writing style*).
- You can learn directly from your audience about what is culturally appropriate (see Chapter 3, *Understanding and addressing the need for culturally appropriate materials*).
- You can use interviews or focus groups with audience members to get their reactions to draft materials, and use their feedback to make improvements (see Chapter 4, *Six-step model for developing and testing print materials,* and Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials).* These chapters suggest ways to find out whether readers actually do understand the material, rather than simply asking them whether they do.

2 Take advantage of existing low literacy materials

There are many sources of materials that have been written for and tested with low literacy audiences; some are listed in Chapter 12, *References and additional resources.* You can adapt these materials as needed for your own program, and use them as examples and inspiration for improving your own materials.

For example, several projects have developed and tested low-literacy member handbooks designed specifically for Medicaid managed care (Community Service Society of New York, see Figure 4-5 in Chapter 4; the Abacus Group, see Chapter 12). There are numerous low literacy health care materials available in languages other than English, and some have been developed for specific subgroups such as African Americans or Hispanics (see Chapter 3, *Understanding and addressing the need for culturally appropriate information materials,* and Chapter 10, *Translating print materials*).

3 Invest in staff education, training, and development

Producing materials that are easy for beneficiaries to understand requires staff with specialized skills and a supportive environment. Shifting to a simpler writing style that is sensitive to the needs of low literacy readers can be a big change and a difficult transition for many people in state agencies, managed care organizations, and other groups that work with beneficiaries.

Most staff will have to:

- **Cultivate awareness.** People in state agencies and health care organizations generally have higher literacy skills than the population as a whole, and they may overestimate the literacy skills of Medicaid and Medicare beneficiaries. They may perceive low literacy materials as simplistic or naive, because they are in the habit of talking and writing about programs in a technical manner, and are unaware of the scientific foundation behind techniques for low-literate writing and design. See *Clear and simple* (National Cancer Institute, 1994:37–38) and *Write it easy-to-read* (Root and Stableford, 1998:69–70) for suggestions about dealing with skeptics. Some people in your organization may be concerned about possible legal liability, not realizing that making beneficiary materials more readily understandable actually reduces the potential for many legal difficulties. See *Literacy, health and the law* (Health Literacy Project, 1996) and materials available from the National Health Law Program (Chapter 12, *References and additional resources*). It's important to provide education for staff throughout your organization about the importance of making materials easy to understand and what it takes to accomplish this.

- **Develop new skills.** Those who produce materials for beneficiaries are generally accustomed to writing at a level that exceeds the reading ability of most beneficiaries. As a result, they have to develop a new, very deliberate writing skill. This is not an easy task. It is very difficult to write simply, and it's an added pressure that low literacy materials, in particular, look deceptively easy to create. Training, experience, patience, and support from coworkers is required. A sense of humor and non-defensive attitude help, too.

  The Guide Checklist and resources in this Guide can help you and your coworkers and vendors identify what needs to be done to improve your print materials for beneficiaries, and help you develop the skills that are needed to make the improvements. Writing workshops can be especially helpful. For example, each summer the Maine AHEC Health Literacy Center at the University of New England offers a Summer Institute where participants learn how to write materials that are easy to read. See *Literacy and health in the United States: Selected annotations* (Centers for Disease Control, 1991) for brief summaries of many studies. See the references in Chapter 12 for additional resources.

3 Understanding and addressing the need for culturally appropriate materials

Introduction

Everyone who reads your print materials is looking for information. But as this Writing and Designing Guide shows, presenting information that will be read, understood, and used is no simple task.

Of all the aspects of developing effective print materials, perhaps none can be more daunting than making them culturally sensitive. One reason is the heightened awareness of diversity in our society brought about through demographic changes, increased media attention, social protest, legislation, and litigation. Another complicating factor, society's current emphasis on *political correctness*, can be either supportive or subversive to the differences among us. Still, these factors can sharpen one's writing for cultural groups.

As a starting point, this Guide uses the following definition of culture:

> **Culture is a group's preferred way of perceiving, judging, and organizing the ideas, situations, and events they encounter in their daily lives** (Cushner, 1996:214; based on Maehr, 1974).

Culture encompasses the shared values, traditions, customs, history, arts, folklore, and institutions of a people that are passed down through the generations. It shapes how people see their world, what they consider important or unimportant, and how they structure their family and community life. As a result, culture has great impact on people's beliefs and behaviors related to health and healing.

There are two things to keep in mind as you begin the challenge of developing culturally appropriate print materials for a diverse audience of Medicaid beneficiaries:

1. Your attitude about your readers will come through, many times in ways that neither you nor your readers can pinpoint. It is crucial, therefore, that decisions about what to include in your print materials reflect cultural awareness and a fundamental respect for people who may have different experiences and attitudes than you.

2 As they page through your document, your readers will be asking themselves, *Can I relate to this? Does it fit with who I am and how I live?* Even though you are writing for hundreds (perhaps thousands) of people, each reader should sense that the material is meant for him or her.

This chapter suggests strategies you should be aware of to help make your print materials culturally responsive to members of your audience, and Chapter 7, *Guidelines for content, organization, and writing style,* will help you develop a friendly tone.

In the end, strategies are all any Guide can offer. No one can learn the cultural details of every group, nor write documents that address every cultural nuance. The social diversity in our country, the diversity within social, racial, and ethnic populations themselves, and the diversity among individuals in those populations make no advice foolproof, no formulas absolute. Becoming culturally competent is an ongoing process of learning for all of us, and given the continuing changes in American society, it appears that the process will never end.

Developing cultural competence

What is "cultural competence"?

Cultural competence begins with awareness of your own taken-for-granted cultural beliefs and practices, and recognition that people from other cultures may not share them. Thus, it means more than speaking another language or recognizing the cultural icons of a people. It means changing any prejudgments or biases you may have of a people's cultural beliefs and customs.

As shown in Figure 3-1, cultural competence is rooted in respect, validation, and openness towards someone with different social and cultural perceptions and expectations than your own (Center for Substance Abuse Treatment, 1999:1). It also emphasizes how difficult it is to appreciate the impact of the cultural differences and address them effectively because people tend to see things from their own culture-bound perspectives.

FIGURE 3-1. **Progress toward cultural competence**

ignorant, insensitive, culturally self-centered

- "ethnocentric" view that your own culture is best
- threatened by or defensive about cultural differences

culturally competent

- knowledgeable about cultural differences and their impact on health-related attitudes and behaviors
- sensitive, understanding, non-judgmental, and respectful in dealings with people whose culture is different from your own
- flexible and skillful in responding and adapting to different cultural contexts and circumstances

Source: Created for this Guide

One way to start thinking about differences is with a broad assumption: nationality is often a key element of culture. At the broadest level, it's possible to generalize about major themes of national culture. For example, if someone asked you to describe key features of American culture at the national level, how would you answer?

While the United States has become one of the world's most multicultural societies, its dominant culture is still rooted in White Anglo-Saxon Protestant traditions. Figure 3-2 summarizes ways others have described this culture. You can use a list of themes like the one in Figure 3-2 to gain insights into a culture, as long as you keep in mind that such broad generalizations do not reflect the diversity within it.

FIGURE 3-2. **Themes in white Anglo-American values and beliefs**

Here is a summary of generalizations based on several studies of themes and patterns in the assumptions, beliefs, and values of white American culture:

- Emphasis on work, competition, achievement, success, and materialism. Belief that hard work brings success; rags-to-riches stories. Emphasis on importance of winning; tendency to see situations as win-lose dichotomies. Status and power are measured by economic possessions, credentials, titles, and positions. People aspire to the "good life" and many are conspicuous consumers.
- Rugged individualism. Strong belief that the individual has precedence over the group, and that every individual should be independent, responsible, and self-respecting.
- Future orientation, with focus on taking action and getting things done. People plan for the future, delay gratification, and value continued improvement and progress. Emphasis on efficiency and practicality. Time is strictly followed and viewed as a commodity.
- Emphasis on scientific method, mastery and control. Emphasis on objective, rational, linear thinking; cause and effect relationships; quantitative approaches. There is a strong belief that science will help master the environment.
- Family structure, religion, esthetics, cultural customs and traditions. Emphasis on nuclear family, and patriarchal structure (male as breadwinner and head of household, female as homemaker). Belief in Christianity and intolerance of deviation from the concept of a single God. Music and art are based on European cultures. Women's beauty ideal is blond, blue-eyed, slender, and young; men's attractiveness is based on athletic ability, power, and economic status. History tends to emphasize European immigrants' experiences in the United States and romanticize war. Holidays are based on Christian religion, white history, and male leaders.
- Communication. Language is English and has a written tradition; people have limited physical contact, use direct eye contact, and control their emotions.

- Political values. Strong sense of patriotism/nationalism (loyalty to that which is "American"). Strong belief in individual freedom and democracy (that every person should have a voice in the political destiny of the country). Consistent declaration of commitment to equality, which conflicts with an emphasis on differential evaluation of racial, religious, and ethnic groups.

Source: Adapted from several summary lists included in *Lecca, Quervalu, Nunes, and Gonzales, Cultural competency in health, social, and human services* (1998:42–44).

While the themes listed in Figure 3-2 capture some familiar features of American culture, they are very broad generalizations that don't apply to all white Anglo Saxon Protestants in this country, much less to all racial, ethnic, and other subgroups in America. Nationality is often a key element of culture, but people living within the same nation may have different cultures, and people living in neighboring nations may have the same culture. Figure 3-3 shows how values for one ethnic group in America—American Indians—contrast with the Anglo-American values summarized in Figure 3-2. Keep in mind that there are numerous American Indian cultures, and the elements presented as typical in Figure 3-3 may or may not hold true for any tribe or individual.

FIGURE 3-3. **Basic values of American Indian culture**

J. F. Bryde developed the following list of basic value differences between American Indians and European Americans by asking American Indians how they are different from those in the dominant culture:

- American Indians have a tendency to be present-oriented rather than future oriented.
- American Indians have a relative lack of time consciousness. In fact, many tribal languages have no word for time, believing things that are meant to be will be accomplished, which is in stark contrast to the European-American notion of time (note the number of words, phrases, and proverbs that denote reference to time in American English).
- American Indians have a respect for age rather than a youth orientation, a cooperative orientation rather than a competitive one, and a desire for harmony with nature rather than its conquest.

- American Indians emphasize generosity and sharing rather than personal acquisition of material goods.

Source: Original source is J.F. Bryde (1972). This discussion is reproduced (with minor edits and emphasis added) from page 232 of the chapter by Kenneth Cushner, *Culturally specific approaches to knowing, thinking, perceiving, and understanding,* in *advanced methodological issues in culturally competent evaluation for substance abuse prevention, Volume 6* of the CSAP (Center for Substance Abuse Prevention) *Cultural Competence Series,* 1996.

Language is another key element of culture, but having the same language does not automatically mean that people share the same culture. For example, English is the primary language in the United States, but also Australia, Canada, England, India, Belize, and Nigeria.

Similarly, those who speak languages other than English (but all live in the United States) may represent widely different cultures. For example, Spanish-speaking people in America represent the mixing of three distinctive cultures:

European (people with ancestry from Spain), African (many people from the Caribbean and parts of Central and South America), and Indian (people whose ancestors lived in the Americas before the arrival of Europeans) (CSAP Technical Bulletin, *You can use communications principles to create culturally sensitive and effective prevention materials,* September 1994:2–3). Depending on a person's place of birth, racial background, and a multitude of other factors, one of these cultures may be more strongly emphasized or excluded altogether.

Moreover, people who are Spanish speakers don't necessarily speak the same Spanish. Vocabulary, pronunciation, and other aspects of the Spanish language differ among these three cultural groups, and also within each group, depending on such things as nationality (see Chapter 10, *Translating print materials*).

If the first step to becoming culturally competent is to examine your own cultural self-centeredness, the next step is to recognize that people from cultures other than your own are self-centered, too. Their assumptions and expectations are as deeply embedded as your own. Your job is to try to create a bridge between the dominant United States culture and theirs. This bridge is especially crucial when it comes to health care.

How do cultural differences affect health care beliefs and behaviors?

Culture shapes people's view of the world and structures their daily lives, including their orientation toward health and healing. There are big differences in how people of different cultures define health and illness, and how they seek treatment and follow through on it. The beliefs, customs, and traditions of people from other cultures are often at odds with Western medicine and its heavy emphasis on science. *Multicultural caring: A guide to cultural competence for Kaiser Permanente health professionals in Northern California* notes that the traditional structure of Western medicine is efficient for providers and staff, but to many patients it is foreign and alienating, ignoring fundamental information about them and their beliefs. The comparisons to Western medicine in Figure 3-4 illustrate this cultural gap in health and healing belief and practices.

FIGURE 3-4. **Comparing Western medicine to health and healing beliefs and practices in different cultures**

Concept or practice	World view of Western medicine (or Anglo-American culture)	Examples of other world views from different cultures
Beliefs about the cause of illness	Consistent with the Anglo-American value of emphasis on scientific reasoning (see Figure 3-2), Western medicine tends to emphasize biological explanations for illness (such as bacteria, viruses) or environmental causes.	Three main types of beliefs about cause of illness are found in other cultures [1]: • Natural: such as illness caused by damp cold or, among the Chinese, the yin and yang being out of balance. • Supernatural: illness is caused by someone (or thing or spirit) that is angry with you and puts hexes/curses/fixes on you. It can be caused by breaking a taboo. • Religious/spiritual: illness caused by thinking or doing evil, not praying enough, not having faith, lying, cheating, or not respecting your elders or spiritual leaders.

Concept or practice	World view of Western medicine (or Anglo-American culture)	Examples of other world views from different cultures
Beliefs about appropriate treatment	Consistent with a scientific approach (see Figure 3-2), Western medicine emphasizes pharmaceutical and surgical approaches to treatment, and preventive care.	Many cultures rely on traditional healers, herbal remedies, massage, acupuncture, spiritual rites, and many other remedies that are referred to as "alternative" from the perspective of conventional Western medicine. Hmong culture strongly prizes the integrity of the physical body, believing that body parts which are cut or mutilated in accidents, surgery, or autopsy will remain that way when a person is reincarnated. [2]
Beliefs about the role of the patient and how decisions are made	Consistent with Anglo-American values that emphasize individualism and the nuclear family (see Figure 3-2), Western medicine expects patients to make their own decisions about their care.	In many cultures, extended families and community elders play an important role in decision making about the health care of individuals. For example, when a Hmong person becomes ill, a clan elder, father, older brother, uncle, in-laws, shaman, and even the wider community may become involved in the decision making, especially in times of crisis or emergency. [3]

Concept or practice	World view of Western medicine (or Anglo-American culture)	Examples of other world views from different cultures
Assumptions about the meanings of non-verbal communication	Providers with limited knowledge of other cultures may assume that a patient who doesn't make eye contact is expressing dislike, mistrust, or isn't listening, and that a smile expresses friendliness. [4]	People in many cultures, including many Hispanic/Latino and Asian cultures, are trained to avoid eye contact with authority figures such as physicians as a sign of respect. [5] In East Africa, it is impolite for a Nuer woman to make eye contact with someone outside the family. Thus, during discussion, it may appear (to an Anglo American) that women are not paying attention. [6] Since health care providers in the Soviet Union did not smile as much as American providers, some Ukranian and Russian Jewish immigrant patients may interpret frequent smiling by a provider as taking illness too lightly. [7]
Assumptions about shared meaning of everyday household objects and cultural symbols	Providers may be unaware of cross-cultural differences in the nature and meaning of familiar objects.	A Laotian patient at a rural California clinic is told to give her child one teaspoon of medicine every four hours. The only spoon in her house is a porcelain soup spoon; the medicine runs out long before the prescribed ten days. [8] A Thai patient speaks to an intake worker who takes notes in red ink. The patient is alarmed because in Thailand red ink is only used in criminal proceedings. [9]

Sources: **1**, **4** and **5:** Lecca et al., 1998:57-58. **2** and **3:** *Hmong culture in Minnesota,* Center for Cross-Cultural Health, 1998 4. **6:** *Nuer culture: A profile in Minnesota,* Center for Cross-Cultural Health, 1998:2. **7:** *Russian Jewish culture: A profile in Minnesota,* Center for Cross-Cultural Health, 1998:4, and *Ukranian culture: A profile in Minnesota,* Center for Cross-Cultural Health, 1998:4. **8** and **9:** Examples cited in *Dismantling sociocultural barriers to care* (Kohn,1995:30).

The comparisons with Western medicine in Figure 3-4 show how cultural differences can get in the way of effective cross-cultural communication in a medical setting. Looking at this communication challenge from the patient's point of view, Kohn (1995:30) identifies four types of barriers: 1) American medicine is an alien culture, 2) No one speaks my language, 3) My customs are not understood or respected, and 4) How can I trust them? Looking at the issue from the opposite side, health care professionals and organizations have identified the need to become more culturally competent in the care they provide.

There are many resources to help organizations and individuals become more culturally competent; you will find a number of helpful publications and websites in Chapter 12, *References and additional resources*. One of these resources, *Cultural competency in health care: A snapshot of current issues,* gives a status report on cultural competence that covers service delivery, training, standards and recommendations, data collection and information sharing, research, and funding (Veith and Boone, Opening Doors, 1996).

With regard to standards, the Office of Minority Health recently proposed a set of national standards for culturally and linguistically appropriate services in health care (Fortier and Shaw-Taylor, 1999). Another project has reviewed effective practices and made policy recommendations for addressing the needs of refugees and immigrants in a managed care environment (Chicago Institute on Urban Poverty, 1996).

The standards for cultural competence suggested by these projects and others identify ways to strengthen and monitor the ability of organizations to understand and respond effectively to the needs of the culturally diverse people they serve. These include a need for information that is sensitive to people's cultural beliefs and practices. In other words, a crucial requirement of providing culturally competent care is to provide culturally appropriate information materials.

C. Creating culturally appropriate print materials for beneficiaries

What are "culturally appropriate" information materials?

The beginning of this chapter discussed how important it is for the people you are trying to reach to see themselves and their cultures reflected back in your messages and materials. When this happens, they can relate personally to the material. If it doesn't happen, they may ignore or reject the material.

Making materials culturally appropriate so that readers can personally relate to them is not simply a matter of translating the material into their language, if needed, and "substituting multicultural faces for white faces" (CSAP Technical Bulletin, *You can use communications principles to create culturally sensitive and effective prevention materials*, September 1994:1). It's clear from discussion and examples of cultural differences in this chapter that many factors are involved in making a message accessible and effective for people such as Medicaid beneficiaries who represent many cultures.

Medicaid beneficiaries are racially and ethnically diverse, many have low literacy skills and special health care needs, many speak languages other than English, and some are refugees from war-torn countries. Poverty and related factors including poor nutrition, inadequate housing, poor transportation, unsafe inner-city neighborhoods, and limited access to social resources affect the health status of many Medicaid beneficiaries and the ways in which they seek and receive health care services.

What does it take to produce effective print materials for beneficiaries?

It is a challenge to produce print materials that respond to this diversity among Medicaid beneficiaries. This chapter, together with the preceding chapter, lay the foundation for the rest of this Guide by covering two vital ingredients of effective print materials for beneficiaries:

- The preceding chapter on low literacy showed that the materials need to be written clearly and simply.
- This chapter shows that they also need to be sensitive and responsive to cultural differences.

How does this Guide address cultural appropriateness in print materials?

Chapter 5 presents the Guide's detailed Checklist that you can use to assess many aspects of your print materials, including their cultural appropriateness. Since there are many dimensions to cultural appropriateness, the Checklist includes a group of items that examine different features of print materials in terms of their cultural sensitivity and responsiveness. While many of the Checklist items are related in some way to cultural aspects of print materials, there is a core set of items that are focused specifically on cultural appropriateness. These items are listed in Figure 3-5.

FIGURE 3-5. **Key Checklist items that address cultural appropriateness of print materials**

Focus of the item	Checklist number and item		Chapter that discusses how to apply the item to your materials
Content and language	5.5	Does the content show awareness of and respect for diversity, and use culturally-appropriate words and examples?	Chapter 7, *Guidelines for content, organization, and writing style*
Content and language	8.5	Is the how-to advice specific, urging behavior that is realistic and culturally appropriate for the intended audience?	Chapter 7, *Guidelines for content, organization, and writing style*
Color	11.1	Are the particular colors chosen appealing to the intended audience and free from unwanted connotations or problematic cultural significance?	Chapter 8, *Guidelines for effective document design*

Focus of the item	Checklist number and item		Chapter that discusses how to apply the item to your materials
Tables, charts, diagrams	12.3	Have tables, charts, diagrams, and explanatory illustrations been pretested with the intended audience for comprehension and cultural acceptance?	Chapter 8, *Guidelines for effective document design*
Visual images	13.2	Are the people and activities shown in photographs and illustrations representative of the intended audience in their demographics, physical appearance, behavior, and cultural elements?	Chapter 9, *Using photographs and illustration*
Visual images	13.3	Are the photos, illustrations, and other images culturally sensitive and free from unwanted connotations or problematic cultural significance?	Chapter 9, *Using photographs and illustration*
Translation	14.1	Is translation done for meaning and ease of reading, avoiding awkwardness of literal translation from English?	Chapter 10, *Translating print materials*
Translation	14.3	Do translated versions of the document meet all the other guidelines for writing style, document design, cultural appropriateness, etc.?	Chapter 10, *Translating print materials*

Source: Chapter 5, *The Guide Checklist.*

As shown in Figure 3-5, cultural appropriateness is discussed throughout this Guide: items related to language are discussed in the chapters on writing and translation; items that deal with color and images are discussed in the chapters on document design, and so forth.

While most of the discussion about specific ways to create culturally appropriate materials for beneficiaries takes place in other chapters, the rest of this chapter makes a few general suggestions:

- Build a knowledge base about cultural differences among the beneficiaries you serve, keeping in mind the diversity within each cultural group.
- Pay attention to both the visible and less visible aspects of culture.
- Remember that the members of the audience are the experts and ultimate judges of what's acceptable to them.

Building a knowledge base

You need to be familiar with cultural differences among beneficiaries in order to create culturally appropriate materials. Research projects that have studied cultural and linguistic competence in health care emphasize the need to build and maintain a knowledge base about the patient populations that are served. These projects recommend conducting periodic assessments with a focus on language needs and cultural diversity (Fortier and Shaw–Taylor, 1999; Chicago Institute on Urban Poverty, 1996). You could use the results from this type of study to create profiles of the Medicaid beneficiaries you serve, describing important cultural and linguistic differences among them.

Nationality will be one basis for differences, but not the only one, and it will vary in importance depending on people and circumstances. In this chapter, Figures 3-2, 3-3, and 3-4 gave examples that were drawn primarily from broad cultural factors such as nationality. While this factor can work as a discriminator some of the time, often it is too far ranging to be effective. As you build your knowledge base of cultural differences among beneficiaries, keep in mind that there is diversity within every racial, ethnic, language, nationality, and religious group—even though its members may hold many cultural beliefs, practices, and institutions in common.

Major areas of difference within cultural and linguistic groups of beneficiaries include:

- Basic demographics, such as age, gender, education, occupation, income
- Residence (geographic location and type of residence, including people who are homeless or incarcerated)
- Citizenship and immigrant/refugee status
- Sexual orientation
- Health status, including specific physical or emotional conditions

It's important to become familiar with the important cultural beliefs, attitudes, and practices of the beneficiaries you serve, but how you apply this knowledge is what really counts. As we saw in Figure 3-1, being culturally competent means putting your cross-cultural awareness and knowledge into effective daily practice.

One of the hazards of applying your knowledge is that discussion of cultural differences requires making generalizations, yet generalizations can easily slip into stereotypes. How can you use your cultural knowledge in a respectful way that avoids over-generalization and stereotyping? Figure 3-6 discusses this dilemma.

FIGURE 3-6. **Using information about cultural differences: Stereotyping versus using generalizations**

Nobody wants to be labeled and put in a box. But stereotyping is much different than making generalizations about ethnic groups . . . How do we tell the difference? Let's take the assumption, for example, that Latinos have big families. If I meet Rosa, a Latina, and I say to myself, "Rosa is a Latina: she must have a big family," I'm stereotyping her. But if I think, "Many Latinas have big families: I wonder if Rosa does," I'm using a generalization. A stereotype is really an ending point. No attempt is made to learn whether the individual fits the statement. But a generalization, which considers this, is a beginning point.

Source: Reproduced in *Multicultural caring: A guide to cultural competence for Kaiser Permanente health professionals in Northern California,* which cites the original source as Caring for Patients from Different Cultures (Galanti, 1991). Emphasis added.

Pay attention to both the visible and less visible aspects of culture

The distinction between *surface culture* and *deep culture* introduced in Figure 3-7 gives a way to look at different aspects of cultural appropriateness in print materials.

FIGURE 3-7. **"Surface culture" and "deep culture": The visible aspects of culture are just the tip of the iceberg**

Surface culture is like the tip of the iceberg: it's the aspects of culture that are visible and tangible. Surface culture includes food, clothing, and cultural artifacts.

Deep culture is like the larger submerged part of the iceberg: it's the aspects of culture that are less tangible and may even be invisible. Deep culture includes the things people carry around in their minds that are more difficult to pick up, visualize, and analyze. These include their attitudes and values, the assumptions they make, the norms of behavior within their group, the way they respond emotionally, and their general view of the world.

Source: Adapted from Cushner 1996:214–215; the two categories of culture are based on Triandis (1972).

This distinction between surface culture and deep culture shown in Figure 3-7 **reminds us that culture is a complex concept, involving much more than the differences among groups of people that are readily seen.**

Surface culture includes aspects of culture that you can see, hear, touch, taste and smell—such as food, clothing, hair, physical features, cultural artifacts, and all other aspects of the physical environment. These visible aspects of surface culture can appear visually in illustrations, photographs, and cultural

icons or symbols, or they can appear in the words of the text. Deep culture is the term for the less tangible aspects of culture that go on inside people's heads, such as their attitudes, beliefs, values, assumptions, emotions, and general view of the world.

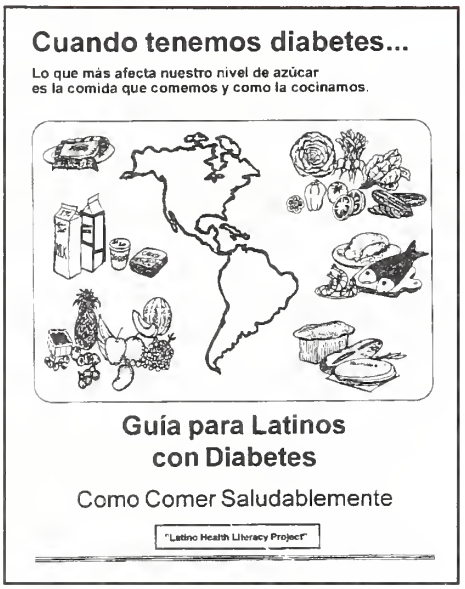
You need to pay attention to both surface culture and deep culture to make print materials fit with the daily lives of the intended audience, both in terms of what is shown or described in words and in the culturally-linked significance that people attach to it.

To illustrate how this concept of surface and deep culture applies to print materials, Figure 3-8 shows a few excerpts from a booklet about nutrition designed especially for Hispanics/Latinos who have diabetes:

- The cover (A) signals cultural relevance in the language (Spanish), in the particular words (Hispanics), and in the images (map of North and South America). National pride, invoked by use of the map, is an element of deep culture.
- Inside this booklet, the explanations about what to eat use examples of foods that are common in the culture. In Excerpt B, portions are shown for three different types of tortillas, as well as for other foods. The material also builds on knowledge about cooking habits among the Hispanic audience—frequent use of fried foods—to recommend some changes. Excerpt C is an illustration that shows to cut back on the amount of oil used to prepare foods.
- Excerpt D illustrates deep culture. The translation of *Nuestra Felicidad y la de Nuestra Familia Depende de lo que Comemos* is: *Our happiness and that of our family depends on what we eat.* Invoking the need to stay healthy for the sake of your family reflects the strong family values that are part of Hispanic/Latino culture.

FIGURE 3-8. **Excerpts from patient education materials about nutrition designed for Hispanics / Latinos who have diabetes**

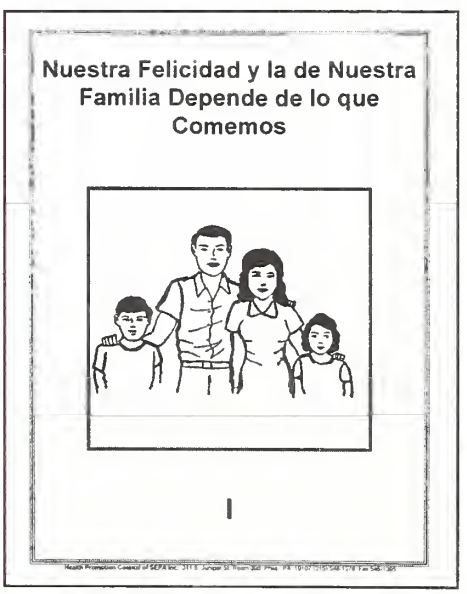
A. Cover



B. Inside page

C. Inside page

D. Inside page



Source: These examples are from a guide developed by the Latino Health Projects, Health Promotion Council of Southeastern Pennsylvania, Inc., copyright 1996, new edition 1997. Used with permission.

Members of your audience are the experts and ultimate judges of what's appropriate for them

When you're developing print materials for beneficiaries, the best way to ensure that you end up with material that is culturally appropriate is to seek input and feedback directly from members of your audience. Developing and testing your materials with active involvement of your audience is helpful for all aspects of print materials, as mentioned in the preceding chapter about low literacy. It's especially important for the cultural aspects: members of your audience are the experts about their culture, and they are the ones who decide whether your materials fit with who they are and how they live.

As mentioned above, it's helpful to build a knowledge base about cultural differences among beneficiaries, appreciating the heterogeneity among them. It's important to get viewpoints from more than one cultural informant, and to avoid overgeneralizing and negative stereotyping. It's impossible to learn all the cultural details, and you don't need to. Since each print piece you produce has a particular purpose and a particular intended audience, it makes sense to focus on the task at hand:

- Do research to learn about your particular audience and your particular topic (Chapter 4, *Six-step model for developing and testing print materials*, will help you with this).
- Use the Checklist items and discussion in this Guide as a tool for increasing your cultural awareness and skills at addressing cultural aspects of your print materials.
- Rely heavily on members of your audience and informants who are familiar with the audience and its culture to alert you to areas of cultural sensitivity and guide you in dealing with them.

BACKGROUND:

4 Six-step model for developing and testing print materials

Introduction

When you produce print materials for Medicaid beneficiaries or other audiences, it's for a purpose. You may give them information to increase their knowledge and influence their attitudes, but your ultimate goal is probably to influence their behavior in a particular way. For example, you may want to increase Medicaid participation for children with special health care needs, or encourage women to seek prenatal care at an early stage of pregnancy, or help beneficiaries use their managed care organization effectively to get the health care they need.

This chapter gives you a six-step model for producing print materials that can help you accomplish these types of goals. Building on discussions in Chapter 2 about literacy and reading levels, and in Chapter 3 about making your materials culturally appropriate, this chapter outlines the tasks involved in producing print materials that beneficiaries will notice, understand, and use.

This chapter begins with a brief discussion of project planning and budget, then presents the six-step model for producing print materials. The remainder of the chapter explains how to apply each step of the model to your own projects.

The basic theme of this model, and of the entire Writing and Designing Guide, is that you must take an audience-centered approach if you want to produce effective print materials. The six-step model emphasizes the importance of doing research to learn about your audience and the benefits of actively involving members of the audience in the development and testing of your materials. The more you understand about your audience, the more responsive you can be to their information interests and needs.

Develop a project plan and budget

When you begin to develop or improve print materials, one of your first tasks is to decide which groups and individuals should be involved and how each will participate. It's a good idea to involve all of the stakeholders as early as possible in your project. Besides people within your own agency and members of your intended audience, stakeholders might include representatives from other agencies and organizations, including the managed care organizations that serve the Medicaid program, enrollment brokers, and advocacy groups. Your stakeholders for a project might also include customer service staff, physicians, nurses, social workers, interpreters, and others who deliver care to beneficiaries, respond to their inquiries, or help them use information and get services they need.

You can work with stakeholders in various ways. You can consult informally with them, individually or in groups, at different stages of your project, depending on the type of advice and feedback you need. For example, some stakeholders may serve as key informants and participate actively throughout the project, while others may play a limited role, such as helping to make arrangements for pretesting. For larger and more complex projects, you may want to establish an advisory group or steering committee composed of representatives from stakeholder groups.

As you involve others in your project activities, be sure to include people who can provide insights and advice about ethnic, linguistic, and other cultural differences that are important in your project. Using a participatory model that actively involves some members of your intended audience is a good idea. People in your agency, the managed care organizations, social service agencies, English as a Second Language (ESL) programs, outreach workers, interpreters, refugee resettlement agencies, and other community groups can also help you understand and address the diversity within your intended audience.

To make your efforts more effective and to leverage your resources, also work closely with other groups who deal with your intended audience and share your goals. You may be able to team up with them; at a minimum you can share information and coordinate activities that involve the same beneficiaries. For example, if your goal as a state agency is to reduce inappropriate use of the emergency room by beneficiaries, it makes sense to

team up with all of your managed care organizations (MCOs) in this effort. If your goal as a state agency is to get beneficiaries to make a well-informed choice about their managed care organization, you will need to coordinate the materials you produce with the materials produced by the MCOs. If you are working on outreach to families of children with special needs, you will want to coordinate closely with other organizations, such as providers in the community and advocacy organizations that work with these families.

What is your budget and time line?

Another task during the early stage of your project is to develop a written plan with budget and time line. Make your plan as specific as possible. Being specific will help you spot things you have overlooked, and force assumptions into the open for group consideration. If members of the team conceive of the project in fundamentally different ways, you'll want to know this at the beginning so you can deal with it.

Start with an estimate of the total amount of money available for the project, since this will drive some of your decisions. Make general estimates for each part of the project, and keep refining your estimates as you make design decisions and get better informed about actual costs. Begin thinking about which aspects of the audience research, product development, and testing will be done in-house, and which will be done by outside contractors.

As your plan becomes more specific, list as many details as you can about the tasks that will be involved. For example, if you decide to do focus groups (see Chapter 11), how many do you plan to do? What types of participants will you recruit? How will you compensate them? Where will you hold the meetings? Will you tape the sessions? And so on.

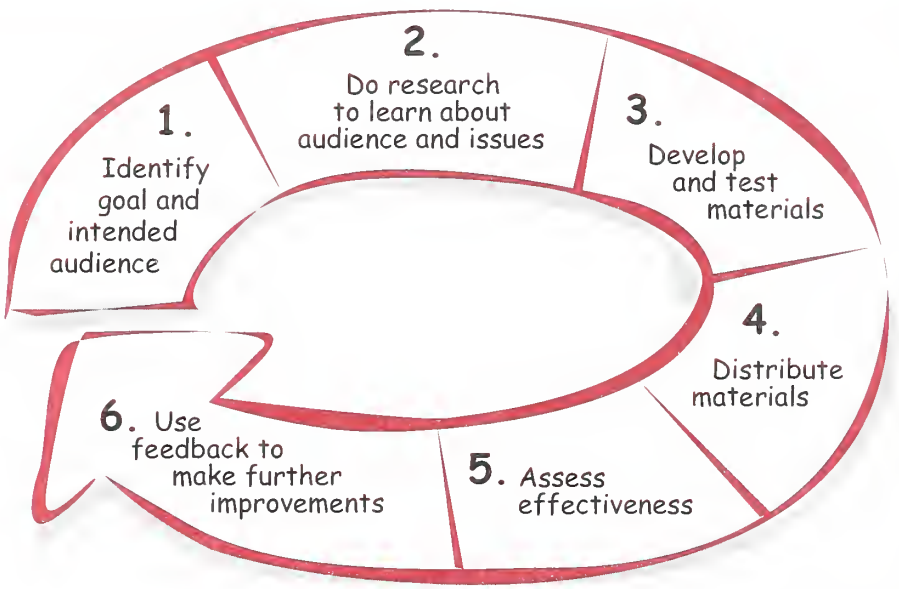
At a minimum, identify your options, because these all affect your budget and time line. Be sure that your time line is realistic, with extra time for unanticipated delays. If you find that the time line is too tight, scale back the project before you begin.

Six-step model for developing and testing print materials

The remainder of this chapter outlines tasks involved in producing effective print materials. This discussion follows the six-step model shown in

Figure 4-1. Shaped like an infinite feedback loop, this diagram emphasizes the continuous cycle of developing, testing, and improving materials.

FIGURE 4-1. **Six-step model for developing and testing print materials**



Source: The six-step model was created for purposes of this Guide by adapting a more general diagram of the health communication process featured in *Making health communication programs work: A planner's guide* (National Cancer Institute, 1992:5) and in many of the *Technical Assistance Bulletins* produced by the Center for Substance Abuse (for example, *Identifying the target audience,* June 1997). In these source publications, the model has the following steps: 1) planning and strategy selection, 2) selecting channels and materials, 3) developing materials and pretesting, 4) implementation, 5) assessing effectiveness, 6) feedback to refine the program. See these sources for a detailed discussion of each step.

STEP 1: Identify your goal

What are you trying to accomplish?

Start by being as clear and explicit as possible about your goals for influencing people's attitudes and behaviors. Focus on what you want to accomplish: who are you trying to influence, and what do you want them to do?

For example, your goal for a flyer might be to get people to do something specific right away, such as bring their baby in for a well-baby visit. Maybe your purpose is to get them to behave a certain way whenever the circumstances fit, such as calling their doctor before going to the emergency room, or making a complaint if they are not given the care they feel they need.

Starting with a clear definition of your goal helps you identify how you will ultimately measure your success, that is, how you will evaluate the effectiveness of your program and materials. For example, suppose your goal for a new brochure is to get beneficiaries to choose their own managed care organization rather than have one assigned to them by default. A reduction in the percentage of auto-assignment could be one measure of the success of this brochure (see the discussion of Step 5, *Assess effectiveness*).

Making health communications work: A planner's guide (National Cancer Institute, 1992) is an excellent resource for learning more about setting a goal, and for all of the steps that follow as well (the six-step model in this chapter was adapted from this publication).

Concepts and applications from the field of social marketing are another excellent resource for these topics (see references in Chapter 12, *References and additional resources,* including Andreasen, 1995; Kotler and Roberto, 1989; McGee and Knutson, 1994; Walsh, Rudd, Moeykens, and Moloney, 1993). Social marketing fits well with the audience-centered approach featured in this Guide because it is so strongly focused on the consumer. Social marketing takes highly effective principles from commercial marketing and applies them to non-commercial goals. Instead of trying to influence people to buy products, social marketing tries to influence people's behavior in ways that will benefit them. For example, social marketing is widely used to guide health promotion campaigns. Here are some of its features (adapted from discussions in Andreasen, 1995; Walsh et al. 1993; Kotler and Roberto, 1989):

1 **Social marketing is centered on understanding and responding to the people you are trying to reach with your print materials.** It puts heavy emphasis on doing research to learn more about them, and on testing to get reactions to your materials from their point of view.

2 **Social marketing is focused on behavior change.** For example, from a social marketing perspective, it's not enough to get people to understand that smoking has health risks and that there are ways to stop. Getting people to actually quit is what counts. Increasing people's knowledge and changing their attitudes are viewed as progress, but the ultimate goal is to affect behavior. Social marketing takes into account the effects of social pressure, and the possibility that giving people information might backfire in undesirable ways. For example, education campaigns that teach consumers about risk factors for diseases such as cancer may encourage people who don't have the risk factors to believe that they don't need periodic screenings.

3 **Social marketing tends to customize its approach to subgroups of the audience,** based on differences among them that are identified through research and testing. Instead of taking a one-size-fits-all mass marketing approach, social marketing tends to segment the market, dividing it into carefully-chosen subgroups, then tailoring an approach for each subgroup.

4 **Social marketing applies the basic four Ps from commercial marketing—product, price, place, and promotion—to goals that have a social benefit.** Here's how it works (adapted from *Marketing social change: Changing behavior to promote health, social development, and the environment* (Andreasen 1995:13–17). Having an impact on people's behavior requires that four sets of factors be in place:

- *Product.* You have to propose behavior that people see as being in their own interest. For example, Maria will be reluctant to go to a clinic if the staff are disrespectful and she has to wait for hours to be seen.
- *Price.* To get people to change their behavior, you have to work on reducing their costs and increasing the benefits to them. Often, the costs and benefits are not monetary. For

example, offering beneficiaries the option to enroll in a Medicaid managed care program by mail or phone, instead of in person, can save them time and perhaps considerable inconvenience.

- *Place*. The behavior goal for your print materials needs to be taking action that is easy to do. For example, Maria is more likely to go to the clinic if it is conveniently located and transportation is readily available.
- *Promotion*. Social marketing does use a lot of advertising, such as in health promotion campaigns, but the approach defines "promotion" much more broadly than conventional commercial advertising. For example, from a social marketing perspective, one-on-one counseling provided to Medicaid beneficiaries through hotlines staffed by enrollment brokers would be a form of promotion.

STEP 2: Define and learn about the audience and issues

When you were defining your goal, you had an intended audience in mind, a group of individuals whose behavior you wanted to influence. As you worked to clarify that goal, your intended audience probably became clearer. Consistent with the social marketing principles outlined above, the next step is to get a thorough understanding of that audience, including how they think and feel about the issues you want to address with your print materials. The more you know about the people you want to reach, the more responsive you can be to their unique information interests and needs, and the more effective your print materials will be.

This research step is very important. Don't be tempted to skip over it just because you have been working with Medicaid beneficiaries for years. Remember that your research in Step 2 (and also Step 3, *Develop and test your materials*) is focused narrowly on getting the information you need for a specific print materials project. You need to gain knowledge and insights about the audience and their perspectives to help you tailor the material to their interests and needs.

Long-term familiarity and knowledge about some aspects of beneficiaries' attitudes and behavior may not be relevant or informative for the purpose at hand. It may even mislead you: you may have developed some assumptions about beneficiaries that don't hold for this project, or you may be unaware of some important differences among members of your intended audience. Careful research can surprise you by revealing new information that is quite useful.

Describing your intended audience

You might start by developing a descriptive profile of your intended audience. What characteristics of your audience are relevant to your goal and the issues you are addressing in your print materials? For example, if you are trying to encourage preventive care, it would help to know about the health risks and practices of your audience and how they feel about preventive care. Figure 4.2 lists some factors to consider in developing an audience profile. Knowing about some of these may be crucial for your project, while others may be less important or not applicable.

FIGURE 4-2. **Factors to consider in describing the intended audience for your print materials**

Physical characteristics	Demographic, behavioral, and cultural characteristics	Psychological characteristics
• age	• education	• beliefs
• gender	• income	• attitudes
• race	• occupation	• values
• health status	• ethnicity	
• medical conditions	• country of origin	
• health risks	• language spoken	
• vision	• literacy skills	
• hearing	• residence	
	• cultural customs and traditions	
	• lifestyle factors such as health habits, media exposure and preferences, social participation	

How do you know which characteristics are crucial? There may be some key characteristics you can identify at the outset, and you may discover others as you do research about your audience. Whatever your goal, if you are planning to develop print materials, there are three audience characteristics in Figure 4-2 that you *must* address: language spoken, literacy skills, and cultural factors. These are discussed under Step 3, *Develop and test materials*.

Use research to understand the audience's attitudes and experiences

Research in Step 2 focuses on getting information about your audience that will help you develop print materials that respond to their interests and needs. This means learning about attitudes, experiences, and behaviors of the audience that are relevant to the topic you are addressing. Figure 4-3 shows some things to consider.

FIGURE 4-3. **Issues to address in doing research to understand audience attitudes, experiences, and behaviors that are related to the topic of your print materials**

- what the audience already knows about your topic
- rumors, myths, and misinformation
- how people feel about the topic
- questions and information gaps
- patterns of using health services or other behaviors related to your topic
- cultural habits, preferences, and sensitivities related to your topic
- how people feel about the topic
- readiness to change or adopt new behaviors
- effective motivators (benefits of change, fear of consequences, incentives, social support)
- barriers to behavior change

Sources: Adapted for purposes of this Guide from discussions in *Clear & simple: Developing effective print materials for low-literate readers* (National Cancer Institute, 1994), *Making health communication programs work: A planner's guide* (National Cancer Institute, 1992), and *Technical Assistance Bulletins* produced by the Center for Substance Abuse, including *Identifying the target audience*, June, 1997.

As you think about what you need to learn about your audience and which approaches you will use to gather this information, here are two questions to keep in mind:

1 Are there subgroups within your audience that seem different enough that you should "segment" the audience?

The better the fit between what you produce and what your audience needs, the more effective your print materials will be. If your audience members differ a lot in ways that affect their reactions to the information in your materials, a single print piece may not meet everyone's needs. You might have more impact if you divide your audience into subgroups (this is social marketing researchers call *segmenting*), and develop a customized version of the print materials for each subgroup.

Subgroups may be based on characteristics such as those listed in Figure 4-2, or on things you learn in your research about the intended audience and the issues, such as the factors listed in Figure 4-3. For example, you are segmenting your audience geographically when you produce provider directories at the county level. Or you may need to segment by use of services, such as producing one print piece that emphasizes how to use the emergency room in general, and another for people with chronic conditions such as asthma that emphasizes prevention to decrease the need for emergency services. An example later in this chapter, in Figure 4-11, shows how outreach messages can be tailored to an audience based on their readiness to change.

It's also possible that print materials will work for one subgroup but not for another (see the discussion below under the heading, *Are there any secondary audiences?*).

2 Are there any secondary audiences?

So far we have focused on your *primary* audience—the people you want your print materials to influence. There may be one or more secondary audiences as well. As explained in *Identifying the Target Audience* (Center for Substance Abuse Prevention, 1997), the secondary audience is the people who have influence on the primary audience or who must do something to help cause the behavior change in the primary audience.

Depending on the purpose and type of beneficiary print materials you are producing, your secondary audiences might include family members of your intended audience, physicians, nurses, case managers, advocacy groups, enrollment brokers, interpreters, social workers, customer service staff, or other groups. Secondary audiences are some of the project's stakeholders, as discussed at the beginning of this chapter. They function as **"information intermediaries"** for beneficiaries, answering their questions and giving information and advice.

Information intermediaries are an important and powerful source of assistance for and influence on beneficiaries. See *Strategic considerations in providing quality information to Medicare beneficiaries in a changing decision environment* (Sofaer, 1999) for a discussion of information intermediaries. Examples in this chapter illustrate the functions of intermediaries. Figure 4-5 describes workshops conducted by volunteer intermediaries to educate beneficiaries about the transition to managed care.

To communicate your information effectively, you may need to develop some materials for members of your secondary audience as well. Find out from members of your secondary audiences whether they have the information and support they need from you to reinforce the efforts you are making directly with beneficiaries.

For example, people who handle customer service calls are a wealth of information about what beneficiaries tend to misunderstand, and why. Set aside some time to talk with them, and ask if they have the materials they need to serve callers effectively. Materials could include reference sheets for their own use (such as answers to frequently-asked questions), and print materials to send to beneficiaries as follow-up to phone discussions. See, for example, the tell-a-doc materials described in Figure 4-13, which include follow-up postcards that repeat some key messages from telephone calls.

Ways to learn more about your audience and the issues

The previous section urged that you gain a thorough understanding of your intended audience, including how they think and feel about the issues you cover in your print material. While the previous section outlined many types of information to *consider* for their relevance to your project, this section suggests ways to *actually collect* the information you feel you need to know. The process is dynamic, of course: what you learn from one source may suggest other information you need to seek.

This section recommends a **combination of approaches to identify and build on what is known, using research of your own to fill in the gaps.** Figure 4-4 lists the four main approaches covered in this section.

FIGURE 4-4. **Ways to learn about your intended audience and the issues related to the topic of your print materials**

- Collect and assess information that is available within your organization and from other sources
- Use interviews and/or focus groups to learn directly from members of your intended audience and from key informants who are familiar with the audience and issues
- Learn by observing audience behavior
- Learn by example—by studying what has worked well for others

Suggestions for learning about your audience and the issues:

Collect and assess information that is available within your organization and from other sources

Whatever the audience you are trying to reach and the topics you are covering in your print materials, there are many sources where you can get relevant information. Start by assembling and building on the information

available within your own agency; you may already have substantial amounts of data about your audience and the issues you are addressing. Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, emphasized the value of building a knowledge base about beneficiaries, using information collected through periodic assessments that focus on language needs, cultural diversity, and other factors.

In addition, collect information from your other state and local government agencies, the managed care organizations you contract with, community service groups, and other organizations. Be sure to make use of libraries and internet searches to gather the information you need.

Doing research to learn about your audience includes collecting statistics and other available data that are relevant to your project. For example, if you are developing a brochure for beneficiaries about how to get care in urgent and emergency situations, you'll want to assemble data from utilization files and other sources to describe current patterns of emergency room use. As you collect statistics or descriptive information about beneficiaries, remember that the more specific the data to your intended audience, the more useful it will be. National data can be informative, but the ideal is to have information about the beneficiaries you serve.

Getting relevant information about your audience and issues also includes using results from studies done by others. There are many possible local, regional, national, and possibly international sources to check. The listings in Chapter 12, *References and additional resources*, provide a start. They include phone numbers and websites for many resources with information relevant to producing information materials for beneficiaries; many of the websites and publications in this chapter also include extensive bibliographies of their own.

Numerous government agencies, foundations, and other organizations have sponsored research, demonstration projects, and conferences that address *topics relevant to Medicaid programs and beneficiaries in particular.* These include the Health Care Financing Administration, the Agency for Health Care Policy and Research (such as the User Liaison workshops it sponsors), the Office of Minority Health, the Robert Wood Johnson Foundation, the Kaiser Family Foundation, the Commonwealth Fund, the National Health Law Program, and the National Academy for State Health Policy—to name only a few of the many public and private agencies and organizations that have valuable information resources relevant to Medicaid programs and beneficiaries.

Figure 4-5 illustrates how you can learn from research done by others. It gives a detailed example of a study that assessed the information needs and interests of Medicaid beneficiaries. The project developed a workshop with materials that volunteers could use to educate beneficiaries about changes related to managed care.

FIGURE 4-5. **Project profile: Research and workshops by the Community Service Society of New York to help Medicaid beneficiaries understand Medicaid managed care**

The Community Service Society of New York (CSS) is a community organization that provides workshops and materials that help Medicaid beneficiaries who are required to enroll in managed care understand this care system and make good choices. CSS notes that the following issues need to be considered in developing information materials about managed care for beneficiaries:

- issues related to language, literacy, and culture
- a traditional distrust of government agencies that stems from mixed experiences with government programs
- a history of frequent enrollment and disenrollment
- traditional over-reliance on institutionalized care and emergency departments

In 1995, CSS conducted research to gain better understanding of beneficiaries' information needs and interests, and their knowledge and experiences related to managed care. The project interviewed 421 beneficiaries, 183 of whom were currently in a managed care plan, and 238 of whom had not yet enrolled. Beneficiaries were asked about their reasons for choosing a particular plan (or reasons for not yet enrolling), and about any questions they had concerning managed care.

Here are some highlights of what they found:

- Beneficiaries care strongly about continuity of care—the ability to retain the same physician.
- Many said they joined the first managed care organization that approached them, indicating some susceptibility to marketing pressure.
- Many have strong beliefs about managed care, which may or may not be true. For example: *I heard all this bad stuff about managed care, I'm not going anywhere near it. I heard that people can't get care when they need it, can't go to their doctor. I'm not interested because it has too many rules.*
- Many lacked fundamental knowledge about managed care and the choices they need to make. For example, many did not know that they needed to choose a doctor to be their primary care provider, and many did not know they would be restricted to using providers in the managed care organization's network.

- Over two-thirds of the beneficiaries who were already enrolled in a managed care organization reported difficulty getting the care they felt they needed, such as problems getting appointments or access to specialty care, or having their managed care card refused.

CSS used these findings to develop workshops for beneficiaries designed to inform them about managed care and how it works, help them make choices, and increase their skills in navigating within the system once enrolled.

The workshops for groups of 5 to 25 people were linked to existing programs, such as a nutrition class at a WIC center, a support group at a substance abuse center, or literacy or language classes at the local community center. This meant that the discussions were held in familiar contexts and in places where people are already congregating and meeting.

The workshops were led by volunteers and cover the basic issues (Who's in managed care? How does it work? How do you get around in the system?), as well as questions to ask when choosing a managed care organization (What services do you care about getting? What questions should you ask?). The handbook distributed to participants as part of the workshop is easy to read and looks friendly (see an excerpt from this booklet in Figures 9-13 in Chapter 9, *Using photographs and illustrations*).

In the last three years, CSS has trained 100 community residents from Harlem, Bronx, and Brooklyn to lead workshops attended by about 10,000 beneficiaries. Because the volunteer workshop leaders are community residents themselves, they are continuing resources for residents who have questions or problems.

CSS has learned a number of lessons from their Medicaid beneficiary education project:

- Education is an ongoing need, not a one-time event.
- **People have different informational needs at different points in this process**—at the point of choosing, at the point of using, at the point of having a problem or developing a condition—each requires a different level of decision making.
- Community agencies can be valuable ongoing resources for vulnerable and hard-to-reach populations.
- The community agencies and volunteer resources, which have a long history of trust and service to this population, need to be studied more; research is needed to help identify these information intermediaries and to identify ways in which to use and support them effectively.

Source: This summary is adapted from a summary of a presentation by Christine Molnar, CSS, published in *Conference Summary,* an edited summary of proceedings from the conference *Making quality count: A national conference on consumer health information,* December 1998 (Health Care Financing Administration, 1998). See also *Knowledge gap: What Medicaid beneficiaries understand—and what they don't—about managed care* (Molnar, Soffel, and Brandes, 1996). Figure 4-15 describes how the CSS program has been evaluated.

Suggestions for learning about your audience and the issues:

Use interviews and focus groups to learn directly from your audience and from key informants

The best way to learn about your intended audience and the issues related to your print materials is to talk directly with members of the audience. Another good way, especially at the early stages of a project, is to talk with key informants.

Key informants are people who have close contacts with members of your intended audience, and are familiar with their language, culture and traditions. As noted earlier in this chapter, some of these informants might themselves be a secondary audience for your print materials. Key informants might include people in your agency, as well as people from other organizations and community groups.

Possibilities for key informants include the following: managed care organizations that serve the Medicaid program, enrollment brokers, advocacy groups, customer service staff, physicians, nurses, social workers, interpreters, social service agencies, ABE (Adult Basic Education) programs, ESL programs (English as a Second Language), WIC programs (Women, Infants, Children), outreach workers, interpreters, and refugee resettlement agencies.

While people in regional and national organizations can also serve as key informants for certain aspects of your project, it's the people in your own community who are familiar with local cultural patterns and issues. Your key informants can help you identify and recruit members of the intended audience who might also serve as informants to the project.

When you are getting information and advice from members of the audience and key informants, **try to work with people who represent a range of experiences and opinions.** If you are segmenting your intended audience, it's important to include people from each subgroup (or who are familiar with each subgroup). Similarly, if you are developing materials for a secondary audience, such as information intermediaries, include people from this secondary audience. As Chapter 3, *Understanding and addressing the need for culturally appropriate materials,* emphasized, there is diversity within

groups. You are likely to get different impressions from different members of the audience and key informants about some topics and issues.

How you work with members of the audience and key informants depends on what you already know about your audience and the issues covered in your print materials, and the time and resources you have available. There are many options to consider, depending on time, resources, and the nature of your project.

If circumstances permit, it can be very helpful to get a **panel of audience members** involved not just at the testing stage, but from the beginning—helping to develop and refine the print materials. While this approach requires a lot of coordination, cultural knowledge and sensitivity, and skill in working with a group, the benefits can be substantial. Getting audience members involved in the actual writing and design of your materials is an effective way to end up with culturally-appropriate materials at an appropriate reading level. It is empowering to the members of the audience, and you will be amazed at how much you will learn.

People use different terms to describe this approach that actively involves your audience. As described in Figure 4-6, one team calls it "cooperative composing."

FIGURE 4-6. **"Cooperative composing": Involving members of your audience to produce linguistically and culturally appropriate print materials.**

"Cooperative composing" is the term sociolinguist Christina Zarcadoolas uses to describe a participatory model that she and colleagues at Brown University used when they worked together with a panel of inner-city residents to produce low literacy print materials about local environmental health issues.

They began with the assumption that community residents had to be involved from the initial stages of materials development in order for the material to be linguistically and culturally appropriate.

Working with a panel of nine community residents, the writer, designer, and environmental scientists explored knowledge, attitudes, and perceptions about abandoned and unused former industrial sites called Brownfields, and developed core information to include in the piece. As the group worked through new information about environmental toxins and risk, the examples and explanations most helpful to the panel of community residents became central to the print material.

Based on analyzing transcripts of the panel sessions, Zarcadoolas

incorporated language used by the residents into the language of the print piece. The final product was tested and evaluated by the panel that had helped produce it.

Source: *Brownfields: A case study in partnering with residents to develop a low barrier print guide* (Zarcadoolas, Bibeault, and Timm; forthcoming)

Other projects have used the term **"participatory materials development"** to describe active audience involvement in the creation of print materials. *Community-produced materials for health education* (Roter, Rudd, Frantz, and Comings) and *Learner-developed materials: An empowering product* (Rudd and Comings, 1994) discuss the benefits of using this active approach. Examples in these articles include excerpts from photo-novels, which combine dialogue with photographs.

Here are some other examples of print materials produced using participatory methods:

- A panel of Medicaid beneficiaries called the "Parent Council" helped develop a booklet and video to help other beneficiaries understand and use their Medicaid managed care plans in the Washington, D.C. area (DC Healthy Start Resource Center, 1998).
- The Massachusetts Medicaid program used participatory methods to create a booklet for beneficiaries. Shown in Figure 9-7 in Chapter 9, *Using photographs and illustrations,* the booklet is a photo-novel in Spanish that explains about the MassHealth Medicaid program and how to apply. See *Participatory photo-novels: How-to manual* (Rudd, 1999) for suggestions about how to create a photo-novel through active audience participation.
- The *Sisters Together* Coalition in Boston produced a booklet for African American women that encourages physical activity and offers tips on hairstyling for physically active women. Excerpts are shown in Figure 9-6 of Chapter 9, *Using photographs and illustrations.*

If you do use the panel approach, keep in mind that **an audience panel is quite different from an advisory group.** By definition, advisory groups just give advice about what should be done—they don't actually do it. In contrast, an audience panel both gives advice and gets involved in actually implementing it. To get the full benefits of using a participatory model, you must structure things so that members of the audience panel are genuinely active contributors.

Using an audience panel is a good method, but other options such as one-on-one interviews and focus groups are very effective, too, and may be more practical for many projects. A **focus group** is a special kind of group discussion designed to to learn about people's wants, needs, viewpoints, and experiences by listening to what they say. These groups are "focused" on a particular topic, led by a moderator, and carefully planned to get people to share their thoughts and experiences. **Interviews** allow you to hear what people have to say by talking with them one-on-one. Both approaches give you insights into your audience and the issues: they let you hear directly from beneficiaries or key informants about how they see the situation you are addressing. These methods are covered in depth in Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials.*

Getting the input is more important than the method you use; use whatever method or combination of methods suits your project and is most practical. This might be consulting one-on-one with members of the audience and key informants, holding one or more focus groups, or meeting one or more times with an audience panel.

The same methods can be used for different purposes at different stages of your process. For example, focus groups can be used for exploratory discussions at an early stage, and for testing of draft materials at a later stage. The Oregon-Washington Multilingual Medicaid CAHPS project, described in Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials,* illustrates the use of interviews and focus groups for exploratory purposes. This study examines the meaning of CAHPS Medicaid survey questions (Consumer Assessments of Health Plans, AHCPR, 1999) to certain groups of non-English speaking beneficiaries, and the usefulness to them of reports that show results from CAHPS surveys. The project began by interviewing key informants in the community. Findings from these interviews are helping to shape the content and approach in the second stage, which consists of interview and focus groups with beneficiaries who speak Spanish, Russian, and Vietnamese.

Here are some ways that you might get different types of advice and feedback from audience members and key informants at different stages throughout your project:

- During the early stages of your project (Steps 1 and 2, *Defining your goal, Learning about your audience and the issues*), your emphasis will be on finding out how members of the audience perceive the issues you are trying to address, what is culturally appropriate, and any suggestions they may have on how you should proceed. It's crucial to seek input of this type from members of your audience and/or from key informants at an early stage of your project. Even if you are able to talk with only a couple of people, **some input at an early stage is**

better than none at all. By seeking input at an early stage, you'll get advice to help guide the development of your materials, and feedback that can keep you from making costly mistakes.

- During Step 3, *Develop and test your materials*, as you get insights from your research and begin to develop concepts for your materials, you can use audience members and/or key informants as a sounding board. When you are ready to write the text for your materials, you can do so cooperatively with audience panel members using the process described in Chapter 7, *Guidelines for content, organization, and writing style*. Getting feedback from members of the audience in one-on-one interviews or in groups **will help keep you on track in terms of language to use and advise you about issues that are culturally sensitive.** When you are ready to test draft materials, your key informants and other community members may be able to help you with recruitment and arrangements for testing with members of the audience.

- During Step 5, *Assess effectiveness* and Step 6, *Use feedback to make further improvements*, you can get feedback from audience members and key informants as part of your project evaluation. This could include their thoughts about what worked well and what didn't, and their suggestions about ways to improve both the process you used to get their feedback and the final print product.

Suggestions for learning about your audience and the issues:

Learn by observing audience behavior

As mentioned earlier in this chapter, a social marketing framework adapts the classic *Four Ps* of commercial marketing—product, price, place, and promotion—for non-commercial purposes. One of these, place, draws attention to the **impact of settings on behavior.** Commercial market research is relentless and extremely effective in identifying ways to influence consumer purchasing behavior by manipulating features of the setting. It's no accident that stores place the items children love to grab within easy reach on lower shelves and at the checkout counter. Or that shopping mall escalators are placed to make you walk past a long row of stores.

How do commercial market researchers figure out these and other tactics that work so well for selling? Often, they use results from field observation studies. In pure observation studies, researchers unobtrusively observe, listen, and record in great detail exactly what consumers do in public places. Sometimes the researchers assume a more active role, such as *mystery shoppers* who spot-check quality of customer service in stores, hotels, and the like.

This powerful technique of field study is available to you, too, to use for learning more about your audience. Observing audience behavior in settings such as eligibility offices and clinics is an easy, low-cost way for you and your coworkers to gain useful insights. Field observation is especially useful for learning more about the behavior and reactions of beneficiaries who speak languages other than English or who have limitations in their vision or hearing.

This technique forces you to take the audience's perspective, so you will be looking at the setting in a fresh, new way. By watching what beneficiaries actually do in the setting, and any problems they have, you may discover opportunities for improvement in the print materials and other aspects of the setting. For example, you may observe that posters, placards, and other types of signage in the setting are not working well for newcomers. Figure 4-7 outlines some suggestions for using this approach.

FIGURE 4-7. **EXAMPLE: Conducting a field observation of Medicaid beneficiary behavior in a county eligibility office**

Here are some tips for conducting a field observation study of settings where people come to sign up for Medicaid and get other services such as food stamps and job training:

1. **Plan your observation study**

   - Work with others, get permission. When you plan your observation study, involve those who work in the setting as well as other stakeholders such as customer service staff and beneficiaries. Get approval from the supervisor of the setting you will visit, and plan how you will share your observations and recommendations.
   - Do your homework. Find out ahead of time the reasons people come to the setting, the usual things they bring with them, what they do, how long they stay. Interview staff who work at the office about how well things seem to work from their perspective. Do clients usually know what to do when they arrive? What kinds of questions do they ask?
   - Have several observers. It is generally best to have several people do a similar type of structured observation, then compare notes. Whenever possible, observe at locations that are new to you.

2. **Observe the setting and record your personal reactions**

   - Pretend you are a client coming for services, and closely observe the environment and your reaction to it. Observe the environment as if you were seeing it for the first time. Be aware of what you noticed first, then second, and so on. Here are some things you might do:

   - Borrow a wheel chair. Are the signs positioned where you can see them? If there is a high counter with a window where clients stand to talk with staff, have accommodations been made for people in wheel chairs?

   - Pretend that you don't speak or read any English. Are there signs in your language to help you find the restrooms, ask for an interpreter, etc.?

   - Read the signs and posters in the setting and describe the tone they set. Are the signs friendly and welcoming, or abrupt and demanding? If a sign asks you to "take a number" and wait to be called, does it tell you where to get the number?

   - Observe how well the setting gives directions. For example, these offices often have copy machines available for clients to duplicate paperwork. Do the copy machines have clear instructions in diagram form that tell you where to put in the paper, whether it should be face up, etc.?

3. **Observe and record what beneficiaries say and do in the setting**

   - Be as unobtrusive as you can, but always be honest about why you are there and what you are doing. If asked, you can say, "I'm studying how well this waiting room is working for clients—whether it is easy for people to know what to do and get the information they need when they come here."

   - Take careful notes. Make a sketch of the setting and label key points of reference. Take specific notes about the behavior you observe. These should include times, objective descriptions of people, and what they do and say. This can be tedious, but it's necessary to document patterns of behavior and call your attention to things you might otherwise take for granted.

4. **Share and use what you learned**

   - Share the results. Prepare a report that summarizes your own observations and the behavior you observed. In a separate section, give your comments and recommendations based on what you

learned. Identify implications that apply to development or improvement of print materials, such as absence of or problems with signs, posters, and other print materials in the setting.

Source: Created for this Guide.

Suggestions for learning about your audience and the issues:

Learn by example—by studying what has worked well for others

The purpose of some projects that study topics such as outreach or beneficiary education is to extract the features or approaches that seem to be the most successful. Sharing this information about so-called best practices, or effective practices, provides a model for others to follow. Besides giving you a sense of what has worked well for others and why, these studies may include samples of actual information materials. They may also give information about people you can contact to learn more about the project and how it was done.

Figures 4-8 and 4-9 illustrate work done to identify effective practices in the areas of outreach and education of beneficiaries:

Figure 4-8 gives some highlights from a project about outreach to families of children with special health care needs. It studied how to use communication effectively to overcome some of the barriers people face when enrolling and participating in Medicaid or a Children's Health Insurance Program (CHIP).

FIGURE 4-8. **Project profile: Effective outreach to families with children who have special health care needs**

A recent project done for the Health Care Financing Administration discusses how to use communication to overcome some of the barriers families face to enrollment in Medicaid or CHIP (Children's Health Insurance Programs) and to effective use of health services once enrolled. The report focuses on the communication to increase Medicaid and CHIP participation for children with special health care needs. The definition of children with special health care needs established for this project included children with ongoing medical disorders and chronic illnesses; with permanent disabilities due to accident, injury, and results of illness; with emotional or behavioral problems; with psychiatric diagnoses disorders; and with substance abuse problems (or were born with substance addictions).

Based on an extensive literature review and in-depth interviews with many individuals and organizations, the study makes recommendations for communicating with families of children with special health care needs when they are applying, enrolling, and using health care services in the Medicaid program. Findings from this study related to information materials for families include the following recommendations :

- Information should be given to families in formats other than printed materials, such as through one-on-one interviews, audiotapes, and videotapes, to ensure they have access to information.
- Medicaid information should be based on the actual needs and motivations of the parent and child, and not on what Medicaid agencies assume are the family's needs. Many organizations suggested that parents should help develop, or at least test, new Medicaid materials to ensure that they are culturally appropriate and at the appropriate literacy level.
- Families need information presented to them in such a way that it does not overwhelm them. Too much information is just as big a problem as too little. It would be especially helpful to simplify the application documents.

Source: *HCFA market research for beneficiaries: Increasing Medicaid and CHIP participation for children with special health care needs through better communication: Inventory research* (Barents Group, 1999).

Figure 4-9 gives some highlights from a publication about effective education for beneficiaries enrolled in Medicaid managed care.

FIGURE 4-9. **Project profile: Effective practices in education for Medicaid managed care enrollees**

Educating beneficiaries about how to use their managed care plans is just as important to successful Medicaid managed care programs as conducting outreach to help them get enrolled. A recent publication by the National Academy for State Health Policy describes results of a study that was designed to identify effective elements of a comprehensive education program. Based on interviews with representatives from seven different health care education programs, the study identified strategies found to be successful by these programs. These included:

- Getting the relevant players involved.
- Doing research to understand the information Medicaid beneficiaries need and then determining how, where, and when to present it. Study participants stressed the importance of using consumers—through focus groups, interviews, or organized gatherings—whenever possible.
- Focusing on one or two key messages to convey in all educational efforts.
- Providing information and education to those who work frequently with Medicaid beneficiaries, such as case workers, staff or community-based organizations, and welfare offices.
- Using more than one method to deliver the messages. Verbal strategies (face-to-face or phone conversations) are effective in explaining the complexities of the managed care system. Media and print are helpful in reinforcing basic messages or providing specific details when the consumer needs the information (for instance, when making a complaint).
- Making education an ongoing, continuous effort.

Source: Adopted from Consumer educotion for Medicoid monoged core enrollees (Rowlings-Sekudo, Notionol Acodemy for Stote Heolth Policy, 1999) with permission.

STEP 3: Develop and test your print materials

When you are ready to begin developing materials, it's helpful to start by assessing what you what you learned in Step 2, *Define and learn about your audience and the issues*. How can you use the knowledge and insights you have gained to produce effective print materials? This is a big topic, so this section that covers Step 3 divides the issues into three groups, as shown in Figure 4-10.

FIGURE 4-10. **Step 3 – Developing and testing print materials: Outline of topics covered in this section**

I. Do you need to segment your audience?

- Are there subgroups of audience members that need a customized approach?
- Should you focus your efforts mainly or exclusively on certain subgroups?

II. Are print materials suitable for your specific audience(s) and purpose?

- Making the information available to beneficiaries who can't read or who have vision limitations
- Using print materials in combination with other ways of sharing information

III. The process of developing, testing, and printing your materials

- Deciding what to say and how to say it
- Using mockups to produce a design that fits with the text you are writing

- Translating print materials into languages other than English
- Testing and revising your draft materials
- Working with graphic designers and printers to get your materials printed

Do you need to segment your audience?

Based on what you learned in Step 2 about your audience and the issues, does it make sense to divide your audience into subgroups and prepare custom versions of your materials that are tailored to the needs of each subgroup? There are many different reasons and ways to do this.

For example, suppose you know that the following three subgroups of beneficiaries are making heavy use of emergency room care: parents of young children, people with chronic conditions such as asthma, and recent immigrants who don't speak English. Your research shows big differences among these groups in reasons for using the emergency room.

In developing print materials about what to do when beneficiaries need care outside of office hours, you realize that you need to prepare a different brochure for each subgroup. The brochure for young parents needs to explain clearly what is and is not an emergency, using child-focused examples and coaching the parent about what to do in various situations. The brochure for people with chronic conditions needs to emphasize self-care to prevent unnecessary trips to the emergency room. The brochure for recent immigrants needs to be produced in multiple languages; it should also explain the rules of a managed care organization in a culturally-sensitive way so that people who are accustomed to the health care delivery system in their home country will be able to understand.

Another example is given in Figure 4-11. It describes tailoring messages to an audience based on their readiness to act.

FIGURE 4-11 **Tailoring outreach messages to Hispanic-Latino audiences based on readiness to change: *Unaware? Not ready to act? Unwilling to act?***

A recent report done for the Health Care Financing Administration discusses how organizations and agencies can promote the Medicaid/CHIP (Children's Health Insurance Program) application and enrollment "success" rate of the Hispanic/Latino population through improved communications.

The report identifies the following three subgroups within low-income Hispanic/Latino communities, based on differences in their current information needs and knowledge:

- Unaware that they need to act: Individuals in this group have little or no information about the Medicaid or CHIP programs or about decisions they need to make that are related to participation in these programs, and therefore do not take action to apply, enroll, or use services.
- Not ready to act: Members of this group have some knowledge of the processes and decisions involved to successfully apply, enroll, and use services, but for various reasons they assume the information does not pertain to them, are misinformed, or do not have complete information, and therefore do not take action.
- Not willing to act. Individuals in this group know about the programs, and recognize that they may be eligible, but consciously decide not to engage in each process.

The report suggests ways to tailor outreach and educational messages about Medicaid and CHIP to each of these groups for each of the following phases: pre-application, application and eligibility, enrollment, and use of services.

For example, during the pre-application phase, beneficiaries need a basic understanding of the Medicaid or CHIP program, including who is eligible and where and how to apply. The report gives the following suggestions for tailoring such basic education messages to each of the Hispanic/Latino subgroups during the pre-application phase:

- Pre-enrollment messages for the unaware group: Medicaid/CHIP programs exist; you may be eligible; go to {information source} with questions or to apply.
- Pre-enrollment messages for the not ready to act group: Health care is important for you and your children; you or your children may be eligible for free or low-cost health care; call {insert name of information source} for more information.

- Pre-enrollment messages for the unwilling to act group: Health care is crucial to your children's health and development; immigration/public charge issues may/may not affect you.

Source: *Increasing Medicaid and CHIP participation for Hispanic-Latinos through better communication: Inventory research findings* (Barents Group, 1999).

Should you focus your efforts mainly or exclusively on certain subgroups?

Some print materials prepared by state Medicaid agencies and managed care organizations must be distributed to *all* beneficiaries, such as enrollment forms and handbooks for new enrollees. Other print materials are designed for a specific subgroup of beneficiaries from the outset. In some situations, though, such as quality improvement projects, you may have discretion about how to focus your efforts. Since resources are limited, you may want to put most or all of your effort into reaching members of certain subgroups where you think you may have the greatest impact.

The discussion of segmenting your market in *Identifying the target audience* (Center for Substance Abuse Prevention Technical Bulletin, June 1997) suggests that you divide your intended audience into subgroups, then assess each subgroup along the dimensions listed in Figure 4-12.

FIGURE 4-12. **Setting priorities among potential audiences for your print materials: Questions to ask**

Which of the subgroups in your intended audience:

- are at greatest risk?
- will lose the most if left unattended or to struggle with its problems?
- are ready to make a behavior change?
- can be readily influenced?
- are reachable with communications in an affordable way?
- are a good prospect for joint efforts with other groups?
- are not being targeted by other groups?
- are a priority for outside funding sources?

Source: Adapted from *Identifying the target audience* (Center for Substance Abuse Prevention Technical Bulletin, June 1997:5).

Are print materials appropriate for your audience(s) and purpose?

While the topic of this Guide is print materials, it's important to keep in mind that print materials may not be the best approach for some purposes and audiences. Thinking about your audience, and about any subgroups of audience members that you have defined, ask yourself the following question: Are print materials appropriate for the purpose of your materials and for your audience?

Obviously, print is never suitable for the members of your audience who can't read or who have vision loss, so alternate formats must be devised; options are discussed in the next section. Then a subsequent section explores options for supplementing print materials with other methods of sharing the information.

Making the information available to beneficiaries who can't read or who have vision limitations[1]

Obviously, print materials are not suitable for non-readers and they must be adapted or supplied in an alternate format for people with vision loss or limitations. Audiotape is often used as a relatively easy and economical way to make print materials accessible to both non-readers and people with vision loss.

Beneficiaries who need an alternate format may prefer personal assistance over the telephone to audiotape because they can be selective, focusing on information that is personally relevant, and because they can get answers to their questions:

- Personal assistance is especially desirable when print material is lengthy or complex. Listening to a tape of someone reading every word of a document, especially if some parts are not personally relevant, can be very tedious. Imagine, for example, listening to a tape of a provider directory.
- Highly visual print formats such as diagrams and comparison charts are easier for beneficiaries to understand when explained by a real person than when recorded on audiotape. For example, when a comparison chart is put on audiotape, a typical practice is to read aloud down each

[1] Discussion of this topic is based in part on personal communication to the author from Tina Wright-Raburn of Benova, a company that provides Medicaid and Medicare beneficiary counseling and enrollment services.

column. In actuality, however, a person who is viewing a comparison chart extracts the information from it by focusing on the intersection of a column and row.

If possible, it's best to centralize inquiries about all print materials with a single hotline number that can be well-publicized to beneficiaries. That way personal assistance is readily available when needed. This method may also be cheaper and easier to supply than others, especially for beneficiaries who cannot read or who have vision loss. The disadvantage, of course, is that beneficiaries must have telephone access to use it.

A special version of your print materials produced in extra-large typeface works well for many people with partial vision loss. Such versions can be produced in several ways. Documents can be enlarged on photocopiers (using machines that can produce oversize copies), which preserves all formatting and visual elements. Another less expensive method is to put the text portion of the document into a word processing file, increase the size of the font (16 to 18 points), and print it out. This method sacrifices the formatting but works well for some documents.

This option of producing versions in extra-large print makes more sense than imposing a one-size-fits-all requirement of using slightly oversize type in *all* materials for **all** readers. There are two reasons why:

- First, slightly oversize type (such as a point size of 14) is likely to be too small for most people with vision limitations (who probably need size 16 or 18 type) and so large as to actually make the document harder for everyone else to read.

- Second, the **ease of reading printed type is not captured in the single factor of the point size of the type.** Chapter 8 discusses many other aspects of type style besides point size that affect visual ease of reading.

In Chapter 8, this Guide recommends a pragmatic standard of *type that is large enough to be easy for your intended audience to read*. If you are producing print materials for Medicare beneficiaries, you would need to make the type a bit larger than for Medicaid beneficiaries, to compensate for the normal age-related decline in vision.

There are other options for alternate formats, including braille for people with vision loss. Videotape would work well for non-readers, but given the expense, videotape makes more sense for use with your audience as a whole rather than as an alternate format to make print materials accessible to non-readers.

Using print materials in combination with other ways of sharing information

Even when print materials are generally suitable for your audience, the most effective approach may be to supplement these materials with other ways of delivering the information. For example, you may want to use print materials in combination with audiotape, videotape, or phone hotlines and in-person meetings where people can get answers to their questions. Studies show that Medicare beneficiaries, in particular, prefer getting one-on-one assistance from individual counselors or in small groups where they can ask questions (Sofaer, 1999).

Learning styles and media preferences differ among readers at all literacy levels and from different cultures. Some people prefer to learn new information by reading it, some prefer to hear it on the radio or see it on television, and others would prefer to have someone explain it to them personally. **Some differences are individual, and others are linked to patterns of cultural differences.** For example, the photo-novel format is popular among Hispanics/Latinos (this method and an example are discussed in Chapter 9, *Using photographs and illustrations*).

A report on outreach to American, Asian/Pacific Islander, Hispanic/Latino, Native American/Alaskan native, and Russian-speaking communities in Washington State suggested that messages be disseminated through ethnic print and media by placing ads, articles, public service announcements, and editorials in ethnic print media, and participating in talk shows and panel discussions on ethnic radio and television programs. The report noted that this type of involvement shows respect and gives political recognition to communities, and enables messages to be conveyed in languages and settings where the messages are more likely to be heard and understood. The report also noted that good experiences (such as good experiences with a Medicaid program) that are spread by word of mouth may be more effective than promotion through the media, particularly among American Indian and Chinese communities (Washington State Health Care Authority, 1996:26).

The repetition of using more than one method of communication helps reinforce your key messages. Getting the information in another way as well as in print is especially helpful to members of your audience who have low literacy skills. For example, the project profile in Figure 4-13 tells about an approach that uses two methods (interactive telephone plus reminder postcards) to give patients health-related information and coach them to communicate effectively with their providers.

FIGURE 4-13. **Project profile: Interactive phone systems that coach patients in asking good questions about their coverage and care.**

In today's health care systems, patients are frequently told to *call the health plan, ask your doctor, or speak to the customer service representative.* Research has found that many times people don't know what information to ask for, and, just as importantly, they do not know how to ask or frame the questions.

The Abacus Group and Christina Zarcadoolas have been designing and field testing telephone-based Interactive Voice Response Systems (a telephone that connects to a talking computers) to help non-mainstream consumers get better information about health plans and health care. The phone systems are interactive and actually coach patients in asking good questions about their coverage and care.

(IVR systems, are commonplace today—bank account information, airline schedules, or renewing your car registration are examples. When scripted and programmed well they give you the information you need efficiently and privately; when programmed badly they can be extremely frustrating.)

Presently, Abacus has completed an IVR system, *Tell-A-Doc*™, to help callers ask their providers questions about medical treatment options. Callers can listen to various programs ranging from *Asking questions about your medication* (see sample coaching card and reminder post card below), and *How to ask about your chronic condition,* to modules on *Strategies for managing your chronic pain,* and *Talking to your spouse about pain.* They have also completed an interactive module on *What is managed care?* and *How do I use my managed care plan?* **Callers can listen to topics of their choice, at their own speed, and in their own language.**

IVR makes an excellent complement to print material. Because the system is computer driven, important data is collected about what information callers most often go into the system to use. Abacus has designed their system so that **the caller can request and receive a reminder postcard that reiterates key messages heard on the phone.** This *tailored messaging* is a critical reinforcement tool for learners (a sample reminder card is shown below).

The Abacus Group has field tested this IVR system with a participating health plan and found that the IVR system is an excellent tool, particularly because telephones are generally available to most people and because of the need to control the costs of real-time, live educators and advocates. Their data show that their new IVR system has almost universal appeal even though initially

people say they don't care for IVR systems generally. A key finding has been that **non-English speaking callers are the most enthusiastic users,** because they seldom get to hear health information in their native language.

As an illustration, here are two types of print material for the topic, *Asking questions about your medication*. The first example shows the front and back of a coaching card that patients can receive in their doctor's office. The second is a reminder post card that the caller can get on request after listening to the phone system.

Example of a coaching card:
(shown reduced in size)

front

Ask about

medicine for chronic/ long-term illness

Your Logo Here

Tell-A-Doc
1-800-589-2477

back

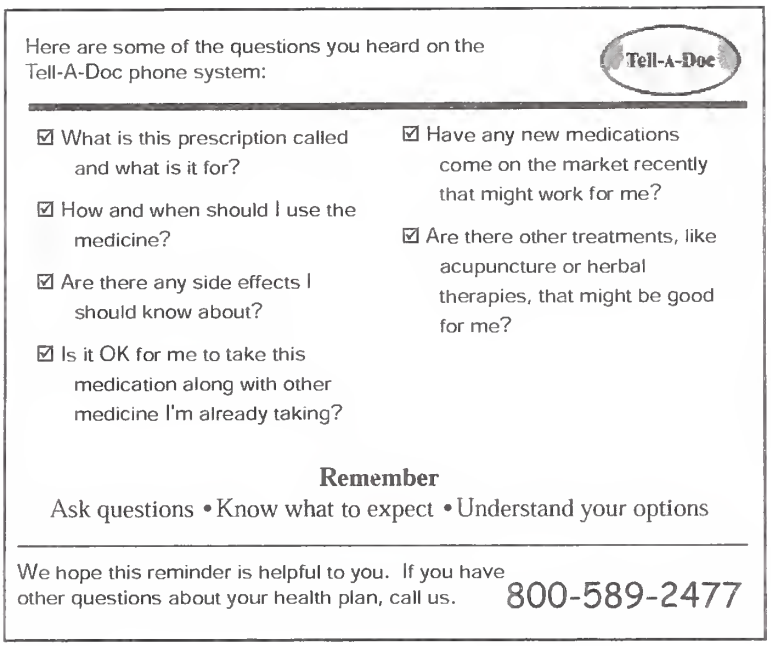
Medicine for
long-term illness

Check off the questions you would like to ask. It's natural to be worried and want to know more.

- ❑ What is this medicine called and **what is it for**?
- ❑ How and when should I take the medicine?
- ❑ Can this medicine **make me feel sick**?
- ❑ I take other medicines. Can I take this new one too?
- ❑ If I take this medicine for a long time, will I have problems?
- ❑ If this **medicine doesn't work**, what will we do next?
- ❑ Have **any new medicines** or treatments come on the market that might be better for me?
- ❑ Is this medicine the only way to treat my problem?

Take this card when you see your doctor. This will help you ask good questions.

Example of a reminder post card:
(shown reduced in size)


Here are some of the questions you heard on the Tell-A-Doc phone system:

Tell-A-Doc

☑ What is this prescription called and what is it for?

☑ How and when should I use the medicine?

☑ Are there any side effects I should know about?

☑ Is it OK for me to take this medication along with other medicine I'm already taking?

☑ Have any new medications come on the market recently that might work for me?

☑ Are there other treatments, like acupuncture or herbal therapies, that might be good for me?

Remember

Ask questions • Know what to expect • Understand your options

We hope this reminder is helpful to you. If you have other questions about your health plan, call us. 800-589-2477

Source: Description and examples supplied by Christina Zarcadoolas; used with permission. The current work of the Abacus Group is funded by Agency for Health Care Policy and Research/Small Business Innovative Research (AHCPR/SBIR).

There are good resources available to help you figure out which methods or channels of communication work best for which purposes and which audiences. *Making health communications programs work: A planner's guide* (National Cancer Institute, 1992) discusses use of public service announcements and other mass media approaches in detail. *Teaching Patients with Low Literacy Skills* (1996) has a chapter called "Teaching with Technology" that covers audio-taped instructions, teaching with video, and teaching with multimedia. Other helpful resources include the series of *Technical Assistance Bulletins* produced by the Center for Substance Abuse Prevention, and publications in social marketing. A variety of other approaches covered in *Beyond the Brochure: Alternative Approaches to Effective Health Communication* (AMC Cancer Research Center, 1994) are listed in Figure 4-14.

FIGURE 4-14. **Ideas for print and non-print approaches**

Beyond the Brochure: Alternative Approaches to Effective Health Education is a great source of ideas and suggestions for developing the following types of materials:

- Visual materials, such as posters, flip charts, talk boards, display boards, and photo-novels
- Action-oriented exercises, such as role-play, theater, songs, story telling, and games
- Audiovisual materials, such as videotapes, slide-tape programs, and interactive multi-media programs
- Audio materials, such as audiotapes and radio docu-drama

This publication stresses the need to learn about your audience and involving members of the audience in developing these non-print materials. It gives hints about how to adapt existing materials, how to develop new ones, and how to pretest materials. There is an extensive directory of resources as well.

Source: *Beyond the brochure: Alternative approaches to effective health communication* (AMC Cancer Research Center, 1994).

Given the many types of print materials, you may also want to consider combining several types of print material (either with or without non-print approaches as well). There are many possible options for combining such print materials as posters, booklets, brochures, pamphlets, coloring books, bookmarks, comparison charts, postcards, billboards, instruction sheets and the like. For example, you might want to produce a booklet for beneficiaries that explains how to use their managed care organization and a refrigerator magnet that gives the nurse help line number and a brief summary of what to do for after-hours care and emergencies.

Deciding what to say and how to say it

When you are ready to start writing the text for your print materials, the discussion and examples in Chapter 7, *Guidelines for content, organization, and writing style*, should be helpful to you. Two earlier chapters provide the foundation for a good deal of the advice about organizing and writing in Chapter 7: these are the discussion of the needs of readers who have low literacy skills in Chapter 2, *Matching the reading level of your materials to the*

reading skills of your intended audience, and the discussion about responding to cultural differences in Chapter 3, *Understanding and addressing the need for culturally appropriate materials*. Chapter 7 also gives suggestions for producing and revising your drafts, including ways to get members of the audience involved in the process.

In general, the participatory model advocated by this Guide is the best way to ensure that your print material will be culturally appropriate for members of your audience and easy for them to read and understand. As discussed earlier in this chapter, a participatory model gets members of your intended audience actively involved in the design phase as well as the testing of your materials.

Using mockups to do preliminary design that fits with the text you are writing

When people are working on projects to produce print materials, it's common to focus mainly on the text during most of the process. Sometimes people simply write the text, then hand it off to someone else to "do the design." Instructions are likely to be brief, because the people who did the writing haven't given much thought to the design. This Guide urges you to try a different strategy: **start working on "doing the design" as soon as—or even before—you start working on the text.** One way is to make an mockup, that is, a full-size replica of the print piece you plan to produce.

Your mockup serves as a draft of the text plus preliminary design features, making it easier for you to pay attention to the interplay of text and design as you develop your materials. Here's how you can use it: start by making handwritten notes and sketches on your mockup to indicate approximate placement of specific content and visual elements. Expand, revise, and refine both the text and the visual elements of this mockup as you go along. Add graphic elements such as color to experiment with possibilities. Make photocopies of photographs and illustrations you are considering, and tape them onto your mockup. Once you have started writing the text, print it out with margins that are set to produce the right size columns and line spacing for your mockup. Cut your printout apart into blocks of text, and tape them down. Work back and forth between design and text, making edits and improvements.

Here is why the Guide recommends this approach:

- **Visual aspects of your print material are too important to treat as an afterthought.** It takes a combination of good text and good graphic design to produce written material that beneficiaries will read and understand. What you write influences how you design—and vice

versa. If you wait until the end to address design elements, you have lost the opportunity to benefit from this interplay of writing and design.

- **Making an actual-size mockup lets everyone visualize the final product.** You'll discover at the outset if people have different assumptions or preferences about the final product. Examining the mockup can help you decide whether the approach you have in mind is likely to work well, given what you want to accomplish in the print material, and the space and layout you have available.

- **Making a mockup and refining it as you develop your materials gives you a way to apply many of the design principles in the Guide Checklist as you go along.** You don't need to have the skills of a graphics designer to be thinking about certain aspects of layout and design, and this Guide assumes that you don't. But as a non-designer, there are some basic things you can learn about design and apply while you are writing your print materials to help you end up with a piece that is easy it is for your audience to read and understand. These basics are included in the Guide Checklist that is presented in the next chapter. Chapters 8 (*Guidelines for effective document design*), and 9 (*Using photographs and illustrations*) explain how to apply these basics to your materials. Why wait until you have finished writing the text to start applying these basics, when you could be using them from the beginning?

- **Having a mockup encourages you to write the right amount of text for the space available.** This can make the writing process more efficient.

- **Expanding and refining your mockup as you go gives you an up-to-date draft that you can show to people when you want their feedback and advice.** When you are talking with others to get their advice or feedback on your project, you can use words to tell what you are planning to do, or you can show them your current "rough draft" mockup. It's a lot more effective to show them a mockup, because you will be able to get their reaction to the general ideas you have about layout and visual elements.

- **Having a mockup makes it easier to communicate effectively with professional designers, and get the benefit of their advice at an early stage.** For example, giving your hairdresser a magazine photo of the hairstyle you want is likely to work better than describing the style in words. When your hairdresser sees the photo, he or she may tell you that it's not a good idea for your type of hair. The same principle works when you're communicating with graphic designers: show them your mockup, and ask for their reaction. It may trigger a very informative and helpful discussion.

- **Refining your mockup as you go along makes it much easier to produce better quality draft materials when you are ready for pretesting.** Because the mockup gives people something tangible to react to, you probably will collect more specific and helpful feedback on your design ideas at an earlier stage in your project. This gives you more time to revise the design. You can use cut-and-paste versions of your mockup for testing, or you can give the mockup to a professional designer to convert into a more polished product for use in pretesting.

How do you create a mockup?

Making a mockup of a poster or a single sheet folded leaflet is straightforward. There are more things to think about when you make a mockup of a stapled booklet or a brochure with multiple folds, so this sections gives you some hints for making mockups of these materials .

You probably have a general idea of the size of your print materials, both in terms of dimensions of the paper and overall length. Whether you are working on a folded pamphlet or brochure, a booklet, or some other type of material, make a mockup of what you are planning to produce. Make it as accurate as possible in terms of size and other features, including how it will be folded or bound:

- **Making a mockup of your stapled booklet:** For example, if you are doing an eight-inch square booklet that is stapled down the middle, cut pieces of paper from 11 x 17 inch sheets that are eight inches high and 16 inches wide. Fold them in half, and staple them in the middle. If you use two sheets of paper, folded and stapled down the middle, your booklet will be eight pages long. If you use three sheets, it will be 12 pages, and four sheets, 16 pages. Producing a real mockup at the outset reminds you that booklets of this type need to be designed in multiples of four pages—which can be helpful when you are writing the text and deciding about the number and placement of illustrations and other visual elements.

- **Making a mockup of a folded brochure:** Cut a piece of paper of the appropriate size, and fold it into a brochure. You may want to experiment with different types of folds. Chapter 8, *Guidelines for effective document design,* discusses specific folding strategies and how they can make it harder or easier for people to "navigate" successfully through your document. It's helpful to produce this mockup at the outset, because it shows you how many panels (sections of a folded brochure) you have to work with, and how wide they are. Using Checklist items in Chapter 8 as a guide, examine your mockup to see if the columns are wide enough to accommodate text (allowing room for

indentations, such as for bullet points, and ample margins), and if the overall length is suitable for your document. As discussed in Chapter 8, you don't want your columns to be too wide, because readers get fatigued reading long lines of text. But you don't want them too narrow either, because that makes them hard to read.

Keep revising the handwritten notes and sketches on your mockup based on feedback from members of the audience, key informants, and others.

Translation of print materials into languages other than English

As you develop your print materials, take into account the language translation needs of your audience. As discussed in Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, a sizeable proportion of Medicaid beneficiaries have a primary language other than English. Keep in mind that **translation of your print piece into other languages works only for those beneficiaries who are literate in their native language,** so you will need to address the issue of alternate formats in other languages for those who are not. Chapter 10 discusses challenges and gives guidelines for translation of print materials.

Testing your print materials

This Guide suggests three ways of assessing your print materials which should be used in combination during the development stage. One is to **use the *Guide Checklist*** that is introduced in the next chapter. This Checklist covers a broad range of factors that make print materials easy to understand and use. It can be used to review existing materials and to guide the development of new ones.

The second approach to assessment is to collect **ongoing feedback by using the participatory approach to development of print materials** described earlier in this chapter. Getting a panel of audience members actively involved from the earliest stage of concept development and materials design provides you with informal input and feedback throughout the project. Working one-on-one with a few informants from the audience is another option.

The ultimate test of your print materials is, of course, the response of your intended audience. There's **no substitute for getting feedback on draft versions of your print materials from members of your intended audience.** You can get audience reactions in different ways at different stages of the development and refinement of your materials. For example:

- At an early stage, you might want to get reactions to several key messages and illustrations you are considering.
- Once you have a full draft mockup, you can do more extensive testing that focuses on assessing comprehension and cultural appropriateness of the material. Since testing often reveals problems with your materials but does not necessarily tell you how to fix them, multiple rounds of testing can be very helpful to refining your materials.
- The last round of testing might focus on usability—that is, finding out if people can actually put the document to use. While testing during the early stages of development focuses mainly on comprehension and appeal, this testing at the end would focus on getting people to apply the information in the print piece. For example, if it gives information that compares managed care organizations, you might ask them to use it to choose a managed care plan. If you are testing an enrollment form, you would see how easily people can fill it out.

Techniques for audience testing are discussed in Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*. As explained in Chapter 11, one technique for testing is to watch how people read through the material, noting their "navigational" approach: where do they begin reading the document? Where do they go next? How long do they spend on each topic?

Another technique is to ask people to think aloud as they read, sharing their thoughts and opinions as they go. To check on whether readers actually interpret a report in the way that you intend and assume that they will, you should ask people to explain in their own words what the material is about. This experience can be humbling as well as enlightening, especially when it reveals a big gap between the message you think you sent and the one that was received.

Experience with audience testing will quickly convince you that you cannot rely on your own personal judgments about the materials you produce. Careful audience testing is clearly crucial to developing effective print materials. As discussed in Chapter 3, *Understanding and addressing the need for culturally-appropriate print materials*, testing is the only way to determine if the people you are trying to reach find your print materials comprehensible, acceptable, appealing, and compelling.

Working with graphic designers and printers to get your materials printed

It's beyond the scope of this Guide to address the many technical issues associated with the actual production of print materials. These include everything from selecting and working with graphic designers and printers, to making the decisions about quantities, paper choices, and the like that must be made in order to get your materials printed. Fortunately, there's a resource that covers these issues in a friendly and readable way. It's the *Non-designer's scan and print book: All you need to know about production and prepress to get great-looking pages* (Cohen and Williams, 1999).

STEP 4: Distribute materials

How will readers get your print materials?

Step 4 is the implementation step. Your methods and timing are crucial, since your print material has no chance of having an impact until it actually reaches people.

There are many possibilities for distribution, depending on the type of material and your purpose. For example, you might mail the material to people at their homes, make it available for them to pick up at a health fair, give it to them at their doctor's office.

If you are not delivering the material directly to members of your audience, how will you let them know about it? What about the timing of the distribution—will the information be made available to people right when they need it? It is generally unrealistic to expect people to put material away for easy reference later on.

Do you need to coordinate distribution of your materials with other efforts? For example, if your agency sends beneficiaries some basic background about the enrollment process, and the managed care organizations also send materials directly to beneficiaries, you will need to coordinate your efforts.

During this implementation phase, it's important to find out if your distribution is proceeding according to plan. You are more likely to be successful in delivering your materials if your process is proactive and personalized to an individual, such as when a clinic mails a reminder postcard to its patients who are due for preventive care. Delivery is much less certain when the process is more impersonal and passive, such as when posters are put on bulletin boards at county Medicaid offices.

STEP 5: Assess effectiveness

Measuring how well things are working and progress toward your goal

Back in Step 1, you identified your goal by specifying what you want beneficiaries to know or do as a result of the information you give them. For example, you might want them to schedule an appointment, pick a managed care plan, call for more information, follow directions for taking medication, send in a completed application form, or something else.

Now, in Step 5, you evaluate the impact you have had on the behavior you had hoped to influence. For example, has your auto-assignment rate gone down since you put out the new information about choosing a Medicaid managed care plan?

Besides measuring progress toward the behavioral goal for your print materials, evaluation addresses other aspects of your project, too. Evaluation is a planned and organized way of collecting information that helps you answer questions such as the following:

- Questions about effort or process, such as: *What did we do?*
- Questions about effectiveness or outcomes, such as: *Did it work? Did we meet our goal? What are the immediate results? What are the long-term results?*
- Questions about efficiency, such as: *What did it cost? What are the benefits, in light of the costs?*

Methods of evaluation

Data for use in evaluations can be collected in many ways, including interviews and focus groups (see Chapter 11), surveys, content analysis, and field observation. An evaluation can be as simple as a focus group with hotline staff completed in a single day, or as complex as a large-scale formal evaluation with outside funding that tracks a project and its impact over a period of many years. Figure 4-15 gives an example of an evaluation.

FIGURE 4-15 **Evaluation of the Community Service Society of New York's Medicaid managed care education model**

Figure 4-5 (earlier in this chapter) describes the program of workshops and materials developed by the Community Service Society of New York (CSS) to help beneficiaries understand Medicaid managed care. In 1997, this program was evaluated by an independent research organization. To find out if the CSS education program was helpful, the evaluators compared findings from two rounds of interviews with English and Spanish-speaking beneficiaries at seven community-based service providers in the South Bronx and Harlem. A total of 294 people were interviewed in the first round, and 180 were interviewed in the follow-up round.

When beneficiaries arrived for the first round of interviews, they were randomly assigned to either the workshop group or the control group. Beneficiaries who were in the workshop group participated in the hour-long CSS workshop and were interviewed by the evaluation team immediately afterward. Beneficiaries in the control group were interviewed by the evaluation team but did not participate in a workshop. The interview asked questions to learn about beneficiaries' knowledge of basic managed care concepts, their visits to the emergency room, and satisfaction with care received from their health plan. Three months later, members of both the workshop group and the control group were contacted by telephone for a follow-up interview.

To assess what the workshop participants had learned and retained about managed care and what effects this had on their use of health care services, the evaluation compared research findings for the workshop group and the control group from both rounds of interviews. The findings indicate that CSS's educational model has a significant impact on Medicaid recipients' use and knowledge of managed care, especially over the short term:

- Workshop participants are significantly more knowledgeable about how managed care works and how to navigate within a plan than the control group, even three months after the workshop was completed.

- Workshops are effective with Medicaid beneficiaries regardless of whether they are currently enrolled in a managed care plan.
- Beneficiaries consider the CSS handbook to be an important resource, with 82% of beneficiaries reporting they still had their handbook three months after the workshop, and 55% reporting that they had shared the handbook with friends or family members. (Sample pages from this handbook are shown in Figure 7-10 in Chapter 7, Guidelines for content, organization and writing style, and in Figure 9-13 in Chapter 9, Using photographs and illustrations.)
- Nearly two-thirds (63%) of workshop participants had used the information they learned from the workshops to solve a problem with their plan in the last three months.
- The workshops are effective in both English and Spanish.

Sources: Community Service Society of New York and *Evaluation of the Medicaid managed care education project* (Philiber Research Associates, 1998).

When you are first designing your project, give some thought to the types of feedback or evidence you might collect to assess how well your print materials are working, and how you will interpret it. One of the challenges of evaluation is that the things that are easiest to count are sometimes the least informative. Questions that are the most meaningful to you may be the hardest to answer.

For example, it's easy to count the number of hours spent by volunteer intermediaries helping Medicare beneficiaries understand the new Medicare+Choice program, but hard to understand how much beneficiaries are actually helped without collecting a lot more information. Here's another example: it's easy to measure changes in the volume of calls to your Medicaid information hotline, but how do you interpret changes in the volume? Is it *good* to get more calls after you send out a new booklet (for example, because people are now aware of the hotline), or is it *bad* (for example, people are calling because they are confused by the booklet)? Just counting the volume of calls is not enough: you need to know why people are calling. To get the more informative data you need for an evaluation, you could set up a simple method for hotline staff to keep track of the reasons.

Chapter 12 includes some references related to evaluation. If you are preparing materials for a culturally diverse audience, these references may be of interest: *The role of ethics in evaluation practice: Implications for a*

multiethnocultural setting (Fang, 1996), and *Communication and community participation in program evaluation processes* (Trotter, 1996). This article by Trotter discusses some of the conditions that allow evaluators to work with the local community in setting program goals, identifying evaluation measures, and maintaining long-term community support for a program (1996:241).

One of the references in Chapter 12, *References and additional resources*, used interviews to conduct evaluation research. It's a study of policy and procedures for accommodating non-English speaking persons that was done in Saint Paul, Minnesota, by the Ramsey County Department of Human Services (Barker and Loftus, 1998). While this report focuses on oral interpretation more than written translation, the report is very thorough and would be an excellent methodological resource if you are interested in conducting interviews with agency staff about issues related to your print materials for beneficiaries.

Evaluation helps you assess and document the benefits of your information projects

Evaluation can help document the benefits of producing effective print materials. These include direct monetary savings and other less tangible benefits that occur when your information is successful in helping to change behavior.

These benefits vary depending on the information and its purpose. Dollar savings can result from such things as reductions in unnecessary care, administrative paperwork, and staff time. For example, information materials can contribute to better health outcomes and more cost-effective care when they influence women to show up for prenatal care in their first trimester, or when people stop smoking, or children wear bike helmets. When information helps enrollees understand how to use their Medicaid managed care organization to get specialty care or after-hours care, enrollees have fewer questions and misunderstandings, which means fewer calls to customer service and less frustration for everyone. Project evaluations can help document these and other benefits of effective information materials.

Besides these direct benefits, as you get more involved in doing audience-focused research, what you learn about your intended audience in one project will likely apply to other projects. For example, results from interviews or focus groups you do to help prepare a new brochure may cause you to question how you have organized or distributed your handbook for new enrollees. They could also convince you to change the questions you ask on your enrollment form.

Also, you and others in your organization will gain knowledge and skills from your involvement in consumer-focused research projects, and these skills will transfer to your next project. Building your in-house capability and expertise can save you time and money. For example, it helps you produce a more polished product on your own that will require less design work and revision by your graphics or printing professionals. And finally, it makes your organization look good when your information materials are working well.

Incorporate self-evaluation into your project plan

What are your lessons learned? As you plan your project, consider how you will keep track of what you have learned so that you can apply these insights to your next project. This is a form of *process* evaluation, asking the question, *what did we do?* It's important to make a specific plan for your process evaluation. Be sure that someone takes responsibility for compiling a list of lessons learned, or it may not get done.

Keep a project diary. It doesn't have to be elaborate, and it won't take much time. Just make notes from time to time about how the project *actually* evolved, compared to what you were expecting. Tell about problems you encountered and how you dealt with them, and your own advice to yourself about what to do differently next time.

Consider ways that you can get useful feedback from the various individuals and groups involved in the project. This includes feedback from your audience panel, advisory group, vendors, and pretesting participants. Depending on the tasks involved in your project and the methods you use, you might want to collect feedback from others as well. Using focus groups as the example, you could prepare brief evaluation forms to be completed by participants, the moderator and observers, and by those who handled recruitment. You could ask the focus group vendor for a brief management report that discusses problems they encountered, how they handled them, and their suggestions for improvement the next time focus groups are done.

STEP 6: Use feedback to make further improvements

In this final step, you compare what you've learned about your audience with what you are currently doing. Use results from your assessment and other sources to figure out what seems to be working well and what can be improved. Maybe you have generated new questions, and need to do further research.

The diagram in Figure 4-1 that shows the six-step process for producing print materials is a continuous loop, so Step 6 leads back to Step 1 in a continuous cycle of developing, testing, and improving.

II THE CHECKLIST

5 THE CHECKLIST: The Guide Checklist for assessing print materials

The Guide Checklist for assessing print materials

What is the Guide Checklist?

The Guide Checklist[1] is a tool to help you figure out what might be improved in a document. It concentrates on key features such as content, organization, writing style, appearance, appeal, and sensitivity to diversity. Many of the Checklist items apply to other media as well.

You can use the Checklist to assess existing materials or to help guide the development of new ones. The Checklist is not intended to produce a rating of a document. Instead, it is a systematic way of drawing your attention to many important factors that affect the suitability and effectiveness of print materials for audiences in general, and those with low literacy in particular.

How can you use the Guide Checklist?

You can use the checklist to review existing documents and to help design new ones:

- The Checklist is a good starting point when you want to improve an existing document. Use it to help identify the document's strengths and weaknesses, and decide where to focus your revisions.
- The Checklist can help guide the development of a new document. Use it to remind yourself about what it takes to produce suitable and effective information materials, and to assess your progress.
- You can use *part* or *all* of the Checklist with *part* or *all* of a document, at any stage of development. You don't have to use the entire checklist to assess an entire document. It often makes sense to use only part of the Checklist, in order to focus on a particular dimension of the materials, such as the content and writing style, or the degree to which the document is culturally sensitive and appropriate.
- The Checklist has been deliberately designed so that responses do *not* convert into any type of rating or overall score to judge the suitability of a document. Most assessment tools that compute a numerical score

[1] See Chapter 12, *References and additional resources*, for information about how the Guide Checklist was developed, including sources that were used.

weight each item equally. Equal weighting is not appropriate for the Guide Checklist because some of its items (such as reading level and cultural appropriateness) are definitely more significant than others, whatever the material being assessed. In addition, the salience of various items differs by the nature and purpose of the print material. When you use the Checklist, you'll need to decide which of its items are the most consequential for your particular document and its intended audience.

Chapters 6 through 10 help you apply the Guide Checklist to your print materials

This chapter gives some background about the Checklist, shows the full Checklist in Figure 5-1, then explains how to use it. Chapters 6 through 10 expand on each Checklist item, discussing its importance and telling you how to apply it to your print materials. Figure 5-1 gives you the page number in Chapters 6 through 10 where each Checklist item is discussed. It also tells you which chapters of the Guide give more information about topics covered in each of the 14 sections of the Checklist.

Part A of the Checklist is descriptive, Part B has the assessment items

The Guide Checklist is shown in figure 5-1. For your convenience, Appendix B gives a version of the Checklist that is ready to copy and use in an actual assessment. The 14 sections of the Checklist are grouped into two parts:

- Part A is the descriptive section, consisting of sections 1 through 4. Part A covers the purpose and type of print material, its intended audience, and how it was developed and tested. Because these topics are descriptive, the questions are left open-ended, without specific answers to choose from.
- Part B contains the Checklist items for use in assessing the print materials themselves. It includes sections 5 through 14, which cover various aspects of content, organization, writing style, graphic design, and language translation.

Parts A and B of the Guide Checklist are shown in Figure 5-1

FIGURE 5-1 **The Guide Checklist for assessing print materials, with cross-references to specific pages that tell you how to apply each Checklist item to your materials**

Guide Checklist Part A: DESCRIPTION

As explained in this chapter, the items in sections 1 through 4 below are open-ended. They describe the print material, its purpose, the intended audience, testing and evaluation. There is a copy of the Guide in Appendix B that is formatted for actual use in doing an assessment. It includes boxes to mark and blank lines for you to fill in your answers when you use this Checklist with your materials.

Purpose of the print material

1.1 What is the purpose of the print material—what do you want the reader to know or do? *see page 127*

Description of the material (type of material, method of distribution, alternate formats, companion materials)

2.1 What type of print material is it? *see page 128*

2.2 How and when is the print material being distributed and publicized? *see page 128*

2.3 Are there other materials or personal assistance that go with this print material? *see page 129*

2.4 Is the material available in alternative formats for non-readers and people with vision loss? *see page 130*

Describing and segmenting your intended audience

3.1 What research has been done to learn more about the intended audience, including their information wants and needs? *see page 130*

3.2 What are the literacy skills of the intended audience? *see page 131*

3.3 What are the language translation needs of the intended audience? *see page 132*

3.4 What are demographic and personal characteristics of the intended audience (age, sex, race, ethnicity, education, income, occupation, country of origin, geographical location, health status, etc.)? *see page 133*

3.5 What are the cultural, behavioral, and psychological characteristics of the intended audience (customs and traditions, health habits and lifestyle, media exposure, attitudes, values, etc.)? *see page 133*

Testing and evaluation

4.1 What testing have you already done to get your audience's reaction to the print material, and what did you learn from it? What additional testing is do you plan? *see page 134*

4.2 How will you judge the effectiveness of the print material? *see page 135*

Guide Checklist Part B: ASSESSMENT

As explained in this chapter, you can use the items in this part of the Checklist to assess your print materials. The Checklist formatted with answer choices is in Appendix B. Each item can be scored using the following answer choices:

- *"Yes."* A *"yes"* answer means that the document substantially meets the criteria for the Checklist item.
- *"Needs improvement."* A *"needs improvement"* answer gets its meaning from the reviewers' comments, which tell specifically where the document might be improved.
- *"Not sure."* Comments are also crucial for answers of *"not sure."* Reviewers can explain their uncertainty—perhaps it is an area where they lack expertise to judge (such as being unfamiliar with the culture of the intended audience) or they are just not sure about making the judgment (such as wondering how big a margin needs to be to be *"generous"*).

- *"Not applicable."* The Checklist is a detailed tool that covers a wide range of attributes. Some things it asks about may not apply to your print materials. For example, if your document is in black and white, you would mark *"not applicable"* for all items in the section that covers use of color.

5 Content

5.1 Is the purpose of the material immediately obvious to the reader (clearly stated in the title, on the cover, or in the introduction)? *see page 143*

5.2 Is the information concrete and action-oriented? *see page 146*

5.3 Is the information limited to an amount that is reasonable for the intended readers? *see page 147*

5.4 Is the information accurate and up-to-date? *see page 148*

5.5 Does the content show awareness of and respect for diversity, and use culturally-appropriate words and examples? *see page 149*

6 How content is sequenced, grouped, and labeled

6.1 Does the sequence and organization of information make sense to the intended audience (matches their logic and experience)? *see page 153*

6.2 Does the material give people the background or context they need to understand new information? *see page 156*

6.3 Is the information grouped into meaningful segments or sections of reasonable size? *see page 159*

6.4 Does the material uses headings, subheadings, or other devices to signal what's coming next? *see page 160*

6.5 Are labels for sections, headings, and subheadings clear and informative to the intended audience? *see page 160*

6.6 Does the material emphasize and summarize the main points? *see page 162*

7 Writing style

7.1 Is the material written primarily in the active voice and in a conversational style? *see page 163*

7.2 Is the reading level of the document appropriate for the intended audience? *see page 165*

7.3 Are the words and sentences generally short, simple, and direct without being "choppy" or sacrificing cohesion and meaning? *see page 166*

7.4 When you use technical terms, are they clearly explained with helpful examples? *see page 170*

8 Engaging, motivating, and supporting the reader

8.1 Does the material have a friendly and positive tone? *see page 172*

8.2 Does the material use devices to engage and involve the reader—such as Q & A, true-or-false, problem-solution, stories, dialogues, and vignettes? *see page 174*

8.3 Are health statistics and similar data matched closely to the intended audience and community? *see page 176*

8.4 Is information and advice linked to a source that intended readers find believeable and trustworthy? *see page 177*

8.5 Is the "how to" advice specific, urging behavior that is feasible and culturally appropriate for the intended audience? *see page 178*

8.6 Does the material tell how and where to get help or more information? *see page 179*

8.7 Does the material identify the organization that produced it, and include a publication date? *see page 179*

9 Overall design and page layout, organization and ease of "navigation"

9.1 Does the size, shape, and general look fit with the purpose of the material? *see page 196*

9.2 Does the material look appealing at first glance (uncluttered pages with generous margins and plenty of white space; something to catch the eye but not confuse it)? *see page 197*

9.3 Is the way to "navigate" through the document immediately obvious to the intended audience? *see page 198*

9.4 Are explanatory illustrations, diagrams, tables, charts, and graphs clearly labeled, and placed very near the text that introduces them? *see page 199*

9.5 Are headings, blocks of text, lists, illustrations, and other elements lined up in a clear, strong, consistent way? *see page 199*

9.6 Does the graphic design use contrast, indentation, bullets, and other devices to signal the main points and make the text easy to skim? *see page 204*

9.7 Are bullets used effectively in terms of size, shape, spacing, and color? *see page 206*

9.8 Does the overall design seem unified and consistent from page to page in its layout? *see page 206*

10 Type style, size of print, and contrast with paper

10.1 Does the document use an effective combination of readable type styles to get good contrast between the text and the headings and titles? *see page 206*

10.2 Is the type large enough, and the spacing between lines loose enough, for easy reading? *see page 208*

10.3 Does the text use capital letters only when needed grammatically (no text in "all-caps")? *see page 210*

10.4 Does the document emphasize text by restrained use of italics, bolding, or devices like contrast in size or color accents (no underlining, no all-caps text)? *see page 210*

10.5 Are lines of text an appropriate length for easy reading (no more than about five inches, set in columns if paper is wide, and no "wrapping" of text in awkward ways)? *see page 211*

10.6 Is the right margin left uneven ("ragged right"), rather than forcing it into a straight edge on the right ("fully justified"), which can be harder to read? *see page 212*

10.7 Does the text avoid splitting words across two lines? When headings take more than one line, does the break between lines reflect natural phrasing and avoid leaving a single word by itself on the second line? *see page 213*

10.8 Does the document avoid printing text on shaded or patterned backgrounds or on top of photographs or illustrations? *see page 213*

10.9 Is the document very restrained in any use of "reversed out" text (light-colored text on a dark background)? *see page 215*

10.10 Is there enough contrast between the printed text and paper to be able to read everything easily (black text on white non-gloss paper works best)? *see page 216*

11 Use of color

11.1 Are the particular colors chosen appealing to the intended audience and free from unwanted connotations or problematic cultural significance? *see page 216*

11.2 Is color used sparingly for greatest impact, avoiding "color overload"? *see page 217*

11.3 Is color used in a consistent and deliberate way to enhance the meaning and impact of the key messages? *see page 218*

11.4 Do the particular colors chosen work well from a design standpoint (including for people who are color blind)? *see page 219*

12 Tables, charts, graphs, and diagrams

12.1 Are tables, charts, graphs, diagrams, and explanatory illustrations clearly labeled and carefully explained, using examples, prominent legends, and step-by-step instructions? *see page 220*

12.2 Do tables and charts include as few vertical and horizontal lines as possible to avoid a cluttered look? *see page 221*

12.3 Have tables, charts, graphs, diagrams, and explanatory illustrations been pretested with the intended audience for comprehension and cultural acceptance? *see page 221*

12.4 Are matrix formats (charts with rows and columns) kept as simple as possible and used with great caution for lower literacy audiences? *see page 222*

13 Photographs, illustrations, and symbols

13.1 Are photos, illustrations, symbols, patterns and other visuals related to the information presented and used to reinforce key messages? *see page 226*

13.2 Are the people and activities shown in photos or illustrations contemporary and representative of the intended audience in their demographics, physical appearance, behavior, and cultural elements? *see page 228*

13.3 Are the photos, illustrations, and other images culturally sensitive and free from unwanted connotations or problematic cultural significance? *see page 236*

13.4 Are the photos, illustrations, and other images simple and free from clutter and distracting detail? *see page 237*

13.5 Are photos, illustrations, and other images consistent in style for a unified look? *see page 239*

13.6 Are the facial expressions and body language of people in photos, illustrations, and other images appropriate to the situation and appealing to the intended audience? *see page 240*

13.7 Do photos and illustrations have a high quality professional look (the images themselves, cropping, reproduction in the document)? *see page 242*

13.8 Does the document avoid using cartoons, humor, and caricature (which may be understood or offensive)? *see page 243*

14 Translation into other languages and adaptation for non-readers and people with vision loss

14.1 Is translation done for meaning and ease of reading, avoiding awkwardness of literal translation from English? *see page 249*

14.2 Do translated versions of the document meet all the other guidelines for writing style, document design, cultural appropriateness, etc.? *see page 255*

14.3 Does each document tell readers how to get alternate versions in other languages or alternative formats for those with vision loss? *see page 260*

14.4 Is the language and date of the translated version identified by name in English somewhere on the document, for convenience of those who distribute it and speak only English? *see page 262*

B. Suggestions for using the Checklist to assess a document

The rest of this chapter gives you suggestions for applying the Checklist to your own print materials. There are several things to keep in mind about using this checklist:

- It's important that everyone involved in the assessment approach it with a positive and constructive attitude, focusing on improvement. There should be a clear understanding that it's the document that is being judged—not the people who sponsored or produced it.
- This checklist is for developers and sponsors of a document, and does not replace the need to get feedback directly from the intended audience. The checklist provides an inventory that can give developers and sponsors a big head start in producing effective print materials, but impact on the behavior of the intended audience is the ultimate test. To know whether they are noticing, understanding, and using the materials, you need to do testing and evaluation that include getting feedback directly from members of the intended audience.

- To use the checklist, you need to read the other parts of the Guide that go with each checklist item. Page numbers are included in Figure 5.1. The other parts of the Guide discuss the criteria covered in the checklist item, and suggest ways to improve your document if it falls short in particular areas.

- **Comments made by reviewers who apply the checklist are the most informative and actionable part of the assessment.** An answer of *"needs improvement"* or *"not sure"* is not very informative if there are no comments. Reviewers should be as specific as they can in noting areas for improvement and areas where they are uncertain. Take, for example, the checklist item that asks, "Is the information limited to an amount that is reasonable for the intended readers?" If reviewers answer *"needs improvement"* or *"not sure,"* they should specify which parts they think could be condensed or dropped. If the answer is *"needs improvement,"* a comment might be, "Looks okay except for the chart on page 5. It has too much detail, especially toward the end."

- Answers of *"yes,"* *"needs improvement,"* and *"not sure,"* can be tallied if you wish. This can be done across items if there are multiple reviewers, and across the Checklist as a whole. Such a tally can help focus attention on areas that need improvement.

- The Checklist has been deliberately designed so that responses do *not* convert into any type of rating or overall score to judge the suitability of a document. Most assessment tools that compute a numerical score weight each item equally. Equal weighting would not be appropriate for the Guide Checklist because some of its items (such as reading level and cultural appropriateness) are definitely more significant than others, whatever the material being assessed. In addition, the salience of various items differs by the nature and purpose of the print material. When you use the Checklist, you'll need to decide which of its items are the most consequential for your particular document and its intended audience.

Assemble a team of reviewers

When you are ready to use the Checklist, it is very helpful to have several people do independent assessments. Try for a good mix of people in terms of their familiarity with the document, and their interests and expertise.

It's wise to include people who have never seen the document before, because they will come to it with fresh eyes. It's also good to involve people who are familiar with the document or who helped create it. Using the checklist systematically may help them see the document in some new ways and identify ways to improve it.

A mix of people is good because individuals tend to be more attuned to some aspects of a document than to others. For example, people who are highly visually oriented may have stronger or different opinions about the layout and formatting than those who are not. Those who have struggled to write clear and simple language may be more insightful and demanding in their evaluation of the writing style than those who have not.

Since a number of the checklist items address aspects of cultural sensitivity and appropriateness, it is crucial to have reviewers who are knowledgeable about the cultures of the intended audience. This might include interpreters, people from community organizations, and informants who are members of the intended audience. Chapters 2, 3, and 4 discuss the benefits of getting advice and feedback directly from members of the audience during the development of your materials as well as in the testing phase.

Each reviewer will need these materials:

- The Checklist form. This form is in Appendix B, along with a summary form for tallying assessments that are done by multiple reviewers. If there will be multiple reviewers, someone should fill out the descriptive section at the beginning of the assessment form before the form is copied for each reviewer.
- Access to this Guide, which explains more about the items in the checklist.
- Two copies of the document to be assessed. One copy is for reference, and the other is for making notes. It is easier to make certain types of comments by writing directly on the document, such as comments about layout, fonts, color, and other visual elements. It is also helpful to have self-stick notes handy for making longer comments directly on the document.

Five basic steps in using the Checklist:

1. First, use this Guide to become familiar with the Checklist topics. Figure 5-1 gives a page number for each Checklist item, telling where that item is discussed in the Guide. Often this discussion gives examples and tells you where to learn more about the topic.

2. When you're ready to apply the Checklist, do your best to adopt the mindset of a reader who is part of the intended audience. If you are assessing a document that is intended for readers with low literacy, keep in mind the information in Chapter 2 about features of print documents that make them easier to read and understand.

3 Then, skim quickly without reading to form a general first impression. The checklist form has a place to record your first impressions before they fade. It is hard to recapture first impressions of a document once you begin to read it closely and study it critically.

4 Next, read the document for content. Make notes about such things as clarity, accuracy, and appropriateness.

5 Finally, go back through the document and apply the checklist to your document, item by item. Add comments as you mark your answer to each item in the Checklist, drawing on notes you made when you skimmed for a first impression and when you read for content.

Using results from Checklist assessments

When everyone has completed their assessments, review the results. It's often more practical to discuss comments with reviewers individually than in a group. If you do meet to compare notes as group, a positive and constructive spirit is crucial, so that no one feels put on the spot and defensive about any shortcomings identified by the assessment.

If you have a longer document, it can be helpful to make a cut-and-paste display of it for use when you are deciding on revision. Just cut the document apart and mount the pages in sequence on a long roll of paper. You can tape this to a wall for reference. This display, showing all pages laid out consecutively, makes it easier to analyze the overall flow of the document, and to address problems with organization and navigation. It also makes a handy spot to consolidate notes and record decisions about plans for further consumer testing or revisions.

Making plans for testing and revision

Don't be discouraged as you discuss what to do next. No document is perfect, and many trade-offs are necessary when documents are developed. Just focus on the areas that seem most consequential and those that lend themselves most readily to improvement. Pay special attention to the factors that affect ease of reading, comprehension, and overall cultural acceptance.

III APPLYING THE CHECKLIST

6 APPLYING THE CHECKLIST: Defining your purpose and audience

Introduction

This chapter is the first of a series of six chapters that explain how to apply the items in the Guide Checklist for assessing print materials. As shown in Chapter 5, the Guide Checklist is a tool you can use to evaluate the content, organization, writing style, graphic design, and language translation of the print materials you prepare for Medicaid beneficiaries or other audiences. The purpose of the Checklist and general instructions for using it are discussed in Chapter 5.

The Guide Checklist is divided into two parts. Part A provides background by describing the type of material (brochure, booklet, etc.), the audience, and plans for testing and evaluation. Part B contains the actual items you can use to assess the document. For your convenience, there is a Checklist formatted for administration, with places to mark your answers and add comments, in Appendix B.

This chapter explains how to apply Part A of the Checklist, item by item. This section describes the purpose and the type of material you are preparing, its intended audience, and your plans for testing and evaluation. All of these topics in Part A of the Checklist are discussed in detail in Chapter 4, *Six-step model for developing and testing print materials*, and most are covered in other chapters as well. This chapter is briefer than most because it simply repeats key points for each Checklist item, and refers you to other parts of the Guide for more thorough discussion.

GUIDE CHECKLIST, SECTION 1:

Purpose of the print material

What do you want to accomplish?

Checklist item 1.1

What is the purpose of the material—what do you want the reader to know or do?

As explained in Chapter 4, *Six-step model for developing and testing print materials*, it's important to start with a clear statement of the behavior you are trying to promote with your print material. For example, your goal for a print piece might be to reduce the frequency of auto-assignment by getting people to make their own choice of a Medicaid managed care organization. Or you might want to get Medicaid beneficiaries who have diabetes to attend a new program about nutrition.

Whatever the goal of your project, be as specific as possible when you state it on the Checklist. A clear statement of the action or behavior change you seek helps you identify the ways to measure your success with the print materials (see Checklist item 4.2 about evaluation at the end of this chapter).

GUIDE CHECKLIST, SECTION 2:

Describing the print material

(type, distribution, alternate formats, and related materials

What type of print material?

Checklist item 2.1 | What type of print material is it?

You can apply the Guide Checklist to any type of print material, including brochures, pamphlets, booklets, coloring books, bookmarks, application forms, comparison charts, postcards, posters, billboards, instruction sheets, questionnaires, and the like. For convenience, this Guide sometimes refers to the print material as a document, but most items apply to the full range of print materials, regardless of the amount of text they include.

The Checklist formatted for administration (Appendix B) has a blank space for item 2.1 where you fill in a description of your print material. This item also has boxes to check which show whether it is a revision of existing material or something new, and how it will be used (one-time use, ongoing reference).

How will readers get this material?

Checklist item 2.2 | How and when is the print material being distributed and publicized?

If you want your print material to influence people's behavior, you have to get it to them at a time when it's useful to them, and get them to notice it. Checklist item 2.2 has a space for you to describe how you will do this. If the material you are assessing is already in use, how is it being distributed? Or, if you are still developing the material, what are your plans for getting it to your intended audience?

If your distribution method is *passive* (people must pick it up on their own, or request it) rather than active (you are delivering it directly to members of your intended audience), how are you publicizing its availability? In any case, how will you check to be sure that distribution is working according to plan?

Chapter 4, *Six-step model for developing and testing print materials,* discusses some things to keep in mind about the methods and timing of distribution, including coordination with other organizations that may be distributing similar or related information.

Are you using this material in combination with other approaches?

Checklist item 2.3

Are there other materials or personal assistance strategies that go with this print material?

While print materials can be very effective, other modes of communication work even better for certain purposes and certain audiences. As noted in Chapter 4, *Six-step model for developing and testing print materials,* there are several reasons why a combination of approaches is generally more effective than using only print material. Since people differ in their learning styles and preferences for media, a campaign that uses several channels of communication will reach more of the people in your audience. Repeating the same or similar messages using different modes or channels will also help people learn and remember new information. Personalized assistance from toll-free hotlines or in individual or group sessions is especially helpful because people can clear up confusion and get answers to their questions.

Checklist item 2.3 has a space for you to indicate which other approaches, if any, you plan to use with your print material. Are there companion pieces of print material? Is your material designed to be used with information in other media such as videos, audiotapes, interactive voice response (IVR) technology, radio spots, or something else? Is personalized assistance or decision support available, such as help lines or in-person information meetings?

Is the print material available in alternate formats (large print, audio, etc.)?

Checklist item 2.4

Is the material available in alternate formats for non-readers and people with vision loss?

There are federal and state requirements about making information materials available to beneficiaries who cannot use print material for reasons such as vision limitations or inability to read. Chapter 4, *Six-step model for developing testing print materials*, discusses options such as audio tape, documents printed in extra-large type, braille, and use of toll-free hotlines for more personalized assistance. See *Increasing Medicare beneficiary knowledge through improved communications: Summary report on the Medicare population with vision loss* (Barents Group, Project Hope, and Westat, 1999) for discussion about meeting the needs of people who are blind or have vision limitations.

Checklist item 2.4 has a place for you to describe how you will make the information in your print material available in alternative formats for members of your audience who need them.

GUIDE CHECKLIST, SECTION 3:

Describing your intended audience

What research have you done?

Checklist item 3.1

What research has been done to learn about the intended audience, including their information wants and needs?

Chapter 4 describes the research step of the six-step model for developing and testing print materials: *define and learn about your audience and the issues*. It also suggests a variety of methods you can use during this research step to get a thorough understanding of the people you are trying to

influence with your print material. The more you know about your audience, the more responsive you can be to their information wants and needs, and the more effective your print materials will be.

This Checklist item 3.1 is a reminder to review the research you have done, and ask yourself the following question: Have I learned enough about the audience to develop a document they will read, understand, and use?

The remaining items in this section of the Checklist ask you to summarize your knowledge of the audience's literacy skills (3.2), language translation needs (3.3), and demographic and cultural characteristics (3.4 and 3.5).

What are the literacy skills of your intended readers?

Checklist item 3.2

What are the literacy skills of your intended audience?

This Checklist item asks you to indicate the average literacy skills of the people you are trying to reach, so that you will be able to produce materials at an appropriate reading level (see Checklist item 7.2 in Chapter 7, *Guidelines for content, organization, and writing style*).

Chapter 2, *Matching the reading level of your materials to the reading skills of your intended audience*, discusses literacy skills of adult Americans in general, and Medicaid beneficiaries in particular. While an audience of Medicaid beneficiaries includes people with the full range of reading skills, from non-readers (see Checklist item 2.4 above) to skilled readers, the average reading level for Medicaid beneficiaries nationally has been estimated at fifth grade.

Chapter 2 suggests two ways to estimate the literacy skills of your intended audience. If you know the average education of your audience, you can estimate their literacy skills: the reading grade level for American adults is often about three to five years below the highest grade they completed in school. The other method is to use results from national studies of literacy, such as the *National Adults Literacy Study* (Kirsch et al., 1993) described in Chapter 2. Many people enrolled in public programs such as Medicaid and Medicare are members of groups shown by this study to have literacy skills that are lower than those of the general population:

- On average, literacy skills are lower among people who have certain physical and mental health conditions, and among people in a number of race-ethnic groups.
- Compared to the general population, literacy skills are also lower among people 65 and older.

This information and other discussion in Chapter 2 suggest that if you are preparing print materials for Medicaid or Medicare beneficiaries, you should gear your materials to the needs of low literacy readers. The Guide Checklist items cover many aids and educational devices that help make print materials easier for low literacy audiences to understand.

Is there a need for language translation?

Checklist item 3.3 | What are the language translation needs of the intended audience?

This Checklist item asks you to identify how many beneficiaries have a primary or preferred language other than English. The Checklist form asks you to list the languages and your estimate of the number of beneficiaries in each language group. Then there is a place on the Checklist form to indicate your plans for translation and alternate methods to make the information in your print materials available to each group.

Chapter 4, *Six-step model for developing and testing print materials,* acknowledges that it may be a challenge to produce estimates of the language needs of beneficiaries. In some states and within some managed care organizations, it can be hard to get accurate and up-to-date information about the languages spoken by beneficiaries. This information is often unavailable even though there is a place to record it on enrollment forms or other records. It may be available for one family member, but not for others.

As discussed in Chapter 4, *Six-step model for developing and testing print materials,* and Chapter 10, *Translating print materials,* translation is only one method to make information available to beneficiaries, and it may not be the best way. Keep in mind that translation works only for beneficiaries who have literacy skills in their own language, and that some languages have no written equivalent. Especially when material is complex or highly visual, translation may not be a good option. Chapter 4 discusses alternatives such as hotlines and audiotaping.

Four items at the end of the Guide Checklist cover the translation process itself (items 14.1 through 14.4). These items are discussed in Chapter 10, *Translating print materials*, which gives guidelines for translation and offers a number of cautions for ensuring quality and effectiveness of translated materials.

What are the characteristics of your intended readers?

The next two Checklist items ask you to describe characteristics of the people you are trying to reach with your print materials.

Checklist item 3.4

What are the demographic and personal characteristics of your intended audience?
(age, sex, race, ethnicity, education, income, occupation, country of origin, geographic location, health status, etc.)

Checklist item 3.5

What are the cultural and psychological characteristics of your intended readers?
(cultural customs and traditions, health habits and other lifestyle factors, media exposure, attitudes, values, etc.)

Chapter 3, *Understanding and addressing the need for culturally appropriate materials* and Chapter 4, *Six-step model for developing and testing print materials*, both emphasize the importance of a good match between the personal characteristics and cultural traditions of your intended audience and the content and images of your print materials. The first step to achieving this good match is to understand which audience characteristics and cultural traditions make a difference to the topic of the print materials you are producing.

These two Checklist items, 3.4 and 3.5, cover a full range of audience characteristics for you to consider; see Figures 4-2 and 4-3 in Chapter 4 for an expanded list.

Besides identifying the basic demographics and other personal characteristics of your audience, it's crucial to find out what members of your audience already know about your topic and how they feel about it, including any rumors, myths, and misinformation they may hold. You'll need to gather information about cultural habits, preferences, and sensitivities related to your

topic. You should also learn what might motivate your audience and any barriers to behavior change. Chapter 4 suggests many ways to collect the information you need about your audience in order to be able to develop culturally relevant materials they will understand and use.

The Checklist form asks you to fill in brief summaries of key audience characteristics for items 3.4 and 3.5. Essentially, this is a place for you to fill in highlights of what you have learned from the audience research you have done.

These summaries of knowledge about your audience are included in the Descriptive Part A of the Checklist to serve as background for those who are using Part B of the Guide Checklist to review your print materials. Reviewers can refer to these summaries of audience characteristics when they apply checklist items that ask about cultural appropriateness for the intended audience.

As emphasized in Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, you need to prepare and use summaries of this type with great caution, acknowledging the diversity within each cultural group. Rely on advice and feedback from members of your audience and your key informants to help you stay on track.

GUIDE CHECKLIST, SECTION 4:

Testing and evaluation

What testing of draft materials has been done?

Checklist item 4.1

What testing have you already done to get your audience's reaction to the print material, and what did you learn from it? What additional testing do you plan?

This Guide emphasizes testing, because the best way to find out if your materials are appealing to your audience and easy for them to understand and use is to get feedback directly from members of the audience. Chapter 4, *Six-step model for developing and testing print materials,* discusses the purpose and benefits of testing, and the Guide also gives details about specific methods you can use. Chapter 11 shows how to use interviews and focus groups to get feedback on your draft materials.

Developing and *testing* are combined as a single step in the six-step model in Chapter 4 to emphasize the usefulness of multiple rounds of testing during the process of developing your materials. Your focus may change at different stages. For example, you might test key messages and images at an early stage, and do more extensive testing of comprehension and usefulness of information later on. Since time and resources are typically limited in state agencies, it may not be practical to do extensive testing. In these situations, just do the best you can, remembering that **some testing is better than no testing at all.** You can learn a great deal from a couple of key informants and even just one focus group.

This Checklist item has space for you to describe the testing you have already done and what you have learned from it. Besides results from testing done in focus groups or pretesting interviews, be sure to include things you have learned informally from consulting with members of your intended audience and key informants.

This Checklist item also asks you to indicate your plans for testing. Knowing what types of testing are planned is helpful background information for reviewers who apply the items in Part B of the Checklist to your print material. When they make comments in response to the Checklist items, they can be more specific in recommending which aspects of the piece should be tested with the audience in which ways.

What are your plans for evaluation?

Checklist item 4.2 | How will you judge the effectiveness of the print material?

This final item in Part A of the Checklist asks about your plans for evaluation. As discussed in Chapter 4, *Six-step model for developing and testing your materials,* it's important to start working on planning and budget for evaluation at the beginning of your project. If you are clear at the outset about defining your goal for the print material (see item 1.1 at the beginning

of this chapter), then it is easier to identify the behaviors you need to measure to see if the document is achieving its purpose.

For example, if the purpose is to improve preventive care for babies and young children, the evaluation might look for increases in immunization rates and the number of well-baby visits. To evaluate the impact of print materials with broader goals, you may need to collect a variety of data from different sources. For example, in evaluating a new handbook to help beneficiaries understand their managed care organization, you might compile evidence from focus groups with beneficiaries and advocacy groups, from surveys or interviews with PCPs and hotline staff, from statistics about emergency room use, and finally from an analysis of complaints.

7 Guidelines for content, organization, and writing style

Introduction

This chapter gives guidelines for writing to help you produce a text that is easy for beneficiaries to understand and use. It is the second in a series of chapters that show you how to apply the items in the Guide Checklist for assessing print materials presented in Chapter 5.

As this chapter emphasizes, making text easy to read and understand is not a simple matter of stringing easy words together into short sentences. In fact, an example in this chapter (Figure 7-9) shows that chopping text into short sentences that are not well connected actually makes it harder to read. Many factors in addition to word choice and sentence length contribute to effective writing, including how the material is organized and how well it engages the reader personally.

This chapter begins with a reminder about using research to learn more about your audience, including their attitudes and experiences related to your topic. The next section suggests ways to involve members of your audience and key informants as active contributors during the writing phase of your project. The remainder of the chapter discusses principles for effective writing. It covers the following sections of the Guide Checklist for assessing print materials, item-by-item:

Checklist Section 5. Content

Checklist Section 6. How content is sequenced, grouped, and labeled

Checklist Section 7. Writing style

Checklist Section 8. Engaging, motivating, and supporting the reader

B. Suggestions for writing and revising the text

Knowledge about your audience and topic

Previous chapters of this Writing and Designing Guide have stressed the crucial importance of gaining and using knowledge about your audience to produce print materials they will notice, understand, and use. Chapter 2 about literacy skills showed that attention to reading level is a must, and Chapter 3 showed that cultural appropriateness is also essential. The six-step model for producing print materials in Chapter 4 puts heavy emphasis on clearly identifying your goal, and learning about audience attitudes, behaviors, and experiences. These earlier chapters will help you decide what you need to cover in your print materials.

Getting help from your audience about what to say and how to say it

This Guide has urged you to get members of your audience and key informants actively involved in helping your produce materials that are culturally appropriate and easy for the audience to understand. Chapter 4, *Six-step model for developing and testing print materials*, discussed ways you might work with members of the audience and key informants at each stage of your project.

Since this chapter covers the Guide Checklist items about content, organization, and writing style, this section suggests ways to involve audience members and key informants in helping you decide what to say in your print materials and how to say it. Chapter 4 gave examples of projects that produced materials with the help of a panel of audience members, using a process called cooperative composing or participatory materials development. While this approach can be very effective, you may find it more convenient to work individually with audience members and key informants, especially when time and money are limited or your project is small.

Here are some things that members of the audience and key informants who are familiar with the audience can help you with during the writing phase of your project:

- **Generating and prioritizing key messages.** When you are ready to begin writing the text for your materials, you probably have a notepad of ideas and topics. Audience members and informants can brainstorm with you about key messages and identify the most important topics.

- **Identifying culturally sensitive areas and potential misunderstandings.** Members of the audience can help you understand the nuances of their culture, and recommend ways to address potential problems and misunderstandings. They may also offer suggestions related to the visual elements of the piece, including colors and images to use. Chapter 9, *Using photographs and illustrations,* gives examples that illustrate why it's important to check with members of the audience about the visual elements as well as the words of your piece, to avoid offending or confusing people.

- **Deciding how to word the messages and what content to include.** As you talk with members of the audience, in particular, be attuned to the language and logic they use so that you can incorporate their phrases and examples into your print materials. You can also ask directly for their suggestions about a title, headings, and words and phrases to use. The way they talk about the topic may also suggest ways of sequencing the material that will make sense from the audience's point of view.

Writing the first draft of the text

The input you get from working directly with members of the audience and informants will give you a great head start, but ultimately, producing the first draft is a solitary task. Start with the outline and elaboration of key messages you have developed with the help of members of the audience and key informants. Use the discussion of Guide Checklist items in this chapter and other chapters to help guide your writing and assess the draft you produce.

It helps to write as though you were talking with a member of your intended audience, point by point. *Teaching patients with low literacy skills* explains that when you write the way you talk, three good things happen:

- **The reading grade level automatically drops** several grades and maybe as many as five or six.

- **The material becomes more interesting.**

- **It is easier to understand.** The extra words we use when we talk—the redundant or amplifying words—give readers additional ways to understand the message (Doak, Doak, and Root, 1996:78).

Using mockups to do a preliminary design that fits with the text you are writing

Since it takes good design as well as good text to produce effective print materials, it's important to **keep the design aspects of your materials in mind while you are writing the text.** Working on preliminary aspects of the design at the same time that you are writing the text is helpful because what you write influences how you design—and vice versa.

Chapter 4, *Six-step model for developing and testing your material,* describes how to create a mockup (actual size replica) of your print piece and use it as a guide for the development and integration of text and design. At the beginning, your mockup will be very rough, with handwritten notes and sketches to indicate approximate placement of specific content and visual elements. Update these notes and sketches periodically, so that your mockup reflects the progress you have made in writing the text and refining the preliminary design.

As Chapter 4 emphasizes, you don't need the skills of a professional graphic designer to use a mockup as a guide for the development of your print materials. As a non-designer, there are some basic things you can learn about design and apply while you are writing the text to help make sure that you end up with a piece that is easy it is for your audience to read and understand. These basics are discussed in Chapters 8 (*Guidelines for effective document design*), and 9 (*Using photographs and illustrations*).

Revising and testing your draft

Once you have a mockup that incorporates your first draft of the text, the next step is to get some feedback from others such as members of your audience or key informants. These reviewers will keep you on track by letting you know if the material is easy to read and understand, and by helping you deal with areas that are sensitive from a cultural or linguistic standpoint. It's also a good idea at this stage to get some feedback on the design aspects of your mockup from the people who will be doing the production work to get your material printed.

Using the feedback you received from the review of your first draft, develop a second draft to test with members of your intended audience. Testing is discussed in Chapters 4 (*Six-step model for developing and testing print materials*), and 11 (*Using interviews and focus groups to learn about your audience and test your materials*).

GUIDE CHECKLIST, SECTION 5:

Content of your print materials

Content of your print materials

The remainder of this chapter has three sections that discuss the items in the Guide Checklist that cover content, organization, and writing style. This first section discusses items 5.1 through 5.5, which deal with the content of your print materials.

Checklist item 5.1

Is the purpose of the material immediately obvious to the reader (clearly stated in the title, on the cover, or in the introduction)?

Just like you, members of your intended audience make snap judgments about print materials based on a quick glance: *What's this about? Should I bother to read it?* If the content and purpose of your print piece are not clearly evident from its title and other cues, many people you're trying to reach won't give it a second glance. And if your title is ambiguous or misleading, you may attract the wrong audience. So **pay careful attention to the cues you give that shape your readers' first impressions.**

When you start to write a print piece such as a brochure, giving it a working title helps you focus and reminds you of the purpose of your work. But after you've written your first complete draft, look again at your title: does it state the purpose clearly? Does it sound boring or bureaucratic? Too coy or "cute"? Is it so short that it's hard to know what it actually means? Too long or laborious? See if you can fine tune the title and other parts of the cover or beginning of your material to make it easy for people to know what follows. (For the moment, we're talking about the impression you give through your words. The next chapter gives tips about effective visual display of those words.)

For example, suppose that you have done a CAHPS survey (Consumer Assessments of Health Plans; AHCPR, 1999) that asks beneficiaries about their managed care organizations. The survey results show beneficiaries' experiences and their ratings of the quality of care they have received. Your

brochure will give these results to new enrollees so they can use the survey data, along with other information, to make a well-informed choice of managed care organization. What would be a good title for the brochure of survey results for Snohomish county? Here are some possibilities:

Snohomish County Report on Managed Care Plans

Managed Care Plans in Snohomish County and Their Quality

Choosing a Managed Care Plan

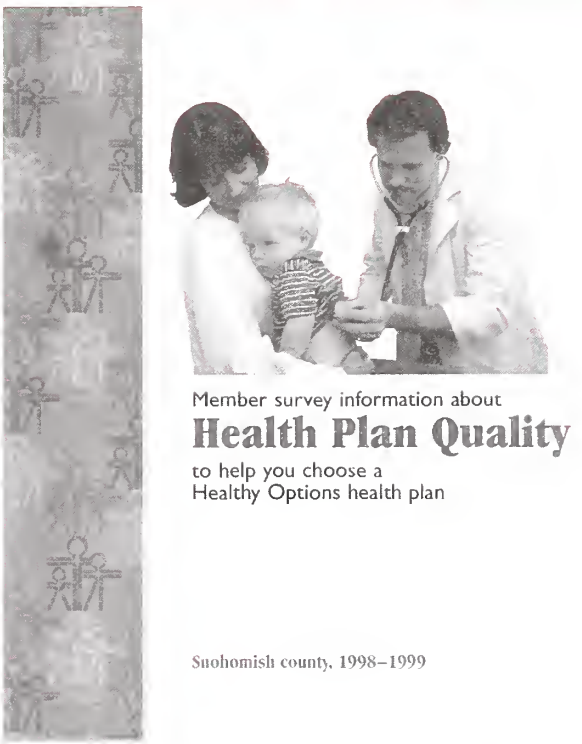
Quality and You

Choosing Quality

As you can see, the longer ones are unappealing and the shorter ones are too broad. All of them are inadequate.

Compare the title on the cover in Figure 7-1 below, from an actual report in the State of Washington. (This title uses *health plan* rather than *managed care organization* because *health plan* is the term familiar to beneficiaries in Healthy Options, the state's Medicaid managed care program). The graphic design emphasizes the key words of *health plan quality* by making them so much larger that they dominate the cover. The rest of the cover text answers the reader's questions, *What's this about? How can I use it?* The county is identified at the bottom. It's there for reference, because this report was customized for each county, but it is downplayed because it isn't relevant to readers' immediate questions.

FIGURE 7-1. **Cover—Report of Healthy Options Members Survey Results**



Source for Figure 7.1: State of Washington Medical Assistance Administration. Used with permission. This brochure was distributed in 1998–99 at the county level in multiple languages.

Figure 9-4 in Chapter 9, *Using photographs and illustrations*, provides another example. This figure shows a poster from the Baby Arizona program that is geared to teenagers. It features a photo of a young woman in the foreground, with a young man in the background. The title, *Pregnant? Now what?*, engages the reader's attention. The subtitle, *Give your baby a healthy start. One call gets you connected to care*, answers the reader's questions about what the poster is about, and why they should bother to read it.

Another example comes from *Start healthy, stay healthy*, a project of the Center on Budget and Policy Priorities (1998) that includes outreach materials, screening tools, and handbook, all intended for a broad audience of providers, educators, administrators, advocacy groups and other organizations that work to increase health insurance coverage for children. The handbook draws the attention of people who want to help children with the following main title: *Free and low-cost health insurance:* ***Children you know are missing out.*** The subtitle, *An outreach handbook*, appears at the bottom.

Checklist item 5.2 | Is the information concrete and action-oriented?

When picking up your print material, the reader's basic question is *What does this mean to me, personally?* You owe your reader a clear, direct answer. It's important to be concrete and specific, because (as discussed in Chapter 2 *Matching the reading level of your materials to the reading skills of your audience*), it can be hard for people with lower literacy skills to apply abstract principles or general discussion to themselves personally. *Teaching patients with low literacy skills* (Doak, Doak, and Root, 1996), *Write it easy-to-read* (Root and Stableford, 1998), and other resources on clear and simple writing all emphasize the importance of spelling out implications and telling readers what they should do.

For example, consider the following statement:

> Medicaid is a government program administered by the Department of Human Services. For people who qualify, it pays for medical care.

From the reader's perspective, this is not very "concrete" and action-oriented. Compare this:

> Medicaid is a government program that can help you get medical care at little or no cost. Call the Department of Human Services at 657-3843 to see if you can sign up.

Are your examples "concrete" and not abstract?

> **No:** Prenatal care is important to a baby's health.
>
> **Yes:** To have a healthy baby, start caring for her before she's born.

Is your language action-oriented?

> **No:** It is important to become recertified for Medicaid coverage every three months in order to keep your benefits.
>
> **Yes:** To keep your Medicaid coverage, see your caseworker every three months.

Checklist item 5.3 | Is the information limited to an amount that is reasonable for the intended readers?

The combination of sheer amount of text and the way it is formatted makes an immediate impression on your readers. As discussed in Chapter 8, *Guidelines for effective document design,* a publication that is densely designed with solid blocks of text can look overwhelming, regardless of its content.

As discussed later in this section, it helps to break the text into sections, and add headings. Chapter 8 discusses other aspects of graphic design to help readers navigate smoothly through text. But no matter how well text is visually displayed, if a publication for lower-level readers is crammed with too much text, they won't read it.

With help from members of your audience and key informants, you need to sift through all that might be said and figure out just (and only just) what readers really need to know. Look at each part of the text closely: could this part stand by itself and still make sense? Could you eliminate it altogether and still have the reader take the action you urge or understand the key points of your message?

As discussed in Chapter 4, *Developing and testing your materials,* often it is best to use print in combination with other approaches, such as personal assistance from toll-free help lines or workshops, audiotapes, videotapes, radio, and television. For example, *Use your power: A map to help parents use DC Medicaid managed care,* is a print booklet that has a companion video (DC Healthy Start Resource Center, 1998).

As you work on condensing the content of your print piece, take into account the other ways you are sharing the same or related information. Which content must be covered in print and what could be covered in other ways? For example, can you rely on other sources of information, such as toll-free hotlines, to supply the details to readers who need them?

If you have many topics to cover, ask yourself if it's wise to put them all in one comprehensive publication. The total amount of text may cause information overload and make it harder for beneficiaries to find the specific information they need. A group of shorter, complementary pieces may be better than a single long one. For example, it is probably not a good idea for Medicaid state agencies to package information about enrollment in the same document as information about how to use your managed care organization.

Also, the purpose and timing of use differs: the enrollment materials are for one-time use, while the information about how to use a managed care

organization is for ongoing reference. Instead of putting everything into a single document, you might devote one piece to getting signed up, and produce a follow-up piece that explains about how to get care.

The ultimate test of whether you've kept the content to a reasonable amount is, of course, the results from testing your draft with members of the intended audience (see Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*). Testing will help reveal any content that is missing from the reader's point of view, and it may also suggest spots where further cuts could be made. For example, you might consider eliminating (or reformatting) any parts that people tend to skip over during testing.

Checklist item 5.4 | Is the information accurate and up-to-date?

Before you start writing, be sure of your facts. This applies not only to deadlines and telephone numbers, but also to medical, scientific, and technical facts. If you use other studies' facts or statistics, make sure you're interpreting them accurately. Have people in your office or agency check your text for up-to-date information, translation, and overall accuracy. And you might try calling some of those phone numbers yourself, just to be sure. Check maps and written directions, also, to see if they're easy to follow.

While the key rule for writing for low literacy readers is to be clear and economical, you must **be careful not to oversimplify concepts or distort meaning** as you pare away. If the legal department raises any concerns about the text you have written, work together to resolve their concerns without sacrificing clear and simple language. Plain English is essential to making print materials easy for beneficiaries to understand. For more information about legal writing in Plain English, see *Plain English for lawyers* (Wydick, 1998), *Literacy, health, and the law: An exploration of the law and the plight of marginal readers within the heath care system: Advocating for patients and providers* (Health Literacy Project, 1996), and other references in Chapter 12, *References and additional resources*.

Checklist item 5.5

Does the content show awareness of and respect for diversity, and use culturally appropriate terms and examples?

When you use everyday words and examples that reflect the habits and cultural customs of your audience, it's easier for readers to relate to your material. Discussion with members of your audience and key informants, together with results from testing, will help you pick the most effective and culturally appropriate ways to get your messages across.

You can show awareness of cultural differences and respect for individuals in the words and examples you choose. Showing respect for diversity can be subtle and complex; for example, avoid singling out a feature (such as teenage pregnancy or HIV infection) as a dominant characteristic of a person or subgroup. The people who read your material do so as individuals and want to be regarded personally, not as members of a group.

Obviously, it's vital to avoid any portrayals that could be construed as stereotyped or caricatured or otherwise offensive. For example, *Practical guidelines for the development of audiovisual cancer education materials for African Americans* (Guidry et al., 1996:18, 21) gives examples of stereotyped and biased portrayals of African Americans that need to be eliminated, including African American women shown in subservient roles, unrealistic portrayals of lifestyles as illustrated by *The Jeffersons* and *Good Times* television situation comedies, African American youths that are characterized as gangsters or hip-hop/rap lovers, and emphasis on African Americans as being athletic to the exclusion of other traits such as being intellectual.

As emphasized in Chapter 3, *Understanding and addressing the need for culturally appropriate materials,* it is critical that you choose words and examples that are positive, culturally sensitive, and respectful. There are two main issues in making language of your print materials culturally appropriate. One is to use words, phrases, and examples that are part of the culture—the language that is familiar to people. The other is to avoid using language that may be offensive to members of your intended audience. For example, Figure 7-2 gives guidelines for writing about people with disabilities. These guidelines emphasize putting the person first, by saying *people with disabilities* rather than *the disabled* or *physically challenged*. "Your words, our image" is the slogan to promote the use of such preferred terminology when referring to people with disabilities.

FIGURE 7-2. **Guidelines for writing about people with disabilities**

To help people use **words and images that create a straightforward, positive view of people with disabilities,** the Research and Training Center on Independent Learning worked with over 100 national disability organizations to produce *Guidelines for reporting and writing about people with disabilities*. The *Guidelines* have been reviewed and endorsed by media and disability experts and portions have been adopted into the Associated Press stylebook.

Here are some general suggestions from the Guidelines:

- **Do not portray successful people with disabilities as superhuman.** Even though the public may admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve this level.
- **Do not sensationalize a disability** by saying *afflicted with, crippled with, suffers from, victim of,* and so on. Instead, say *person who has multiple sclerosis* or *man who had polio.*
- **Do not use generic labels for disability groups,** such as "the retarded," "the deaf." Emphasize people, not labels. Say *people with mental retardation* or *people who are deaf.*
- **Put people first, not their disability.** Say *woman with arthritis, children who are deaf, people with disabilities.* This puts the focus on the individual, not the particular functional limitation. *Crippled, deformed, suffers from, victim of, the retarded, infirm,* and *deaf and dumb,* etc. are never acceptable under any circumstance.
- **Emphasize abilities, not limitations.** For example: *uses a wheelchair/braces, walks with crutches,* rather than *confined to a wheelchair, wheelchair-bound,* or *crippled.* Similarly, do not use emotional descriptors such as unfortunate, pitiful, and so forth.
- **Disability groups strongly object to using euphemisms to describe disabilities.** Terms such as *handicapable, mentally different, physically inconvenienced,* and *physically challenged* are considered condescending. They reinforce the idea that disabilities cannot be dealt with up front.
- **Show people with disabilities as active participants of society.** Portraying persons with disabilities interacting with nondisabled people in social and work environments helps break down barriers and open lines of communications.

The Guidelines include discussion of preferred words to use in describing 24 types of disabilities. Here are two examples:

- **Deaf.** Deafness refers to a profound degree of hearing loss that prevents understanding speech through the ear. *Hearing impaired* or *hearing loss* are generic terms used by some individuals to indicate any degree of hearing loss—from mild to profound. These terms include people who are hard of hearing and deaf. However, some individuals completely disfavor the term *hearing impaired*. Others prefer to use *deaf* or *hard of hearing*. Hard of hearing refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use *woman who is deaf, boy who is hard of hearing, individuals with hearing losses, people who are deaf* or *hard of hearing*.

- ***Handicap* is not a synonym for *disability*.** Handicap describes a condition or barrier imposed by society, the environment, or by one's own self. Some individuals prefer *inaccessible* or *not accessible* to describe social and environmental barriers. Handicap can be used when citing laws and situations but should not be used to describe a disability. Do not refer to people with disabilities as the handicapped or handicapped people. Say *the building is not accessible for a wheelchair-user. The stairs are a handicap for her.*

Source: *Guidelines for reporting and writing about people with disabilities,* Fifth Edition, 1996, distributed by the Research and Training Center on Independent Living, University of Kansas. Used with permission.

Practical guidelines for the development of audiovisual cancer education materials for African Americans (Guidry et al., 1996:18) warns against using slang or outdated language that might be offensive to African Americans. It also gives examples of other terms to avoid, such as *you people* or *those people* when meaning to address a particular audience, *minority* when meaning to address ethnic groups other than whites or Anglos, and *targeting* when meaning to indicate intended for.

Sometimes it's hard to know which words to use. This Guide, for example, uses the term *Hispanic/Latino* because preferred terminology differs regionally and locally (see Chapter 10, *Translating print materials*). Sometimes you need to use more than one term, because there's no consensus within your intended audience. For example, some may favor *Black* and others prefer *African American*. Be aware of the diversity within subgroups, as well. As shown in Figure 7-3, you may need to get very specific in order for people to *personally* relate to your material.

FIGURE 7-3. **Asking about ethnicity**

In recent testing of Medicaid beneficiaries' reactions to a CAHPS survey report (Consumer Assessment of Health Plans, AHCPR, 1999), participants were asked to complete a one-page questionnaire that asked for demographic information.

Initially, this questionnaire included a question that asked:

> Are you of Hispanic or Latino family background? yes/no

Interviewers noticed that several people who were known to be Hispanic/Latino marked no or skipped the question, even though they answered all the other questions, including one about race. Interviewers learned that people were not offended by the question. They said no or skipped the question simply because **the words "Hispanic" and "Latino" were not the words that they use to describe themselves.**

Here is how the question was revised so that people could relate to it personally:

> Are you of Hispanic or Latino family background? Including, for example, family background that is Mexican, Salvadoran, Guatemalan, Nicaraguan, Cuban, or Puerto Rican? yes/no

Source: Oregon-Washington Multilingual Medicaid CAHPS project.

Besides reflecting awareness of and respect for diversity, it's important that your material match as closely as possible the logic, language, and experience of your audience. This makes it easy for the reader to relate to what you say. Brochures showing dietary guidelines need to reflect the food typically eaten by members of the intended audience. For example, a leaflet about high blood pressure prepared in Asian languages for an Asian American audience shows an illustration of bottles of soy sauce, hoisin sauce, and similar foods (Health Promotion Council of Southeastern Pennsylvania). For members of cultures that tend to be family-centered in their decision making, messages related to making decisions should take account of the family context. See Figure 3-8 in Chapter 3, *Understanding and addressing the need for culturally-appropriate materials*, for an example.

As suggested earlier in this chapter, getting members of your audience involved in helping you develop the materials is a natural and effective way to produce materials that are attuned to their cultural and linguistic practices, using portrayals and examples they find acceptable. See Chapter 3, *Understanding and addressing the need for culturally appropriate materials,* and Chapter 10, *Translating print materials,* for further discussion.

GUIDE CHECKLIST, SECTION 6:

How the content is sequenced, grouped, and labeled

How the content is sequenced, grouped, and labeled

Checklist item 6.1

Does the sequence and organization of information make sense to the intended audience? (matches their logic and experience)

As you think about how to organize and arrange the information of your print materials, **be guided by the knowledge you have gained in doing research about your audience** (see Step 3 of the six-step model for producing print materials in Chapter 4, *Developing and testing your materials*). Feedback from members of your audience and key informants will help, too.

Teaching patients with low literacy skills (Doak, Doak, and Root, 1996) discusses five basic approaches, or writing models, that you might use singly or in combination to organize the content of your print materials. These approaches are summarized in Figure 7-4.

FIGURE 7-4. **Writing models and their purposes**

1. Health belief model

Purpose is to change attitudes and behaviors. The sequence of information is (1) you are at risk, (2) but there's something you can do about it, (3) and you will get personal benefits if you do.

2. Procedural model (step-by-step)

Purpose is to present a series of steps to be done in a specified sequence. This method of organizing material works well for such things as patient instructions and directions for filling out application forms.

3. Story model

Purpose is to raise people's empathy and interest in order to gain their attention and increase the likelihood that they will accept and act on the information you give. Stories are a natural way of sharing information. They can carry important cultural content and have powerful impact. See the discussion later in this chapter about using stories, dialogues, and vignettes.

4. Newspaper model

Purpose is to give information. This model gives the key points or most important part first, then arranges the rest in order of descending importance. It is especially helpful to readers with low literacy skills because first impressions tend to stick.

5. Medical model (for health practitioners)

Purpose is to give health practitioners the medical details. As Teaching Patients with Low Literacy Skills emphasizes, this model is not effective for patient instructions. The model generally present information in the following order: (1) description of the disease, its history, and the disease process, (2) statistics on its frequency, cure rate, etc., (3) various forms of treatment, (4) the efficacy of treatments and medications, (5) side effects, (6) other information.

Source: Adapted with permission for purposes of this Guide from Table 6-2 in *Teaching patients with low literacy skills,* Second Edition, by Cecilia Doak, Leonard Doak, and Jane Root (1996:82–83).

Don't assume that because a sequence seems logical to you, it will be the most compelling to your audience. The example in Figure 7-5 contrasts two ways of presenting materials about cocaine abuse, emphasizing the importance of cultural appropriateness.

FIGURE 7-5. **Content and sequence of messages about cocaine abuse: Tailoring a message to Hispanic/Latino cultural values**

This example comes from *You can prepare easy-to-read materials,* which emphasizes the need to tailor the content and sequencing of messages to the intended audience. Although Option 1 shown below is logical from one perspective, *You can prepare easy-to-read materials* suggests that Option 2 would be more effective with a Hispanic/Latino audience.

Option 1

This possible outline for material about cocaine abuse combines elements of the health belief model and the medical model described in Figure 7-4:

- Statistics about the prevalence of overall drug abuse in the United States and the prevalence of cocaine abuse among different population groups
- Risk factors associated with cocaine use
- Strong message to stay away from cocaine

Option 2

Here's an alternative approach that is geared to cultural values. It reflects some elements of the story model described in Figure 7-4:

- Hispanics' pride in their culture
- How Hispanics have solved other problems
- The need for Hispanics to tackle drug abuse issues
- Specifically what Hispanics must do about cocaine abuse

Source: The basic outlines in each option are adapted from an example in *You can prepare easy-to-read materials,* Center for Substance Abuse Prevention *Technical Bulletin,* September 1994:3.

As mentioned earlier in this chapter, getting input from members of your intended audience when you are developing your materials will help you build a sequence of messages that has a smooth and meaningful progression from your reader's point of view. Listening to their own sequencing is one way, but asking them to help directly is also effective. For example, you can put key messages on cards and ask your audience panel or other members of the intended audience (such as pretesting participants) to sort them into the order that makes sense to them.

This technique of using cards is helpful because it triggers open discussion of the readers' assumptions and the meaning of key messages. It can also reveal people's underlying logic, such as reasons why they think one topic needs to come before another. The technique may also reveal gaps in your sequence, that is, topics that your audience thinks should be added.

There are a few general guidelines about sequence and organization that apply to most situations. One of these—providing the context that people need to understand new information—is covered in the next Checklist item. Another is to place your most important ideas at the beginning of sections and lists, because readers with low literacy skills tend to pay more attention to items mentioned first. The newspaper model for writing mentioned in Figure 7-4 begins with the most important information.

Checklist item 6.2 | Does the material give people the background or context they need to understand new information?

Readers need some background or context to understand new information. But providing context is not a one-time task that you dispense with at the beginning of your document. Building a context for understanding applies at the level of paragraphs and sentences as well as to the document overall.

By placing ideas or words in a deliberate order, you create a context that helps readers understand your message. As explained in *Teaching patients with low literacy skills,* putting the context first provides a place—a framework—for new information to fit before it arrives.

Consider the following examples at the level of the sentence, where the "if" (or "when") clause sets up the context for the words that follow:

> [If you need more information,] call the help line at 1-800-999-5555.
>
> [When you smoke cigarettes], you shorten your life.

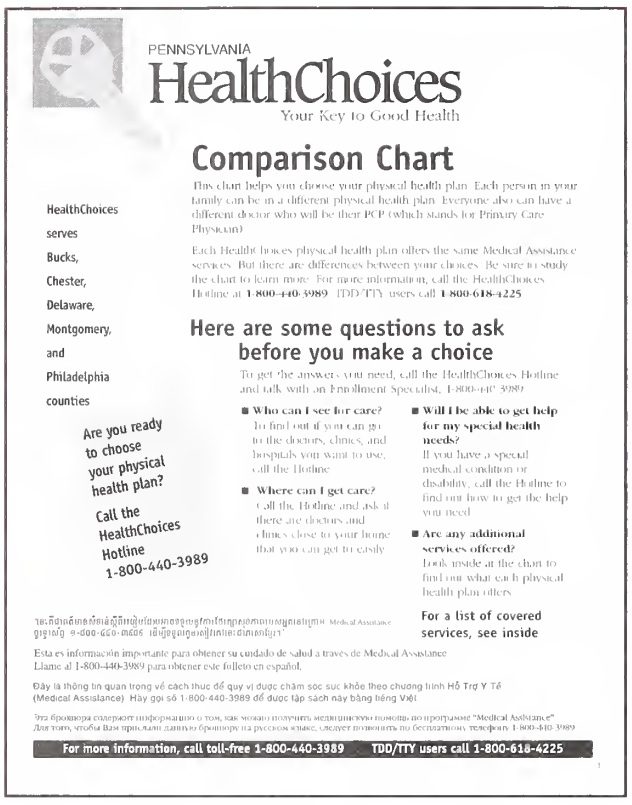
It's harder on readers when the context comes at the end of the sentence or paragraph, because they have to hold all the new information in their short-term memory until they read the end (Doak, Doak, and Root, 1996:83).

Providing ample context is especially important when you present new material that is complex or requires significant changes in well-established patterns of behavior. Print materials that explain the transition to managed care are a good example. As discussed in Figure 4-5 in Chapter 4, *Six-step model for developing and testing print materials,* research by the Community Service Society of New York (Molnar, Soffel, and Brandes, 1996) showed that Medicaid beneficiaries who are making the transition to managed care need a lot of explanation and background about managed care and the choices they must make.

The need to supply context applies throughout your document. Figure 7-6, from the Pennsylvania Health Choices Medicaid program, gives an example of brochure that gives context on the cover to help beneficiaries understand and use the information inside. When you open it up, the 11 x 17 inch comparison chart gives the details about participating hospitals and benefits offered by each managed care plan.

As you can see from Figure 7-6, the information on the cover prepares people to use the comparison chart that's inside. It gives them definitions of terms, coaches them about things to think about before making a choice, and tells them where to call to get the answers they need. Without this background, it would be hard for people to understand the purpose or the meaning of the information shown inside in the comparison chart.

FIGURE 7-6. **Cover page – Pennsylvania Health Choices comparison chart brochure**



PENNSYLVANIA
HealthChoices
Your Key to Good Health

Comparison Chart

This chart helps you choose your physical health plan. Each person in your family can be in a different physical health plan. Everyone also can have a different doctor who will be their PCP (which stands for Primary Care Physician).

Each HealthChoices physical health plan offers the same Medical Assistance services. But there are differences between your choices. Be sure to study the chart to learn more. For more information, call the HealthChoices Hotline at 1-800-440-3989. TDD/TTY users call 1-800-618-4225.

HealthChoices serves Bucks, Chester, Delaware, Montgomery, and Philadelphia counties

Are you ready to choose your physical health plan?

Call the HealthChoices Hotline 1-800-440-3989

Here are some questions to ask before you make a choice

To get the answers you need, call the HealthChoices Hotline and talk with an Enrollment Specialist, 1-800-440-3989.

- **Who can I see for care?** To find out if you can go to the doctors, clinics, and hospitals you want to use, call the Hotline.
- **Where can I get care?** Call the Hotline and ask if there are doctors and clinics close to your home that you can get to easily.
- **Will I be able to get help for my special health needs?** If you have a special medical condition or disability, call the Hotline to find out how to get the help you need.
- **Are any additional services offered?** Look inside at the chart to find out what each physical health plan offers.

For a list of covered services, see inside

Este es información importante para obtener su cuidado de salud a través de Medical Assistance
Llame al 1-800-440-3989 para obtener este folleto en español.

Đây là thông tin quan trọng về cách thức để quý vị được chăm sóc sức khỏe theo chương trình Hỗ Trợ Y Tế (Medical Assistance). Hãy gọi số 1-800-440-3989 để được tập sách này bằng tiếng Việt.

Эта брошюра содержит информацию о том, как можно получить медицинскую помощь по программе "Medical Assistance". Для того, чтобы Вам прислали данную брошюру на русском языке, следует позвонить по бесплатному телефону 1-800-440-3989.

For more information, call toll-free 1-800-440-3989 TDD/TTY users call 1-800-618-4225

Source: This brochure was produced by Pennsylvania Health Choices in collaboration with Benova, its enrollment broker. Used with permission

Be cautious in the assumptions you make about the knowledge a reader brings to your material. For example, starting your material with a question like *Do you perform breast self-examinations?* presumes that readers already know about the purpose of breast self-exams and how to perform them, and will alienate those who don't (Ramirez, Stamm, Williams, Stevenson, and Espinoza, 1996).

To avoid putting readers on the spot and losing *teachable* moments, incorporate in a tactful way the definitions and explanations that people need to understand your message. For example:

> Studies show that thousands of women of all ages die from breast cancer every year. Yet if this cancer is found early, most patients can live long and

healthy lives. One way to find out if you have breast cancer is to feel for lumps in your breasts once each month.

Do you feel for lumps in your breasts? You can do this yourself, in the privacy of your own home. *Etc.*

Sometimes writers remove any material that appears redundant to keep text as brief as possible. Often this is not a good idea. Remember that readers need some time and repetition to absorb new material. You can't expect readers to learn and retain something you've mentioned only once: this is especially true if your audience has low literacy skills. Make it easy for them to learn, and reinforce their learning, by using different words and phrases to repeat context right when they need it. Build their confidence in their ability to understand the new information. Even after you have explained a new idea, continue to include some context to help readers remember what it means.

This same advice applies to new terms. It's a burden on any reader to refer to a glossary for definitions of terms. Try to make your writing so inherently self-explanatory that a glossary is not needed. If you add a glossary for reference, don't rely on it for reader comprehension, and don't label it *glossary,* because this word is unfamiliar to many readers. The handbook for a Medicaid managed care booklet designed by the Abacus group has a short list of terms at the end under the heading *dictionary* (Abacus Group, 1998).

Checklist item 6.3 | Is the information grouped into meaningful segments or sections of reasonable size?

The amount of information we can hold in our minds at any one time is limited for all of us, regardless of literacy skills, and it declines with age. As explained in *Teaching patients with low literacy skills* (Doak, Doak, and Root, 1996:64–66), well-educated and well-trained adults can rarely store more than seven independent items at any one time in their short-term memory. Studies suggest that people with low literacy skills may have trouble handling more than four or five items at once. The more items you present, the fewer items people can remember; you then cause information overload.

Given the limitations of short-term memory, what can you do? The best way to guide readers through your material and help them understand it is to present your text in relatively short sections. The word *section* in this context means chunks of text or clusters of sentences—not major divisions within a document. For example, a section might be a couple of short paragraphs under a subheading, or a brief list of bullet points.

Try to cover no more than four or five points in any one piece (or in any section of a longer document). If you need to use a long list of bulleted points, divide it into sections and add subheadings.

Divide your material into plenty of sections because they reveal the underlying organization to your reader. Use feedback from testing to finetune the number and size of the sections of text in your documents sections you are using. For example, the Community Service Society of New York used research and testing to design a handbook to help Medicaid beneficiaries understand how to use a managed care plan (see Figure 4-5 in Chapter 4, *Six-step model for developing and testing print materials*). The handbook was deliberately designed to cover just one topic on each page. Sample pages are shown in Figure 7-10 later in this chapter, and Figure 9-13 in Chapter 9, *Using photographs and illustrations*, for a sample page).

Checklist item 6.4

Does the material use headings, subheadings, or other devices to signal what's coming next?

As you separate your material into sections, label each one with a heading to make it easy for readers to skim and find a particular topic. If your print material is lengthy, covering more than about five main points, you probably should add a table of contents to provide the road map a reader needs. You should definitely add a table of contents to any document that is intended for ongoing reference. Shorter pieces with well-labeled sections ought to be able to stand on their own.

Checklist item 6.5

Are labels for sections, headings, and subheadings clear and informative to the intended audience?

Section titles, headings, subheadings, and captions for illustrations are powerful tools to increase comprehension because they catch the reader's eye. Compose them carefully so that readers who are skimming through your document will grasp its overall organization and pick up all of the main points. When your labels are effective, it's easy for people to locate the information they are looking for.

When you compose headings and subheadings and other labels in your document, make them as short as you can while still being explicit and informative. They should not be so short that they are ambiguous or misleading, but not so long as to be distracting. **Being informative is more**

important than being short. Brief headings that are very broad don't give readers the cues they need about what is coming next. Figure 7-7 gives an illustration.

FIGURE 7-7. **Version A or B—which heading labels do you prefer?**

From a brochure for beneficiaries that gives information about managed care plans:

	A	B
Main heading:	Making your choice	Here are some things to think about before you make a choice.
Subheadings:	Providers	Who can I see for care?
	Locations	Where can I get care?
	Special needs	Will I be able to get help for my special needs?
	Other	Are there any additional services offered?

Sources: Version A was created for use as an example in this Guide. Text in Version B is from a brochure produced by the Pennsylvania Medicaid program in collaboration with Benova, its enrollment broker. Used with permission.

It's easier to write an informative heading when the text is divided into a number of relatively short sections. If your sections are too long, it may be impossible to write good headings; the solution is to create more sections.

As discussed in Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*, it's easy to test the effectiveness of your labels. Put each title, heading, and subheading on a separate card:

- **To test whether the labels are clear and informative—and convey the message you intend:** ask people to tell you what a section with that heading would be about. This may be very revealing. A good example comes from testing that was done to get consumers' reactions to a comparison chart showing results from a CAHPS survey (Consumer Assessments of Health Plans; AHCPR, 1999). Testing showed that the short heading, *choice of doctors,* was interpreted in many different ways by consumers. The longer heading, *easy to find a doctor you are happy with,* was less prone to misinterpretation (McGee et al., 1999:MS37).

- **To test sequencing:** ask people to arrange the heading cards into an order that makes sense to them. (This same card sorting technique was suggested earlier in this chapter with reference to sorting key messages—rather than headings—into a logical sequence.)

The words you choose for your labels are important, but so is the way you format them. Guidelines for document design in Chapter 8 show you ways to use type styles, contrast, and other graphic elements to enhance the impact of headings, subheadings, and other labels.

Checklist item 6.6 | Does the material emphasize and summarize the main points?

Dividing your material into clearly labeled sections emphasizes the main points to your readers and makes it easy for them to find the content they care about. Chapter 8, *Guidelines for effective document design,* suggests ways to use contrast, boldface type, and other graphic devices to enhance key points.

The first sentence of a section (the topic sentence) should carry a very clear message to help keep readers on track. Consider the following paragraph, for example:

> This booklet is about hair care for women who are physically active or planning to be. Regular exercise improves your health and makes you feel good about yourself. Some women say that concern for their hairstyle can get in the way of exercise. Having neat and stylish hair has always been part of our culture. This booklet offers tips to make hair care easier for active women.

This is the first paragraph of the preface to *Hair tips for sisters on the move: Feeling fit and looking fine* shown in Figure 9-6 in Chapter 9, *Using photographs and illustrations*. Its topic sentence—This booklet is about hair care for women who are physically active or planning to be—is brief and to the point. It announces the booklet's theme of encouraging physical activity among African American women by suggesting ways to keep concerns about impact on hair from being a deterrent.

Summaries can be helpful because their explicit purpose is to reiterate the main points. If your print piece is short, you can place a summary of the key points right at the beginning and/or at the end. In a longer piece, you can pull out the main topic sentences and either list them as bullet points (with editing as appropriate) or use them as the basis for writing a summary paragraph that rephrases key points.

GUIDE CHECKLIST, SECTION 7:

Writing style

Checklist item 7.1

Is the material written primarily in the active voice and in a conversational style?

A conversational style and use of the active voice help make material easier for people with low literacy skills to read and understand. A conversational style addresses readers directly, using the first person (*I, we, our, ours*) and second person (*you, your, yours*). Near the beginning of your print material you can define your intended audience by telling explicitly what is meant by *you*. For example: *As a new enrollee of this Medicaid managed care program, you* . . . . You can do the same to identify who is *we* in the print material.

Conversational style also uses contractions (*I'd* instead of *I would*) and informal vocabulary (*find out* instead of *determine*).Using these devices fosters a feeling that is personal, relaxed, and non-threatening. For more examples, see Checklist item 8.1.

Using the present tense and active voice reinforce the relaxed feeling of a conversational style. Using the present tense of verbs increases your writing's sense of immediacy, and it can also add clarity to your style.

Beneficiaries use health services. (present tense)
Beneficiaries are using health services. (present progressive tense)
Beneficiaries have used health services. (present perfect tense)

Active voice puts emphasis on the *subject* of the sentence *actively doing something:*

1. Beneficiaries	use	health services.
subject	*verb*	*object*

Active voice is direct, and keeps the reader moving along logically and uninterruptedly through the sentence. It has good "flow."

Passive voice put emphasis on the object *receiving the action:*

2. Health services are used by beneficiaries.

Consider the shift in emphasis in the two preceding examples. In 1 the emphasis is on beneficiaries; in 2, on health services. Passive voice puts the *do-er* in a less important place in the sentence. In fact, depending on what you want to emphasize, you can sometimes eliminate the *do-er* altogether, making the action less personal:

Health services are used.

Passive voice is not wrong, it's just less effective in most situations. Sometimes it may be hard to avoid. When you find yourself needing to use the passive voice, do so. But always try to rewrite your sentence in the active voice first. You'll be surprised how easy that conversion is and how much more direct your writing becomes.

Checklist item 7.2 | Is the reading level of the document appropriate for the intended audience?

Writing at a appropriate reading level is a crucial requirement for making your materials easy for beneficiaries to read and understand. As explained in Chapter 2, *Matching the reading level of your materials to the reading skills of your intended audience,* there are formulas that measure reading grade level based on difficulty of words and sentences. These formulas can be helpful tools for making materials easier to read, but only if you keep their limitations in mind and use them in combination with other factors.

Chapter 2 discusses measurement of reading difficulty in detail, urging you to be cautious about which formulas you choose, how you do the calculations, and how you interpret and use the results. As explained in Chapter 2, **the formulas capture only one part of overall ease of reading** because they focus narrowly on the sentence and word level, two levels that are easy to count. They can't take into account powerful factors such as the content itself, effective linking of sentences, organization and sequencing of topics, familiarity of words and examples, cultural appropriateness, subtleties of writing style, and personal appeal to the reader.

Based on these limitations and other issues discussed in Chapter 2, this Guide recommends the following:

- Since the basic goal is to make your materials easily understood, **work to get the reading grade level as low as possible without sacrificing content or accuracy.**
- **Use a reading level formula as one tool among many** to produce print materials that are easy for your intended audience to read and understand. Since words and sentences are the basic building blocks of your print material, it's sensible to **use a reading level formula as a screening tool to check your words and sentences for complexity.** When you need to reduce the reading difficulty of your materials, use all of the Checklist items in combination to guide your work of producing materials that are easy for beneficiaries to understand.
- Use the **Fry method** to score the reading level of print materials for Medicaid beneficiaries. Chapter 2, *Matching the reading level of your materials to the reading skills of your intended audience,* has instructions for this method. It also discusses other measures such as the SMOG (Statistical Measure of Gobbledygook) and gives important instructions for preparing your file if you score text with a computer program.

- **Interpret grade level scores from reading level formulas as reflecting a general range of difficulty rather than a specific grade level.** For example, *Write it easy-to-read*, makes the following interpretation: "materials that test at a fourth to sixth grade level can be considered easy-to-read; those at the seventh to ninth grade level are of average difficulty; and anything above ninth grade we consider difficult" (Root and Stableford, 1998:23). For an audience such as Medicaid beneficiaries that may include many readers with low literacy skills, a reading grade level in the lower range is clearly appropriate.

- **Judge the ultimate ease of reading of your materials by testing them with members of your intended audience,** not by a reading level formula. See Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*, for discussion of testing purposes and methods.

Checklist item 7.3

Are the words and sentences generally short, simple, and direct—without being "choppy" or sacrificing cohesion and meaning?

A text is the sum of all its parts, and the more attention you pay to each of them individually, the more cohesive your final product will be. This section gives guidelines for words, sentences, and paragraphs.

Here are some guidelines for the **words** you use:

- Use words that are familiar to your intended audience. Shorter words tend to be more common, and they are generally preferable. For example, use doctor instead of physician. Pay back instead of reimburse. Can get instead of eligible. There are exceptions, of course. For example, access is a short word, but it is health care jargon that is hard for many consumers to understand. Organization is a five-syllable word, but it is probably familiar to most readers.

- Explain terms you must use that are not familiar to your intended audience (see discussion later in this chapter under Checklist item 7.4).

- When a term is best known to your intended audience by its acronym, *Write it easy-to-read* (Root and Stableford, 1998) suggest using the acronym and spelling out the word that it represents in parentheses, with the letters that form the acronym in bold. For example: PCP (Primary Care Provider). The authors say that this works better than using a glossary, which hardly anyone reads.

- Don't put an extra and unnecessary burden on your readers by abbreviating words that you use only a few times.
- Be on the alert for words that are abstract or vague, or that may mean different things to different people. Replace these words with more specific words to be sure your readers understand the key messages. Figure 7-8 gives examples.

FIGURE 7-8. **Examples: Be specific to help readers understand what you mean**

Teaching patients with low literacy skills warns that abstract, general words tend to cause problems because they often mean different things to different people. For example, a post-operative patient might be told to call the doctor if there is *excessive bleeding*. How much bleeding is *excessive?* The nurse and doctor know, but chances are the patient does not. And what is meant by instructions such as *eat a variety of foods,* or *get regular exercise?*

Here are two examples of ways to use **simpler and more specific explanations:**

Get adequate rest → For the next week, you need a lot of rest and that means at least eight hours of sleep each night and a two-hour rest period lying down each afternoon.

Keep your glucose level in a normal range → This means keep your blood sugar somewhere between 70 and 120—that's the range of sugar numbers that mean your blood sugar is normal—that it's okay.

Source: Adapted with permission from discussion and examples on pages 79–80 of *Teaching patients with low literacy skills,* Second Edition, by Cecilia Doak, Leonard Doak, and Jane Root (1996: 79–80).

Here are things to remember about **sentences:**

- Keep your sentences simple and direct. Most should be reasonably short; about eight to ten words per sentence for most sentences works well for low literacy readers. When sentences are long, the main point gets lost in all the words. Active voice makes the style more direct.

- Vary the length of your sentences. Somewhat longer, natural-sounding sentences of about 12 to 15 words can effectively break up the choppy effect created by using many short sentences (CSAP Bulletin 4). For example, consider the following paragraph:

  > Most of the time you won't have problems getting the medical care you need. But if you do, we want to help. Call us. Our phone number is 553-4444. We're here to help you and your family be healthy.

  The word counts of the sentences in this paragraph are 14, 8, 2, 6, 10. All the sentences are short, but they're varied enough to stay interesting. Count some of the words in your own sentences. You might be surprised at their length and variation.

- Use "embedded" information with care, because it places greater cognitive demands on a reader. Sentences with embedded information can be complex structures. Sometimes they contain multiple clauses or places where the reader must be able to grasp words that are implied but not actually included in the sentence. For example, in the second sentence of the paragraph above, [have problems] is embedded information: But if you do [have problems], we want to help.

Chapter 2, *Matching the reading level of your materials to the reading skills of your audience*, warns against trying to make written material easier to read simply by shortening sentences and substituting short words for long ones. Unless you maintain strong connections among the shorter sentences, you will end up with choppy text that is actually harder to read, despite an improved reading grade level score. Moreover, a series of short sentences of similar length tends to sound condescending. Figure 2-2 in Chapter 2, and Figure 7-9 below give examples.

FIGURE 7-9. **Easy to read? It takes more than just simple words in short sentences**

This example shows how merely simplifying the words and reducing sentence length does not necessarily improve ease of reading for low-literate readers. In fact, the text that follows is disjointed and difficult to read:

Original text:

Your doctor or your nurse will give you a glucose tolerance
(glu kose TOLL er anz) test this month.
This test is to check the blood sugar in your body.
You can have too much blood sugar.
Then your baby may be very big.
The delivery could be harder.

How sentences are linked together is critically important. If a text does not allow a reader to anticipate what is coming next or refer back to what has already happened, the reader will get confused.

The revised version shown below is more cohesive and easier to understand because it repeats words from preceding sentences to make connections to the ones that follow. The sentences are also linked visually—formatted as a single paragraph—rather than being placed on separate lines.

Revised text:

Your doctor or your nurse will give you a glucose tolerance
(glu kose TOLL er anz) test this month. This test is to check the blood sugar in your body. If you have too much blood sugar, your baby may be very big. A big baby could make the delivery harder.

Source: This summary is adapted from an example used in a presentation by Christina Zarcadoulas published in *Conference Summary,* an edited summary of proceedings from the conference *Making quality count: A national conference on consumer health information,* December 1998 (Health Care Financing Administration, 1999:44).

Guidelines for **paragraphs:**

- Just like the words and the sentences, paragraphs should be relatively short. Short paragraphs are more inviting to your reader and give the visual appearance of being easier to read. As *You can prepare easy-to-read materials* (Center for Substance Abuse Prevention, September 1994:4) points out, short paragraphs also allow for more topic sentences to guide the reader. Strong, logical connections among your paragraphs are important, too, for an overall flow that makes sense to your readers.
- It's difficult to put a limit on the number of sentences that should be in a paragraph. Sentence length varies, more complicated ideas take more sentences, and advice paragraphs can be just one sentence long.

Checklist item 7.4 | When you use technical terms, are they clearly explained with helpful examples?

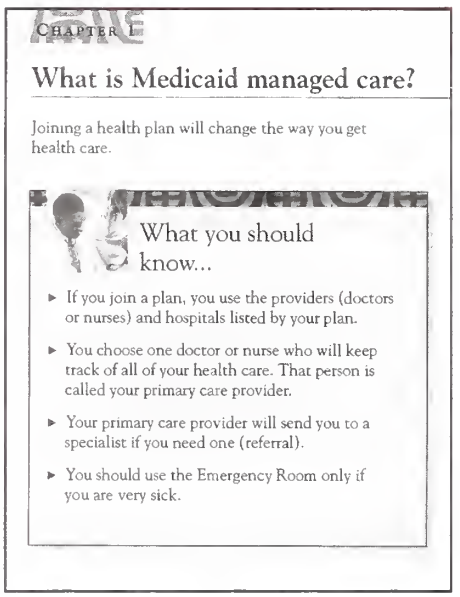
Use simpler words rather than technical terms whenever you can without losing the content or distorting the meaning. But sometimes it's important to use a technical term, because people in your audience will encounter the term and need to know what it means, such as the words *mammogram,* or *cholesterol.* Explain crucial technical concepts and terms in non-technical ways, using examples that will be familiar to your audience. For example, a mammogram can be explained as an x-ray or picture. You can use testing to check on how well readers understand the explanations you give.

As you write print materials for beneficiaries, be alert for technical terminology you take for granted. Sometimes you're so used to using abbreviations, acronyms, and technical terms in your daily work, you forget that they create a special language that can be hard for others such as beneficiaries to understand. When you notice these terms, replace them with everyday words.

From the perspective of beneficiaries, technical terms includes managed care concepts, such as *PCP, managed care organization,* and *network,* and also words that have specific meaning within a managed care program, such as *emergency.* In materials for beneficiaries, definitions of *emergency* typically include lists of situations that are considered emergencies (heavy bleeding, chest pain, eye injuries, broken bones, etc.) and situations that are not (colds, skin rash, sore throat, etc.). Figure 7-10 shows two pages from a handbook for beneficiaries that explains managed care and how it works.

FIGURE 7-10. **Example: Explaining managed care terms to beneficiaries**

page 2



CHAPTER 1

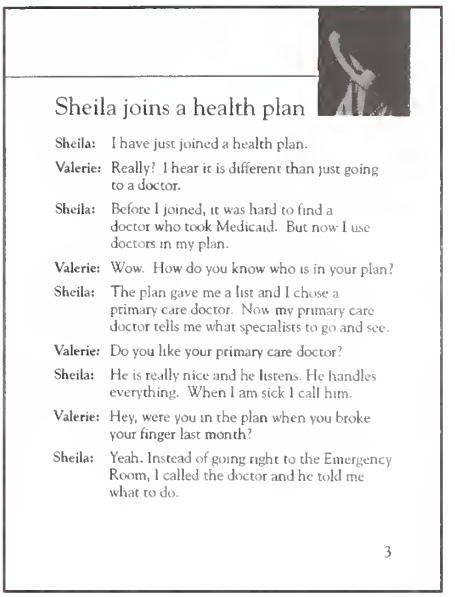
What is Medicaid managed care?

Joining a health plan will change the way you get health care.

What you should know...

- If you join a plan, you use the providers (doctors or nurses) and hospitals listed by your plan.
- You choose one doctor or nurse who will keep track of all of your health care. That person is called your primary care provider.
- Your primary care provider will send you to a specialist if you need one (referral).
- You should use the Emergency Room only if you are very sick.

page 3



Sheila joins a health plan

Sheila: I have just joined a health plan.

Valerie: Really? I hear it is different than just going to a doctor.

Sheila: Before I joined, it was hard to find a doctor who took Medicaid. But now I use doctors in my plan.

Valerie: Wow. How do you know who is in your plan?

Sheila: The plan gave me a list and I chose a primary care doctor. Now my primary care doctor tells me what specialists to go and see.

Valerie: Do you like your primary care doctor?

Sheila: He is really nice and he listens. He handles everything. When I am sick I call him.

Valerie: Hey, were you in the plan when you broke your finger last month?

Sheila: Yeah. Instead of going right to the Emergency Room, I called the doctor and he told me what to do.

3

Source: Pages 2 and 3 from *Your health plan handbook: How to get the health care your family needs from a managed care plan,* published by the Community Service Society of New York (no date). Used with permission.

When you are explaining something new to beneficiaries, analogies can be helpful. For example, a booklet developed with active involvement of an audience panel, *Use your power: A map to help parents use DC Medicaid managed care* (The DC Healthy Start Resource Center, July, 1998), is based on a road map analogy. The analogy is carried out in words (*if you're going on a trip, you have to get ready; enter the road to health care; stop 1,* etc.) and graphic design (road signs, a path with a dashed line down the middle that winds through the booklet, etc.) throughout the 64-page booklet. To develop your analogy, listen closely to members of your audience for the words and examples they use to get points across.

GUIDE CHECKLIST, SECTION 8:

Engaging, motivating and supporting the reader

Checklist item 8.1

Does the material have a friendly and positive tone?

You'll lose your readers in a hurry if your print material sounds bossy or seems to talk down to them. A conversational style (see Checklist item 7.1 above) with a friendly tone engages your readers. It can make them more receptive to your messages, especially if you are urging them to do something that will be challenging, unfamiliar, or unappealing.

When you are explicitly urging someone to act in a certain way, make your tone invitational—inviting help and cooperation. Use phrases such as "We need your help." "Please." "Here's what we'll do . . . " "We want you to get the best possible care; here's how" (Root and Stableford, 1998). Figure 7-11 gives an example.

FIGURE 7-11 **How would these messages make you feel?**

Suppose that you were Ms. Jones, a mother who has missed the last two well-child appointments for her 6-month-old baby.

How do you think you would react if you got this postcard from your clinic?

Dear Ms. Jones:

Our records show that you missed the last two appointments you made to bring your baby in for a checkup. Getting checkups is very important for your baby. Let us know if you need transportation. Call for an appointment today. Thank you.

What if the clinic sent you this postcard instead?

Dear Ms. Jones:

We hope you'll bring your baby into the clinic soon. She needs a checkup, and she's due for shots to keep her healthy. The baby and the clinic staff are counting on you! We can help you get a ride if you need one. Please call us for an appointment today. Thank you.

Sources: The situation and the second postcard are from Exercise 8 in *Write it easy-to-read* (Root and Stableford, 1998) and are used with permission. The first postcard was written as an example for this Guide.

Material that is filled with negative messages, such as *don't eat . . .* or *you shouldn't . . .* is depressing to your readers. Foster a more **positive and upbeat tone** by emphasizing what people *can* do or *should* do, and stress the benefits.

Be particularly cautious with any message based on fear. For example, the first part of a health promotion message may emphasize health risks to make people feel vulnerable and therefore more receptive to adopting the healthy behavior urged in the second part of the message. (This is an example of the *health belief model* of writing described in Figure 7-4.) But this approach can backfire if the threat part of the message comes across as being stronger than the healthy behavior solution. For example, readers might conclude that

there's nothing they can do that will prevent heart disease, or cancer, or high blood pressure. Any message based on fear should be thoroughly tested with members of your intended audience.

Checklist item 8.2

Does the material use devices to engage and involve the reader (such as Q & A, true-or-false, problem-solution, stories, dialogues and vignettes)?

Reading is a passive activity. Anyone who's dozed off while reading, or lost track of subject matter knows that well. **To keep your readers' attention and help them learn, get them involved.** Use a question-and-answer format, stories, vignettes, quotes, and similar devices to engage your readers. Stories and similar formats are good ways to explain the consequences of behaviors and make the action you want people to take very clear and logical. This section gives suggestions for using question and answer formats, stories, dialogues, and other devices to get readers more personally involved with your material.

Questions and answers. Readers come to your print materials looking for answers to their questions. Posing your headings as questions can help them find these answers. The brochure *Blacks can't afford to gamble with high blood pressure* (Health Promotion Council of Southeastern Pennsylvania) provides an example. One of the headings in this brochure asks, *What causes high blood pressure?* Here are the first sentences of the answer, which are followed by a discussion of risk factors: *The cause of most high blood pressure is unknown. Also, no one really knows why it is more serious in Blacks.*

The *Tell-a-doc* interactive phone system described in Figure 4-13 is another example of question-answer format; patients call and get health-related information and coaching at their own pace and in their own language, with the option of receiving a follow-up postcard. *Tell-a-doc* also distributes leaflets called *coaching cards* that include lists of questions. This reference tool helps people frame their own questions when they visit their doctor and want to know more about their condition and treatment.

True-or-false. These formats identify and try to clear up common misunderstandings. Inevitably in this format you will be denying some belief your readers hold. They, and probably members of their family, have held that belief for a while. If you use this device, take extra care to avoid a condescending tone.

Problem-solution. Posing problems and offering solutions is an especially powerful format; it attracts readers' attention and offers personal benefits. Many of the examples in this Guide alert people to situations that may come

up and give advice on what to do. For example, managed care handbooks developed by several organizations include step-by-step instructions for contacting the managed care organization, and include advice about recording the date and name of the person they speak with when they make phone calls (Community Service Society of New York, 1998; The Abacus Group, 1998).

The booklet *Use your power: A map to help parents use DC Medicaid managed care* (The DC Healthy Start Resource Center, July, 1998), is another example of using a problem-solution format. Written with the active involvement of a Parent Council composed of current or former beneficiaries, this booklet is a trouble-shooting guide that explains beneficiaries' rights and how to exercise them. It addresses a number of possible problems, explains whatever laws might apply, and tells beneficiaries exactly what to do. For example, here is part of the advice given to beneficiaries who have a complaint:

> Call your health plan's Members Services. Tell them your complaint. By law, your health plan must have a way to take your complaint and to fix problems. If they cannot fix the problem right away: Call the HELPLINE at 783-2118. Ask for a fair hearing (DC Healthy Start Resource Center, 1998:52).

Vignettes, stories, and dialogues. These devices can be very effective because they personalize your material with the human interest of other people's words and experiences. They can be adapted from real life or invented to illustrate your points. They also lend themselves to interesting graphic treatments.

A vignette is like a story, but has no plot. You can use vignettes as examples; they are like a verbal snapshot. For example, a substance abuse prevention brochure for pregnant women is using a vignette when it begins with a young woman describing her drug use and the disastrous effects it had on her unborn child. She directly confronts the myth that it can't happen to me and urges other pregnant women to avoid her mistake. This strategy of using a vignette is more effective than listing the risks of alcohol, tobacco, and other drug abuse to the developing baby (*You can prepare easy-to-read materials,* Center for Substance Abuse Prevention *Technical Bulletin* (September 1994:3–4).

If you decide to write a story, keep it short. Make the characters believable, similar to the readers themselves. The setting should also be familiar and directly relevant to the point you want to make. Keep the storyline moving.

You can incorporate dialogue into your print materials in different ways for different reasons:

- **You can use dialogue to help tell a story.** When you include dialogue in a story, keep it simple and use words that are familiar to your audience. The words should sound like ordinary speech, and reveal personality or move the story line along—nothing else (no small talk). An approach that involves audience members is a good way to get convincing dialogue. For example, Figure 9-7 of Chapter 9, *Using photographs and illustrations,* gives a sample page from a photo-novel (photographs plus simple dialogue) produced using a participatory process. Written in Spanish, this photo-novel explains about the MassHealth Medicaid program.

- **You can also use dialogues as expanded explanations or as scripts to coach beneficiaries.** For example, page 3 of *Your health plan handbook* shown in Figure 4-8 is a dialogue (*Sheila joins a health plan*) that expands on the explanation about managed care given on the preceding page. This same booklet also includes dialogues that coach beneficiaries about what to say when they call to make an appointment or to make a complaint. Similarly, the IVR (InteractiveVoice Response) telephone system, *Tell-a-Doc*, described in Figure 4-13, provides coaching by phone and on follow-up cards. Dialogues that supply the words to use are more helpful to beneficiaries than saying *just call the help line.*

- **Finally, brief quotations are another good way to use dialogue to engage your readers.** Figure 9-6 in Chapter 9, *Using photographs and illustrations*, gives an example of quotations that add content and a friendly tone. It shows pages from *Hair care tips for sisters on the move: Feeling fit and looking fine*, a booklet produced by the Sisters Together Coalition in Boston to encourage physical activity among African American women. On these pages, the advice is introduced by the heading, *Sisters say . . .* . Here are two of the quotations that follow: *I have to work with my hair because I want to exercise* and *Walk for the body. Togetherness for the soul.*

Checklist item 8.3 | Are health statistics and similar data matched closely to the intended audience and community?

Whenever you can, use statistics that are the most meaningful to your intended audience—ones that match their sex, age, ethnicity, locale, and economic status. For example, statistics about low birth weight babies will be more meaningful if they're for your intended audience (say, for example, teenage mothers) than for Americans in general. If your audience can relate personally to your facts, your piece will be more persuasive. For example, a

brochure, *Blacks can't afford to gamble with high blood pressure,* by the Health Promotion Council of Southeastern Pennsylvania uses the following language:

> "Uncontrolled high blood pressure (hypertension) is the major health problem among Blacks and leads to more deaths of Black people than any other disease.
>
> It affects more than 38% of the Black population in the U.S. That means more than one out of three Black Americans has it.

It can be a challenge to find information that describes your audience, because national and regional data may not have the level of detail appropriate for the groups you are trying to reach. Come as close as you can.

For some audiences, there are excellent sources for detailed and specific information. For example, the National Indian Council on Aging (NICOA), an advocacy organization for American Indian and Alaska Native elders, has established an in-house data bureau to develop and provide reliable health and demographic information about Indian populations. Its national databases include information about access and utilization of Medicaid and Medicare services. NICOA has produced maps that summarize selected information at the county level.

Chapter 4, *Six-step model for developing and testing print materials,* discusses ways to collect information about your audience and the topic of your print materials, and suggests possible sources. Additional sources are listed in Chapter 12, *References and additional resources.*

Checklist item 8.4 | Is information and advice linked to a source that intended readers find believable and trustworthy?

The common refrain "Says who?" applies whenever you give instructions or advice, or make conclusions. Some information sources may have little credibility with your audience, while others will be viewed as quite trustworthy.

A report with suggestions about outreach to African American, Asian/Pacific Islander, Hispanic/Latino, Native American/Alaskan native, and Russian-speaking communities in Washington State made numerous recommendations to the state's Basic Health Plan. Among them are requesting an endorsement from the Korean consulate for advertisements targeted to the Korean community. Another was to secure some type of tribal endorsement for materials distributed to Native American/Alaskan native tribe members. It

also suggested working through churches and temples in some communities, because they are centers for cultural, social, and economic activity, especially for Koreans, Hispanics/Latinos, and African Americans (Washington State Health Care Authority, 1996:26).

Many studies of Medicaid beneficiaries and other health care consumers show that they are generally skeptical of self reporting, as when a managed care organization describes its quality of care (McGee, Sofaer, and Kreling, 1996; Lubalin and Harris-Kojetin, 1997). Consumers prefer to get information about health care quality from a neutral third party.

Consulting with members of your intended audience and key informants can provide guidance about readers' likely reactions to different information sources.

Checklist item 8.5

Is the "how to" advice specific, urging behavior that is feasible and culturally appropriate for the intended audience?

Teaching patients with low literacy skills (Doak, Doak, and Root, 1996) emphasizes the importance of giving specific instructions, and provides examples and helpful advice on how to accomplish this. Their advice applies to administrative procedures as well as patient instructional materials. For example, suppose you are explaining Medicaid enrollment procedures to beneficiaries. Instead of saying, *bring proof of your income,* tell them exactly what kind of documents they need to bring, and give examples (such as an illustration of a pay stub).

Keep your advice realistic to empower your readers and keep them from feeling discouraged or frustrated. Any behavior change or action you urge needs to be something that your readers will see as being within their capabilities.

Figure 3-8 in Chapter 3, *Understanding and addressing the need for culturally appropriate materials,* provides an example. It shows illustrations from dietary instructions for Hispanics/Latinos who have diabetes. Instead of telling them to *eliminate* cooking oil, which would run counter to typical cultural practices and might be unrealistic in any case, the materials advise *cutting back on the amount of oil* that is used.

If you raise awareness of risks or problems, give people a way to follow-up. For example, after giving warnings about the dangers of breast cancer, a next logical step is providing explicit instructions (with illustrations) about self-examinations. You might also want to advise the reader on how to follow up: see her doctor and ask about a mammogram.

Checklist item 8.6 | Does the material tell how and where to get help or more information?

After they've read a brochure they understand, your readers will want to follow up on what they've learned. Since people often read material randomly—opening the middle, reading from the back, skimming, etc.—make it easy for them to find information they need to follow up. For example, repeat the help line phone number each time it applies, rather than making your readers search for it. If appropriate, offer phone, mail, and in-person options. Instead of just giving an address and asking people to write, give them a ready-made card to drop in the mail.

You can also make follow-up easier by printing a single document in two languages, rather than putting the burden on some beneficiaries to request the version in their own language. Chapter 10, *Translating print materials*, shows examples of dual-language materials.

As mentioned in the earlier discussion about problem-solution devices to engage a reader's attention, many Medicaid beneficiaries benefit from specific coaching about how to ask questions and follow-up on problems. This discussion also mentioned *Use your power: A map to help parents use DC Medicaid managed care* (The DC Healthy Start Resource Center, July, 1998), a booklet (and companion video) that gives beneficiaries information and problem-solving advice.

Checklist item 8.7 | Does the material identify the organization that produced it and include publication date?

It's a good practice to put the name of your organization somewhere on the document. Where you place this information and how prominent it should be depends on the nature of your print materials; sometimes it's important to feature the name of your organization, and other times it may be included only for reference. It's helpful to put a publication date on all print materials, for reference and to remind you about when it's time to do revisions. You can put this date in small size print, in an unobtrusive place. As mentioned in Chapter 10, *Translating print materials*, this information about organization and date, together with the name of the language, needs to be written in English on all translated documents.

8 Guidelines for effective document design

Introduction

The previous chapter gives many suggestions for writing text that is clear, simple, and culturally appropriate for your readers. But making print materials easy for people to read and understand requires good *packaging*—or design—as well as good *text*.

This chapter assumes that your goals in design are to attract and keep readers' attention, and make it easier for them to understand what you have written. How you design your materials can reinforce or detract from the messages you are trying to get across. Poorly-written text can be enhanced to a degree by good design, but poor design can ruin the best of text.

This chapter and the next one cover the visual elements of your print materials. The purpose of these chapters is to help you become a better-informed and more discriminating judge of graphic design, and show you ways to improve the design of the print materials you produce for beneficiaries. These chapters will help you recognize common pitfalls of poor design, and they give specific guidelines you can use to improve both the look of your materials and their impact on readers.

Design principles for non-designers

These chapters are for non-designers. They assume that you are involved in some way with planning, developing, testing, or otherwise producing print materials, but that you have not had formal training in graphic design. They further assume that you probably will get some help from graphic design professionals for some or most of your print projects. You may contract with firms for design services, or use your own in-house resources.

Unfortunately, getting professional designers involved on a project does not in itself guarantee that your print piece will be well designed:

- Producing print materials is a complex process that involves many decisions: some made by designers; some by you, the client; and some made jointly or dictated by others. Some design decisions reflect careful consideration and solid design principles. Others may be made in haste. In addition, good designs are sometimes compromised by non-design considerations. For example, if your budget is tight, you may be tempted to cram too much text into too little space—even if your designer advises against it.

- Just as in any field, graphic designers vary in talent, training, skills, and areas of specialization. Technical skill in itself does not guarantee that a designer will be oriented toward making your print material easier for readers to understand. In terms of training, it's unlikely that many designers are aware of the studies of low literacy readers and their implications for graphic design. Rather than focusing on ways to reinforce reader comprehension, designers may be more attentive to purely visual elements of design.

- Design is an art, not a science, with lots of room for subjective judgment and differences in taste. Despite consensus on many fundamentals (no one argues against using plenty of white space, for example), there are areas of controversy within the field of design (see discussion in Schriver, 1997).

- Many designers are flexible and versatile, willing to work cooperatively with you. They can be receptive to the feedback you received from testing the draft materials with members of your audience, viewing it as an opportunity to improve. However, other designers may impose their personal taste on your materials, or react defensively if feedback from testing that shows that readers got confused or criticized parts of the design.

Resources for learning about graphic design and printing

Resources for learning about graphic design

When the client-designer relationship is working well, you should be learning from your designer (and vice versa), rather than feeling intimidated. The better informed you are about the basics of good design, the more effectively you can work with design professionals. This chapter and the next one will help get you started. These design chapters draw on the following publications, which are great resources for further study:

- Two books by Robin Williams, *Non-designer's design book: Design and typographic principles for the visual novice* (1994), and the *Non-designer's type book: Insights and techniques for creating*

professional-level type (1998), are good places to start. Both are clever, informative, and entertaining, and use many examples. Although this Guide does not address design for websites, there is another book in the non-designer's series that does: *The non-designer's web book: An easy guide to creating, designing, and posting your own web site* (Williams and Tollett, 1999). Among other things, this book explains why what works in print materials does not automatically transfer well to a computer screen.

- *Dynamics of document design* (Schriver, 1997) is a very detailed, rich resource about practical applications of research about design and its impact. This book gives examples from testing that show how crucial it is to take the readers' needs seriously and discusses many subtleties of cross-cultural aspects of document design.

- *Before and after: How to design cool stuff* (McWade) is a periodical that features design make-overs. While this publication provides technical instructions for professional designers, its outstanding examples make it a useful and inspiring resource for non-designers as well.

- *Looking Good in Print* (Deluxe CD-ROM edition, 1997) is a good reference for desktop publishing, with many examples that compare poor and good design.

Getting your materials printed

As mentioned in Chapter 4, *Six-step model for developing and testing your print materials*, it's beyond the scope of this Guide to address the many decisions and technical issues involved in working with graphic designers and printers to get your materials printed. The following resources can help you understand issues related to the actual production of your print materials:

- *How desktop publishing works* (Pfiffner and Fraser, 1994) will help you understand basic processes and terms used by graphic designers and printers, and the illustrations are outstanding.

- *The Non-designer's scan and print book: All you need to know about production and prepress to get great-looking pages* (Cohen and Williams, 1999) is a friendly, helpful resource.

C. Suggestions about designing print materials for beneficiaries

As mentioned at the beginning of this chapter, it takes a *combination* of good text and good design to produce effective print materials for beneficiaries. This chapter assumes that the text you are working with is good (see Chapter 7, *Guidelines for content, organization, and writing style*) so that you can concentrate on design features to enhance it and improve reader comprehension.

Goals of document design

There are three goals for design of print materials for beneficiaries:

1 Attract their attention.

Members of your intended audience will make snap judgments about the print piece, based on a quick glance. They may be in a hurry, or distracted. Since you have only a few moments to convince them to read it, the first impression is crucial.

2 Hold their attention so they will read the material.

Catching people's eye is the first step, but it's what they do immediately afterward that counts. Do they keep reading? Or do they give up because what initially caught their eye was hard to read, or distracting, or confusing?

3 Help them understand the messages in the material.

While document design needs to be appealing to attract and hold your readers' interest, the bottom line for information materials is reader comprehension. Document design that reinforces key messages is especially important for low literacy readers (see Chapter 2, *Matching the reading level of your materials to the reading skills of your intended audience*).

How can you accomplish these goals?

Here are several suggestions that may help you produce well-designed materials for beneficiaries (McGee, 1995, 1998):

- **Orient toward the less attentive and less interested readers** when you are working on the design of your materials. For example, assume that readers will flip through the pages rather than read through from beginning to end. Try to anticipate and address potential problem spots within the document that may confuse or mislead them.
- **Collect examples of other printed materials to use as resources and inspiration when you are working on draft materials.** Samples can be oriented toward format, or content, or both. It can be helpful to collect both *good* and *bad* examples of layout, color, and overall packaging of information. Your custom resource kit can help you identify and communicate to others what elements make a print piece effective, a particular look you'd like to achieve, and problems that you want to avoid.
- **Remember that good design doesn't have to be expensive design.** There's a corollary, too: expensive design is not necessarily good design.
- **Be sure to test your draft materials with members of the audience** (see Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*). Results from testing will let you know when you're doing well.

Using mockups to work simultaneously on writing and design

Chapter 4, *Six-step model for developing and testing print materials*, recommends creating a mockup-that is, a full size replica—of your print piece to serve as a draft both of the text and of preliminary design features. Using a mockup makes it easier to pay attention to the interplay of text and design as you develop your materials. It helps everyone visualize the final product, and encourages you to write the right amount of text for the space available.

Chapter 4 describes how to make and use your mockup. Start with a rough mockup that has handwritten notes and sketches to indicate approximate placement of specific content and visual elements. As your work on both the text and the design progresses, add actual blocks of text, and experiment with design elements. Work back and forth between design and text, making edits and improvements.

You don't need to have the skills of a graphics designer to start applying many of Guide Checklist items about design discussed in this chapter and the next as you work with your mockup. In addition, having a mockup makes it easier to communicate effectively with professional designers, and get the benefit of their advice at an early stage. Finally it can help you produce better quality draft materials when you are ready for pretesting.

Please keep in mind that the design guidelines in this chapter are biased toward English speakers in general; they may require adaptation for cultural differences. The discussions of overall layout and navigation, in particular, assume that text is read from left to right. As noted in Chapter 10, *Translating print materials,* this is not true for all languages. If you are translating materials into languages that read from right to left, such as Arabic or Hebrew, the entire layout must change. *Dynamics in document design* (Schriver, 1997) discusses some of the cross-cultural challenges of design, and strongly advocates testing materials with the intended audience.

Example: Step-by-step makeover of print materials

About the makeover example

Each of the Checklist items for effective document design discussed in this chapter focuses on one specific element of design, such as how long lines of text should be, and how to create contrast by combining different type styles. While the chapter discusses each item and includes examples, it can be hard to visualize the overall impact of changing a number of specific elements of design.

So, instead of proceeding immediately to the item-by-item discussion of how to apply the design-related Checklist items to your documents, this section starts with a detailed example: it gives a step-by-step makeover that shows you the cumulative effects of making a whole series of changes in graphic design.

We are grateful to the Medicare Rights Center (MRC) for supplying the *Medicare options traffic light* chart and granting permission to have the makeover published in this Guide. Located in New York City, MRC is a national not-for-profit organization that provides hotline counseling and educational materials for Medicare consumers, as well as full day workshops, presentation materials, and training notes to help people and organizations who work with Medicare consumers. MRC developed the Medicare Options traffic light and some related materials to help Medicare consumers understand the tradeoffs associated with choosing original Medicare or one of the new Medicare options. MRC is now using the redesigned version of the chart.

As you read about the makeover, keep in mind that although the chart is shown in black and white in this Guide, the actual chart is in full color, with the red, yellow, and green stop lights you would expect.

Step-by-step makeover of the Medicare options traffic light chart

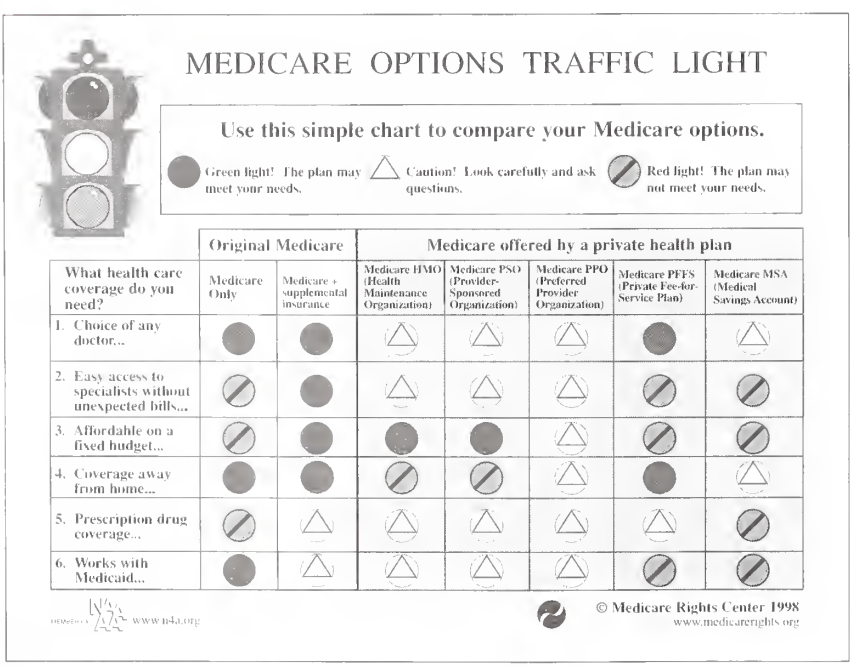
The starting point for the traffic light makeover is the original color version of the chart, shown below in black and white. It relies heavily on the red-yellow-green color coding of the stoplight. Since the traffic light symbols are all circles, this original chart includes some added lines to differentiate these circle for people who are color blind and for occasions when a black and white photocopy is used: the red light signal has an added slash, and the yellow light has an embedded triangle *caution* symbol.

The metal part of the traffic light clip art at the top left is orange, and the shading in the columns on the right part of the chart is gray.

The chart is 8½ inches by 11 inches; it is shown reduced in size in this makeover. Keep in mind the following considerations of content and size that constrained both the original design and the makeover:

- Because this chart compares original Medicare with the new Medicare options, it is essential to include *all* of the possible options (even the ones that are not yet widely available, such as private fee-for-service plans). This means that dropping a couple of columns is not an option for the comprehensive chart (the subject of this makeover). Custom versions could be created for local use, however, by removing options that are not available locally.
- For convenience, it was important to use standard size paper (8½ by 11 inches) rather than a larger sheet.

A | original chart



MEDICARE OPTIONS TRAFFIC LIGHT

Use this simple chart to compare your Medicare options.

Green light! The plan may meet your needs. Caution! Look carefully and ask questions. Red light! The plan may not meet your needs.

What health care coverage do you need?	Original Medicare		Medicare offered by a private health plan				
	Medicare Only	Medicare + supplemental insurance	Medicare HMO (Health Maintenance Organization)	Medicare PSO (Provider-Sponsored Organization)	Medicare PPO (Preferred Provider Organization)	Medicare PFFS (Private Fee-for-Service Plan)	Medicare MSA (Medical Savings Account)
1. Choice of any doctor...	●	●	△	△	△	●	△
2. Easy access to specialists without unexpected bills...	⊘	●	△	△	△	⊘	⊘
3. Affordable on a fixed budget...	⊘	●	●	●	△	⊘	⊘
4. Coverage away from home...	●	●	⊘	⊘	△	●	△
5. Prescription drug coverage...	⊘	△	△	△	△	△	⊘
6. Works with Medicaid...	●	△	△	△	△	⊘	⊘

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A few simple changes for a cleaner look.

1. Remove the box that frames the whole chart and the box around the legend. Remove the vertical lines in the table. The table doesn't need them because the columns of symbols are so strongly vertical all by themselves.

2. Remove the gray shaded background on the right side of the chart. This shading separated original Medicare and the new options, but made it harder to read the text—an important consideration especially for older people. Plus, the colored symbols stand out better against a white background.

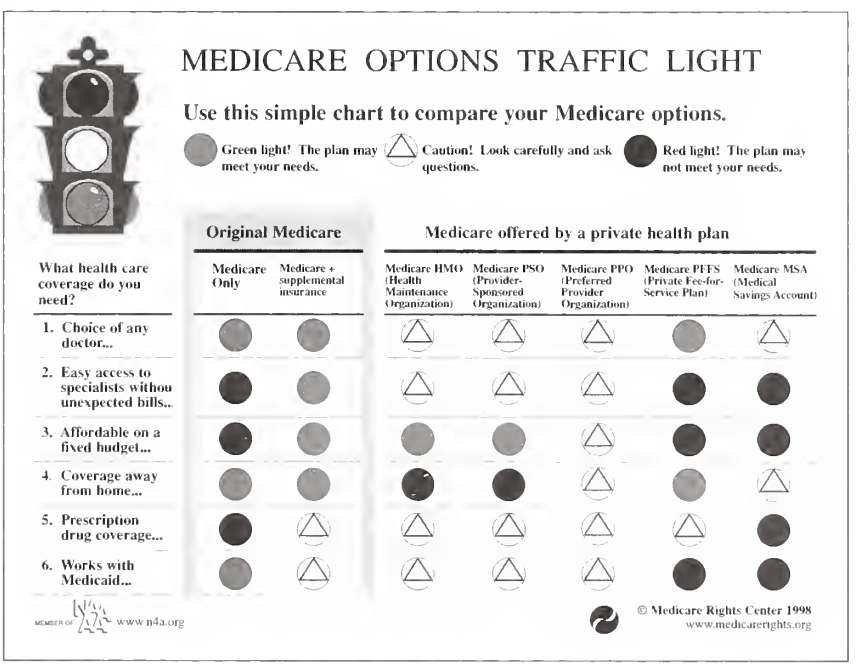
3. To separate original Medicare from the new options, add two horizontal lines and light gray shading that emphasizes the two columns for original Medicare (the reference point for most Medicare consumers).

4. For a cleaner look, line up the main title ("MEDICARE OPTIONS TRAFFIC LIGHT"), the subtitle ("Use this chart . . ."), the green light symbol, and the left edge of the gray shading.

5. Change the sub-headings within the chart ("Medicare Only," etc.) so that they line up at the top rather than being centered.

6. Break the horizontal lines to leave some white space on both sides of the shading. This helps set off the two columns that cover original Medicare.

B steps 1-6



MEDICARE OPTIONS TRAFFIC LIGHT

Use this simple chart to compare your Medicare options.

Green light! The plan may meet your needs. Caution! Look carefully and ask questions. Red light! The plan may not meet your needs.

What health care coverage do you need?	Original Medicare		Medicare offered by a private health plan				
	Medicare Only	Medicare + supplemental insurance	Medicare HMO (Health Maintenance Organization)	Medicare PSO (Provider-Sponsored Organization)	Medicare PPO (Preferred Provider Organization)	Medicare PFFS (Private Fee-for-Service Plan)	Medicare MSA (Medical Savings Account)
1. Choice of any doctor...							
2. Easy access to specialists without unexpected bills..							
3. Affordable on a fixed budget...							
4. Coverage away from home...							
5. Prescription drug coverage...							
6. Works with Medicaid...							

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Change the font (typeface), add contrast, and change some line breaks.

7 Replace the serif font (Times New Roman) with a sans serif font (Futura) for better readability, since the amount of text is limited and space is very constrained.

8 Add contrast to help readers see the main points at a glance. Combine larger bold text and smaller non-bold text in three places: labels for the legend, column at the far left, and headings within the chart.

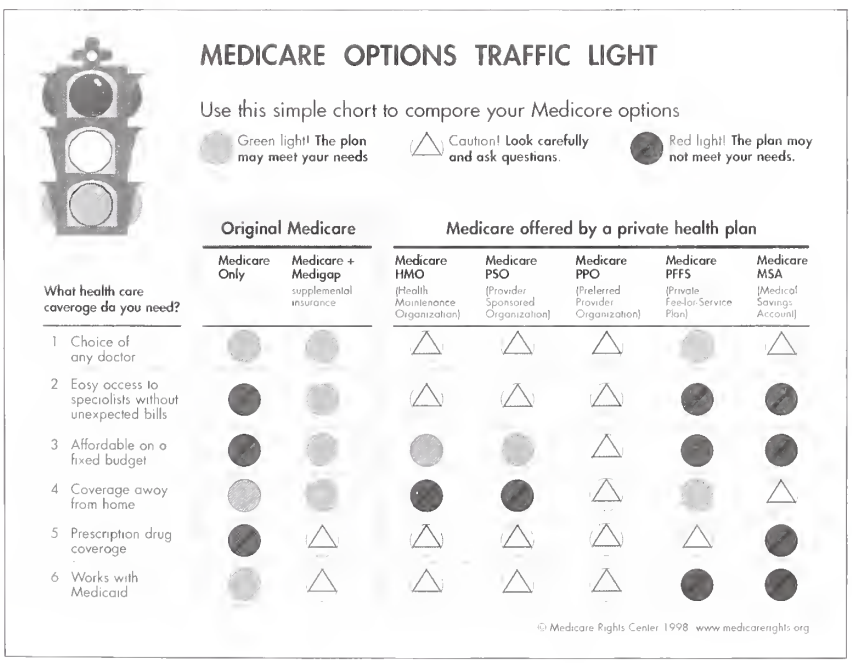
9 Change line breaks for easier reading:

- Change the labels for the columns of symbols by putting only one word on each line. This gives a cleaner look and lines up the acronymns (*HMO, PPO,* etc.) for easier skimming.
- Change the line breaks in the labels for the legend and in the heading for the column at the far left to improve the phrasing and avoid having just one word (*questions*) by itself on a line.

10 To streamline the look, remove the trailing dots from the far left column, delete the MRC logo, make the credit line to MRC smaller, and put it on a single line.

11 To make it easier to read the main labels for the columns, add more space between the main labels and the text in parentheses that follows.

C steps 7–11



Change the graphics

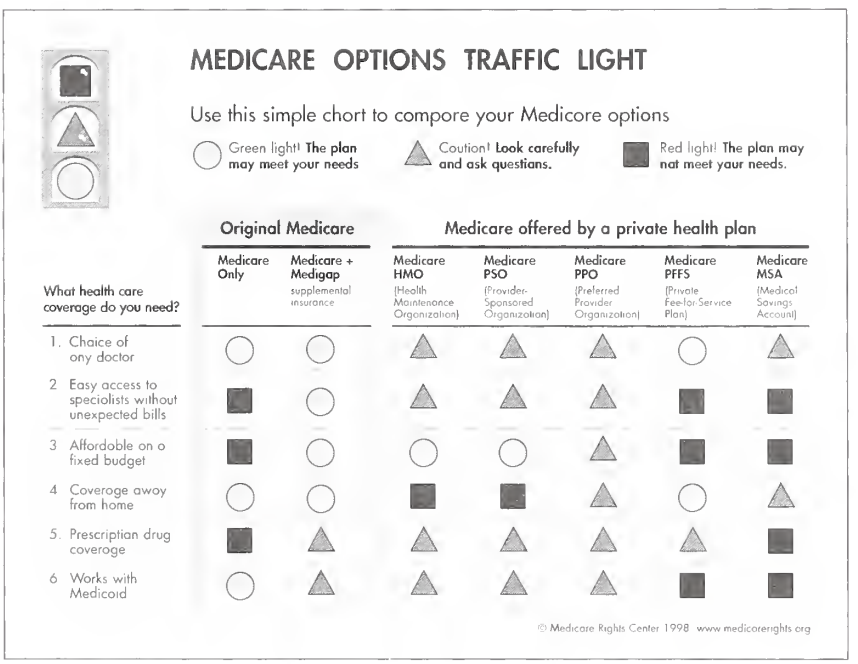
12 Replace the clip art stoplight with a more streamlined stoplight to remove potentially distracting detail. Change the background color of the stoplight from orange to gray because the orange "fights" with the color coded symbols.

13 Change the shapes of the symbols to make differentiation easier, even without the color coding:

- Change the red light from a circle to a square to provide differentiation and remove the distraction of the slash.
- Simplify the yellow symbol by making it a triangle. This adds white space to the chart, and makes it easier to identify patterns of shape and color.

14 To draw attention to the colored symbols in the traffic light legend, frame them in white and add the reflection highlights from the original artwork.

D steps 12–14



Last step—change title and legend

15 Condense the dual title. Combine the main title with the subtitle to create a single title that labels the chart (*traffic light chart*) and tells the reader what it's for (use it to compare your options).

16 For ease of reading, put the title on the left because readers naturally tend to go from left to right. Change it from all capital letters to upper and lower case letters.

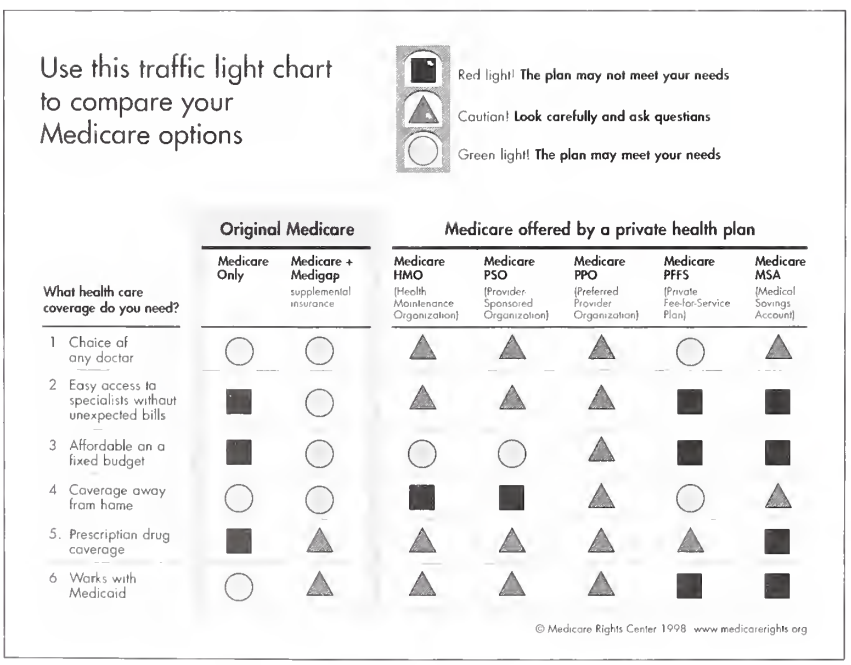
17 Make the traffic light illustration part of the legend to avoid repeating the colored symbols and to strengthen the connection between the traffic light and the symbols.

18 Put the legend labels on one line instead of two. This makes them easier to read and emphasizes the important part.

19 Note how the left edge of the title is lined up with the left edge of the column on the far left.

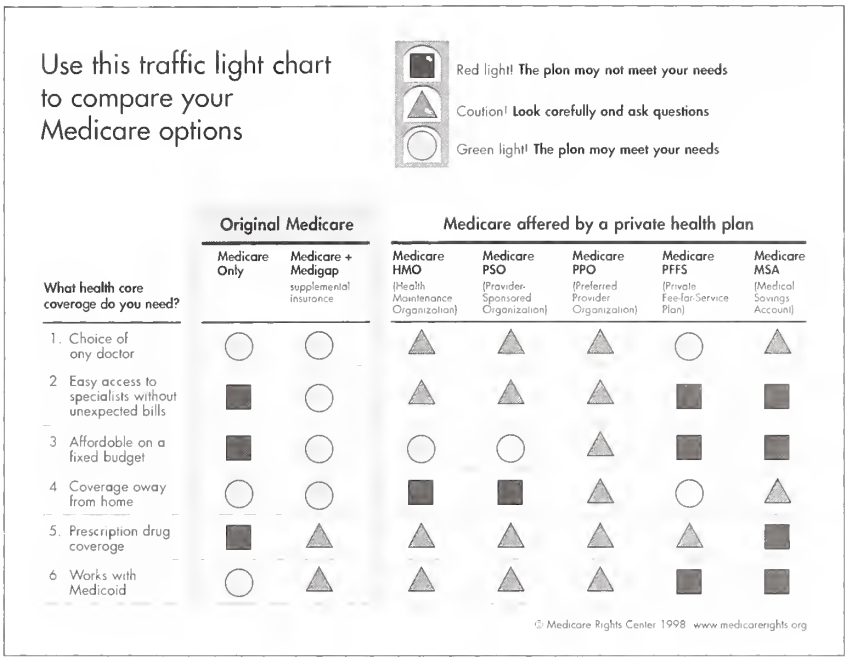
20 Note how the traffic light is lined up with the chart column that's underneath.

E | steps 15–20

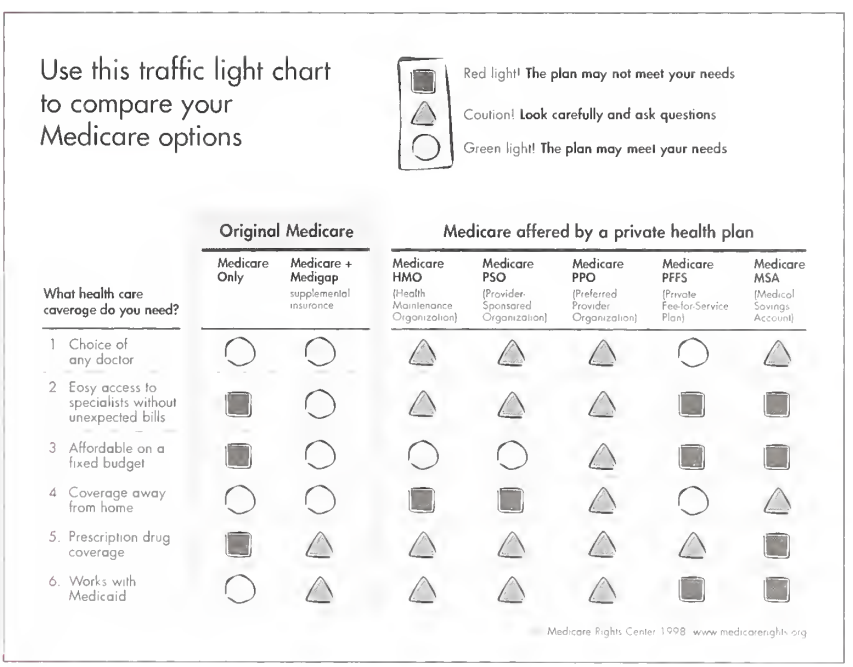


Two options—which do you prefer?

E | **final version**



F | **alternate styling**



GUIDE CHECKLIST, SECTION 9:

Overall design, page layout, and integration of text with graphic design

Checklist item 9.1 | Does the size, shape, and general look fit in with the purpose of the material?

This Checklist item reminds you to give some thought to the particular size and shape of the print materials you are producing. If you are creating a brochure, is it small enough to fit conveniently into a purse or pocket? If you are producing a booklet, does it fit into a standard size envelope, for ease and economy of mailing? Is your poster large enough to attract attention, but not so large that people may feel it takes up too much of the available space on a bulletin board? If you are producing a refrigerator magnet, why not make it large enough to include a few bullet points of reminders about how to get urgent and emergency care, as well as the nurse line number to call?

Some shapes and sizes are easier to format and may also be more appealing to your audience. For example, if you create a booklet that is eight inches square, rather than a standard size of eight and one-half by eleven inches, your readers may find it friendlier and imposing. As a rule of thumb, use a *portrait* orientation to your pages (pages are taller than they are wide) whenever you can, rather than a *landscape* orientation (pages are wider than they are tall). Portrait orientation is more familiar to your readers and it is less awkward when fully opened, and it is generally easier to design a good portrait layout than a good landscape layout.

If you are designing a folded brochure, be sure that each panel is wide enough for an attractive look. As explained below in the discussion of the Checklist item that covers length of lines of print, narrow columns of text are hard to read.

Checklist item 9.2

Does the material look appealing at first glance (uncluttered pages with generous margins and plenty of white space; something to catch the eye but not confuse it)?

As mentioned earlier in this chapter, your potential readers will make snap judgments about your print piece based on their first impressions. Print material with a clean, crisp look helps make a good impression. As mentioned in Chapter 7, *Guidelines for content, organization, and writing style*, large blocks of text are unappealing at best, and will discourage or intimidate low literacy readers. Generous margins and other *white space*—that is, empty space with no text or graphic elements—give your print piece some "breathing room," so that it doesn't look too crowded.

Many small elements of design add up to an overall look. For example, in the traffic light makeover shown above, compare the amount of white space in A (the starting point) with the white space in E (the ending point). The text is identical in both versions except for one small change (the two titles in A were consolidated into a single shorter title in E), yet E has substantially more white space because of the changes in design.

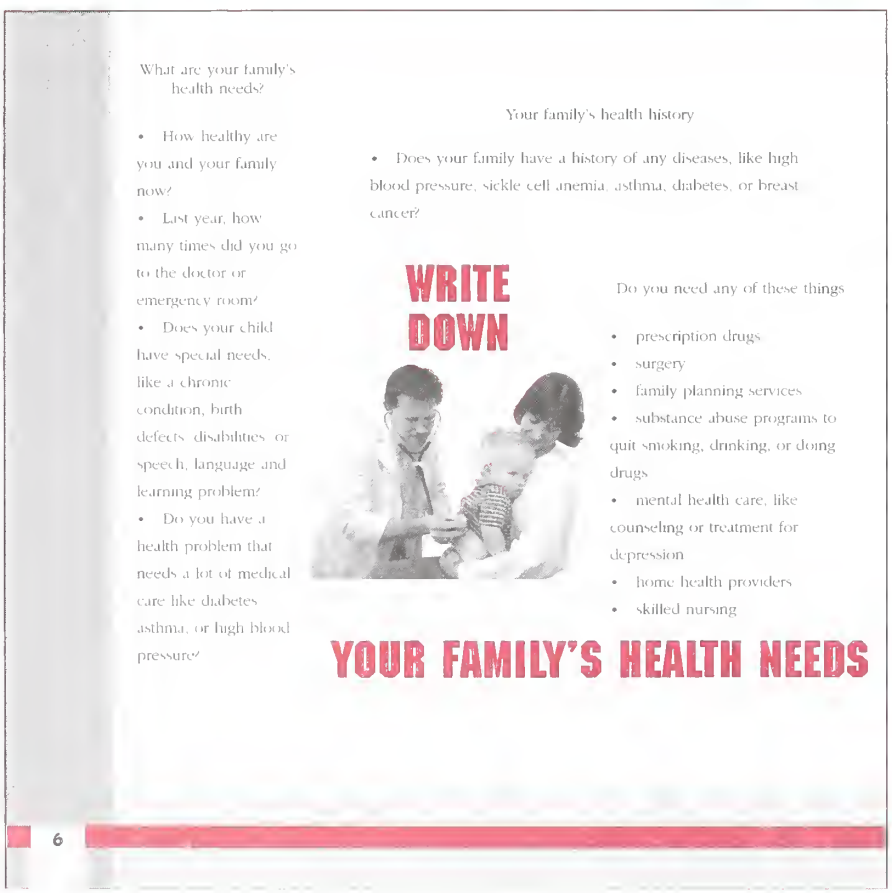
Just three of the changes in design—removing unnecessary lines within the table, an unnecessary box around the legend, and the large area of gray shading—make a big difference in the amount of white space in this chart and thus to positive first impressions.

To de-clutter your documents, remove outline boxes (lines around a block of text). They can usually be replaced with more effective design such as lines (designers call them *rules*) that set of the top or both the top and the bottom of the block of text. (This Guide uses a red rule at the top and bottom of each figure, for example.) You can also try replacing outline boxes with a combination of design changes such as increasing the contrast in type, changing the placement of the text on the page, or adding graphic attention-getters such as splashes of color or symbols. If you use an outline box, try using a very thin line (called a *hairline rule*) instead of a heavier line, and add a generous inside margin on all sides so that the text doesn't look crowded inside the box. But experiment with other possibilities before you resort to using a box.

Checklist item 9.3 | Is the way to "navigate" through the document immediately obvious to the target audience?

Consider the page layout shown in Figure 8-1, paying attention to the movements of your eyes as you look at it.

FIGURE 8-1. **Sample page layout that presents a navigational challenge for the reader**

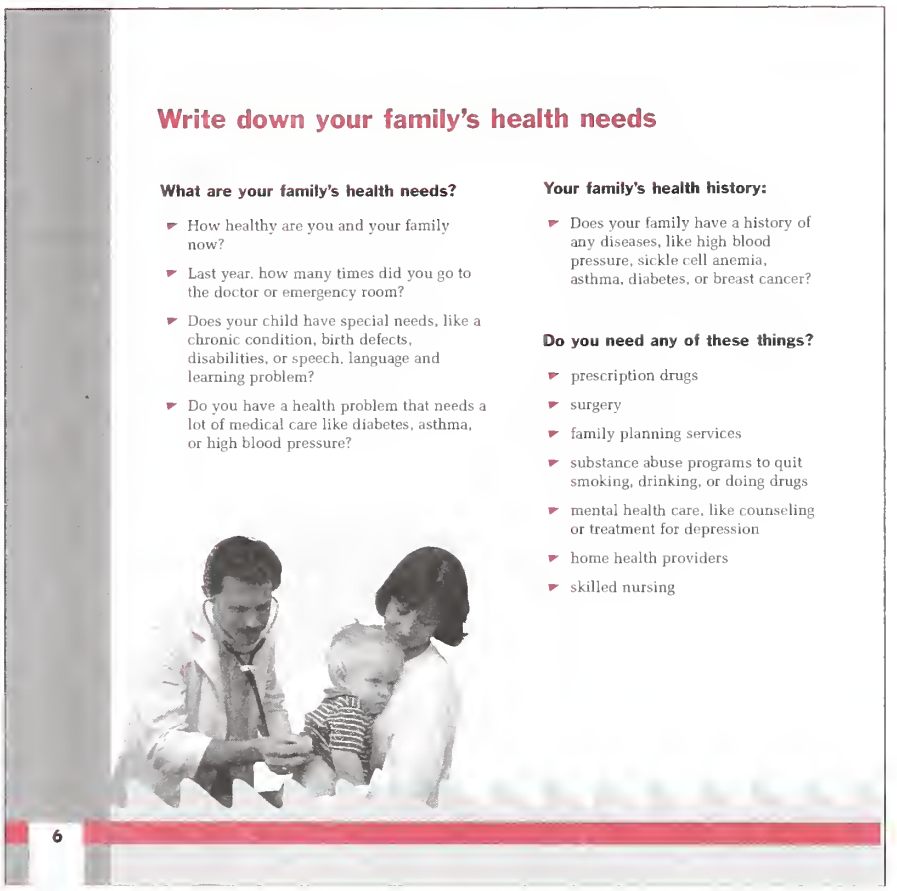


Source: The layout was created for this Guide to make a point about design. The text only (and no part of the design) is from *How to choose a health plan,* copyright 1996 by Abacus Group, and used with permission.

What did you notice first on this page? Was it the title and the photo in the middle that caught your eye? Then where did your eyes go next? Was it automatic, or did you hesitate, with your eyes darting here and there? Did you ever read the text in the upper left corner?

Now compare the page layout in Figure 8-2.

FIGURE 8-2. **Sample page layout – revised version of Figure 8-1**



Source: The layout was created for this Guide to make a point about design. The text only (and no part of the design) is from *How to choose a health plan,* copyright 1996 by Abacus Group, and used with permission.

Did you start by reading the title in the upper left corner? Where did your eyes go next? Did you notice all three blocks of bullet points? Did this page feel more orderly and comfortable than the layout in Figure 8-1?

Figure 8-2 shows exactly the same text as Figure 8-1, but the text is rearranged on the page. There are other changes in the design elements, including size of the title text, and added contrast in the text that introduces the bullet points.

The layout in Figure 8-2 is compatible with the **typical pattern of progression through a page for readers of print materials written in English:** readers begin at the top left corner, and work their way through the lines of text. For each line, their eyes move from left to right across the page, then drop down to the next line, and repeat the eye movement from left to right. When readers reach the bottom right corner, they are finished with the page, and move on to the next page.

This basic pattern of progression is deeply ingrained. A design that is compatible with readers' usual pattern of progression through the page has a strong and obvious point of entry in the upper left corner, such as a heading or graphic element, and nothing to throw a reader off track while progressing through the page. If the page layout you design is compatible in this way, your materials will be more effective. If your page layout is *not* compatible with this progression, readers are very likely to miss some of the information on the page, or get confused. *Type and layout: How typography and design can get your message across—or get in the way* (Wheildon, 1996) refers to this typical pattern of reading progression through a page as reading gravity, and gives examples of good and poor layouts in a chapter called "The perils of ignoring gravity."

Figure 8-1 is compatible with a reader's usual path through a page because the title in the top left corner provides a strong point of entry to the page. The blocks of bullet points are clearly labeled, forming obvious units of text, and readers who are following the typical progression through the page will move from one block to the next to the next.

The layout in Figure 8-2 ignores reading gravity, inviting confusion:

- The obvious point of entry is right in the center: the combination of color (red-lettered title) and photo draw the eye. But with the title split across two lines and interrupted by the photo, even the title and photo are fighting for your attention.
- If you read through to the end of the second line of the title, your eye is now resting in the bottom right corner of the page. This is the position that typically signals *you're finished with this page now.* It takes effort to defy reading gravity and go back up to the top left corner; many readers will miss all of the text in the upper left. They won't deliberately ignore it, they'll just overlook it because it doesn't fit with the natural way of progressing through a page.
- Moreover, there's nothing visual to entice readers back up to the top left corner, because the text that introduces the bullets does not contrast with the text of the bullets themselves. Similarly, the block of bullets above the eye-catching center of the document is likely to missed because it, too, runs counter to reading gravity and lacks contrast, therefore requiring extra effort from the reader to be noticed.

As these examples illustrate, it's important to design your page layouts to work *with* the natural tendencies of the reader, rather than against them. This same principle applies to navigation from page to page. Low literacy readers, in particular, need documents that have a smooth and unbroken progression from one topic to the next through the entire document.

Creating this smooth progression requires well-organized text formatted in a manner that emphasizes the underlying organization. Chapter 7, *Guidelines for content, organization, and writing style,* discusses using feedback from members of the audience to develop a sequence of topics that make sense to them, and label these topics with headings that are meaningful and informative. While the Checklist items in the reminder of this chapter suggest many specific ways to use visual elements to help your readers navigate successfully through your document, here are some general guidelines:

- Don't put too much on any one page—either text or graphic elements. (See, for example, the discussion of color overload below.) Simplicity and white space make it easier for your readers to concentrate on the meaning of the information in the document.
- Keep in mind that many readers will flip from page to page to see if the material interests them. They may start reading at any point. This means that the organization and topics covered need to be clear at a glance on every page, and from page to page.
- As emphasized above, be sure that each page has a clear point of entry in the top left corner and a logical progression from section to section within the page that is consistent with readers' natural progression through a page. There should be a clear hierarchy of importance on each page, without too many elements fighting for attention all at once.
- Maintain general consistency of layout and design elements from page to page to help keep your readers on track. (See Checklist items below that discuss page grids and unity of design.)
- Try to avoid cross-references to other parts of the document, because these may confuse your readers, or you may lose them (they may skip to the cross reference and never come back). In general, put information that's needed right where it's needed, rather than sending the reader somewhere else in the document to get it. For example, as Chapter 7, *Guidelines for content, organization, and writing style* suggests, it is better to repeat the nurse help line number in several places than to keep sending the reader to the end of the document to find it.

- Devices such as sidebars and pullout quotes have the potential to distract your reader from the logical path through the document, so avoid them, or be very cautious how you use them, including where you place them.

If testing shows that your readers are confused, or you find that it's hard to follow all of these guidelines for good navigation, assess the content of your print piece. Are you trying to cover too much in one document? Do you need to tighten the organization of the document? Especially if your topic is complex, consider whether it might be best to use another method, such as videotape or personal assistance by telephone, either as a supplement to or replacement of your print materials.

Checklist item 9.4

Are explanatory illustrations, diagrams, tables, charts, and graphs clearly labeled, and placed very near the text that introduces them?

As noted in Figure 2-7 in Chapter 2, *Matching the reading level of materials to the reading skills of your audience*, low literacy readers may find it difficult to interpret and apply new information and they tend to tire quickly. Your materials can help low literacy readers by making it very easy for them to find the information they need, when they need it. If readers have to search to find the visual, or they are confused by the title or caption, they may just give up. Clear labeling and convenient placement of visuals such as diagrams, charts, tables, and illustrations also help readers make the connection between the visual and the text that explains it. Moreover, clear labeling is especially important because when readers skim through your document, the labels may be all they see.

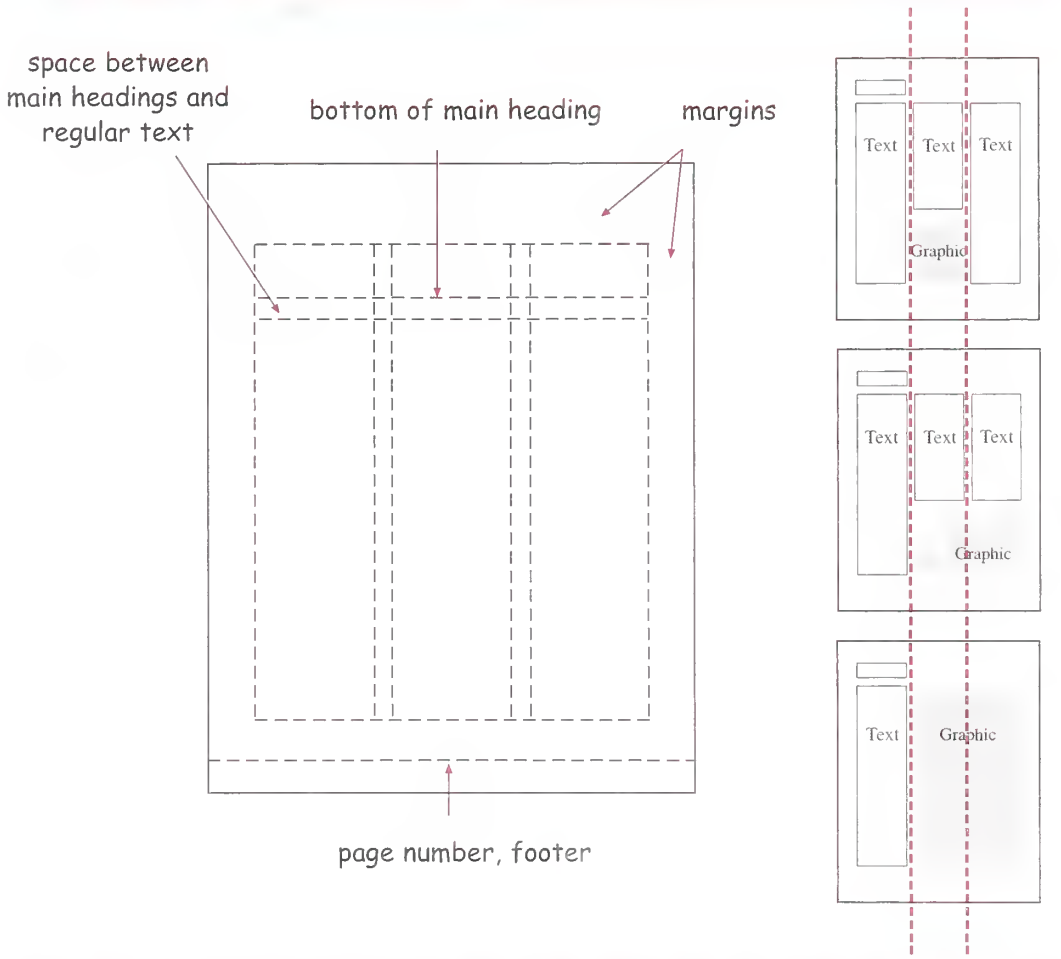
Checklist item 9.5

Are headings, blocks of text, lists, illustrations, and other elements lined up in a clear, strong, consistent way?

Graphic designers use a *page grid* to maintain consistent placement and strong alignment of text and graphic elements. A page grid is like an invisible skeleton that forms the *underlying structure* of your page. It marks the margins and columns of your document, imposing the same structure for every page. Typically, text and graphic elements are aligned to the edges of the grid, giving the pages a strong sense of structure and unity.

Page grids are flexible ways to create a tidy sense of order in your document. Your grid has a fixed number of columns (such as two, three, four, five or six columns) but you can combine them in different ways to lend variety to your layout without sacrificing the underlying unity. For example, Figure 8-3 shows three ways of using a three-column page grid.

FIGURE 8-3. **Example: Different ways to use a three-column page grid**

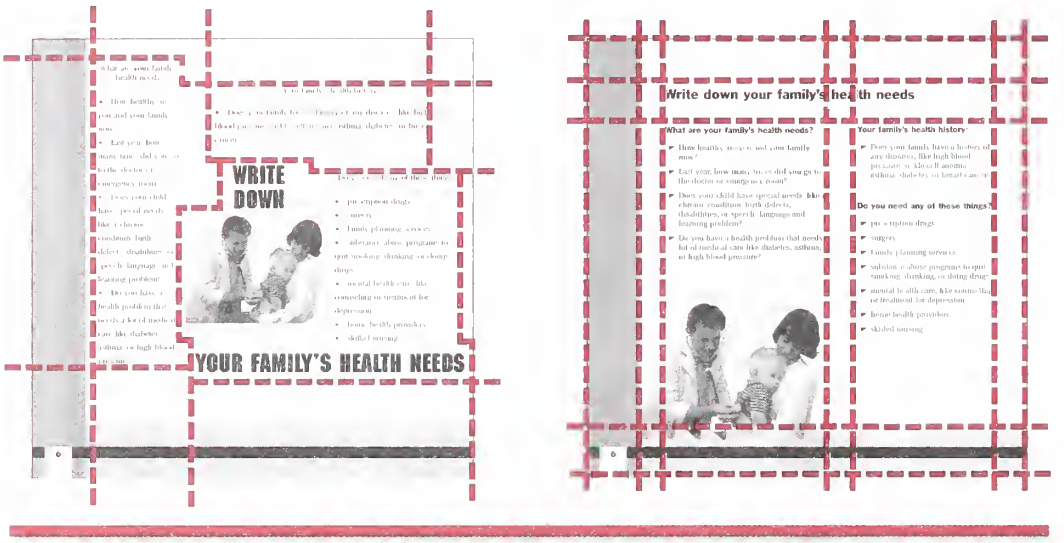


The sample layouts shown in Figures 8-1 and 8-2 illustrate the impact of using a page grid. As shown by the red lines in Figure 8-4, the layout in Figure 8-2 has a strong underlying page grid—a simple two column grid. The layout in Figure 8-1 does not have an obvious underlying page grid.

FIGURE 8-4. **Diagram showing the page grids in previous sample layouts**

The red lines with angles in Figure 8-1 below show the lack of a page grid

The straight red lines in Figure 8-2 below show the underlying page grid



There are other examples of strong alignment in the makeover of the traffic light chart in Section D. See for example, steps 1, 4, 19, and 20.

When you are doing your mockup that shows the preliminary design for your print piece, sketch in a page grid to guide development of the layout. Using a page grid helps impose a strong sense of order on the document, making it more predictable for your readers.

Checklist item 9.6

Does the graphic design use contrast, indentation, bullets, and other devices to signal the main points and make the text easy to skim?

Consider the examples of entries from a provider directory shown in Figure 8-5.

FIGURE 8-5. **Sample entries in a provider directory: Which version do you prefer?**

A.

RAFAEL ESPINOZA, M.D.
MedicFirst Care Clinic
1998 Fairview Way
Springfield, MO 54908

ELIZABETH BAKER, D.O.
Southside Medical Clinic
15042 Greenway Road
Springfield, MO 54906

CHANG LEE, M.D.
Preferred Care Providers
2322 Hwy 9 North
Springfield, MO 54909

PAUL STEINBERG, M.D.
Specialty Care Center
52334 Hickory Wood Drive
Springfield, MO 54909

MARY STUART, M.D.
Preferred Care Providers
2322 Hwy 9 North
Springfield, MO 54909

SABAT TAHIR, M.D.
CareOne Health Clinic
4067 Center Blvd.
Springfield, MO 54907

B.

Rafael Espinoza, M.D.
MedicFirst Care Clinic
1998 Fairview Way
Springfield, MO 54908

Elizabeth Baker, D.O.
Southside Medical Clinic
15042 Greenway Road
Springfield, MO 54906

Chang Lee, M.D.
Preferred Care Providers
2322 Hwy 9 North
Springfield, MO 54909

Paul Steinberg, M.D.
Specialty Care Center
52334 Hickory Wood Drive
Springfield, MO 54909

Mary Stuart, M.D.
Preferred Care Providers
2322 Hwy 9 North
Springfield, MO 54909

Sabat Tahir, M.D.
CareOne Health Clinic
4067 Center Blvd.
Springfield, MO 54907

Adrienne Vauhn, M.D.
MedicFirst Care Clinic
1998 Fairview Way
Springfield, MO 54908

Source: Created as an example for this Guide; all information is fictitious.

Comparing the style in these entries shows how grouping related information together and adding contrast helps readers skim quickly through a document. The makeover of the traffic light chart in Section D includes a number of other examples of using contrast to help readers pick out the main points more readily. See, for example, steps 7, 8, 10, 11, and 13.

Checklist item 9.7

Are bullets used effectively in terms of size, shape, spacing and color?

Compare the style of the bullet points in Figures 8-1 and 8-2. The bullets are black and quite small in Figure 8-1, and they are lined up with the edge of the heading. Compare the large red bullets in Figure 8-3, which draw attention to the text. Also, text is indented under the headings in Figure 8-3, which emphasizes the connection between a heading and the bullet points that follow, and makes it easier to skim from one section of bullet points to the next.

Checklist item 9.8

Does the overall design seem unified and consistent from page to page in its layout?

As discussed above, using a consistent page grid to align text and graphic elements helps impose a sense of unity within each page, and throughout the document. Maintaining a consistent style of artwork and repeating key visual elements also foster unity of design. For example, if you are using photographs or illustrations in your document, try to maintain a similar style throughout the document. Figure 9-12 in Chapter 9, *Using photographs and illustrations*, gives an example.

GUIDE CHECKLIST, SECTION 10:

Type style, size of print, and contrast with the paper

Checklist item 10.1

Does the document use an effective combination of readable type styles to get a good contrast between the text and the headings and titles?

Today's computer word processing and desk-top publishing offer an amazing array of type styles (also called *typefaces* or *fonts*). This Checklist item suggests that you pick two (or possibly three) type styles to use together in your document, in order to increase the contrast between the regular text

(called the body copy) and the headings and titles. As shown in the sample page in Figure 8-2, and in the final version of the provider directory entries in Figure 8-5, strong contrast in typefaces helps emphasize your main points and makes it easy for readers to skim through your document. As shown in these examples and in steps eight and 11 of the traffic light makeover, you can strengthen the impact of the contrasting typefaces by adding contrast in size of the type and by adjusting the spacing between lines of type.

When you pick a combination of fonts for your document, be sure that each font is highly readable, and that there is enough difference in the fonts you choose to create contrast. While you could study the issues related to type styles in depth (for example, see *The non-designer's type book: insights and techniques for creating professional level type;* Williams, 1998), here are three suggestions to help you choose an effective combination:

1 **Use a highly readable serif font for your main blocks of text.** Fonts are divided into two general categories: serif fonts and sans serif fonts. *Serif* is the name for the little stroke or flare that extends from the main strokes of a letter. *Sans* means *without,* so *sans serif* means *without* the small stroke or flare. Here is an example:

serif font: **M** sans serif font: **M**

In general, it's better to use a serif font for large amounts of text, because serif fonts tend to be easier to read. Since there can be big variations in reading ease from one serif font to another, make your choice carefully.

The text you are reading right now is set in a serif font called Garamond (there are variations of Garamond; this one is called Garamond Light). Garamond is a highly readable font that works well for documents that have a lot of text. It doesn't call attention to itself, which is good, because fonts that have more distinctive design characteristics make the reader work a little harder. For example, suppose that this entire Guide were printed in the same font as this sentence, which is called University: would you still be reading it?

This sentence is in Caslon, another good choice for a serif font for text. Minion, shown in this sentence, is also good. Palatino is yet another choice for a highly readable font, as shown in this sentence. Notice the similarities among these three fonts.

2 **Choose a highly readable sans serif font for your headings and titles.** Since you want contrast in your type styles, it's better to combine a sans serif font with a serif font than to combine two different serif fonts. This Guide uses two sans serif fonts:

The font used for most headings and titles (and in this sentence)is called Comic Sans. Chosen for its friendly look, Comic Sans works best for relatively short blocks of text.

Futura is the sans serif font used in the credit lines at the bottom of figures in this Guide (and in this sentence). The makeover of the traffic light also uses Futura.

3 **Check to be sure that your serif and sans serif fonts look good together.** While the combination of Garamond, Comic Sans, and Futura works well in this Guide, there are many other good combinations of fonts. See *The non-designer's type book: insights and techniques for creating professional level type* (Williams, 1998) for more guidance on many aspects of using fonts. In making your selection, look for high contrast among the fonts, and for fonts that remain highly readable when you apply bolding or italics. Create test pages printed in different combinations of fonts, and get reactions from others. The basic rule: if it looks hard to read, it is hard to read.

Checklist item 10.2 | **Is the type large enough, and the spacing between lines loose enough, for easy reading?**

Obviously, the type in a document needs to be big enough to make it easy for people to read, or they may get discouraged and give up. It needs to be bigger than this sentence, which is set in 10 point type.

But how big is big enough? (This sentence is in 16 point type.)

There's no single one-size-works-best answer to this question. Unfortunately, setting a specific standard (such as, *use type that is 12 point or larger*) doesn't guarantee that your text will be easy to read. As shown in the preceding section, the particular fonts you choose have great impact on ease of reading, and so does the way you use them (as discussed below, in connection with other Checklist items).

As with so many other topics covered in this Guide, feedback from your readers is the ultimate test: **Use type that is large enough that members of your intended audience find it easy to read.** Since the ease of reading printed type is not captured in the single factor of the point size of the type, try to resist setting an arbitrary standard. Instead, as you work with your mockup of the print piece, be attentive to size of print and its impact on ease of reading, making adjustments if needed. Then rely on feedback from testing draft materials with members of your audience as the measure of success. If you are producing print materials for Medicare beneficiaries, you will need to make the type a bit larger than for some other audiences, to compensate for the normal age-related decline in vision.

As discussed in Chapter 4, *Six-step model for developing and testing print materials*, you may need to produce alternative versions of your materials for readers with vision loss. Some of these readers may simply need a large print document. Keep in mind that oversize type such as a point size of 14 is likely to be too small for most people with vision limitations (who probably need size 16 or 18 type), and so large as to actually make the document harder for everyone else to read. Instead of imposing a one-size-fits-all requirement of using oversize type in *all* materials for *all* readers, consider the strategies for accommodating readers who require extra large print that are discussed in Chapter 4.

Along with size of the font, line spacing makes a big difference in ease of reading. While most of this Guide is deliberately set with looser line spacing, this paragraph is set at single-spaced, or 1.0, which is the usual default for word processing. Don't you agree that adding a little more space between the lines makes any document easier to read?

You can also make your line spacing too loose, as illustrated in version A. of the provider directory variations in Figure 8-3.

Checklist item 10.3

Does the text use capital letters only when needed grammatically (no text in "all caps")?

IF YOU ARE USING A TYPEWRITER RATHER THAN A COMPUTER WORD PROCESSING PROGRAM OR DESKTOP PUBLISHING TO PRODUCE TEXT, YOU HAVE ONLY TWO OPTIONS FOR EMPHASIZING PARTICULAR WORDS OR SENTENCES: YOU CAN TYPE THEM IN ALL CAPITAL LETTERS (*ALL CAPS*) OR YOU CAN UNDERLINE THEM. AS YOU CAN SEE, NEITHER OF THESE IS AN ATTRACTIVE OPTION, BECAUSE BOTH MAKE TEXT HARDER TO READ.

WHY IS ALL-CAPS TEXT HARD TO READ? IT'S BECAUSE THE TOP HALF OF A LOWER CASE LETTER IS GENERALLY MORE DISTINCTIVE THAN THE TOP HALF OF A CAPITAL LETTER. CAPITAL LETTERS ARE SO BOXY THAT YOU HAVE TO SLOW DOWN TO TELL THEM APART. THIS IS TRUE EVEN FOR SHORT BLOCKS OF TEXT. FOR EXAMPLE, SEE STEP 16 OF THE TRAFFIC LIGHT MAKEOVER.

There's a minor violation of this rule against all-caps here in this Guide: **DID YOU NOTICE THAT THE TITLES ON THE DIVIDER PAGES (THE RED PAGES WITH ETHNIC BORDERS) USE THE COMIC SANS FONT IN ALL-CAPS? THERE ARE THREE REASONS WHY: BECAUSE THE TITLES ARE SHORT (OFTEN ONLY ONE WORD), TO EMPHASIZE THE DIVISION BETWEEN SECTIONS, AND TO SHOW YOU THAT SOME FONTS ARE EASIER TO READ IN ALL-CAPS THAN OTHERS.**

You May Have Noticed That This Guide Doesn't Use Capital Letters On Each Word In Its Titles. Notice How Jumping From Lowercase To Uppercase So Often Makes Text Harder To Read.

Checklist item 10.4

Does the document emphasize text by restrained use of italics, bolding, or devices like contrast in size or color accents (no underlining, no all-caps text)?

Fortunately, computer word processing/desk-top publishing offers fine alternatives to the use of all-caps or underlined text: **bolding** and *italics*. As mentioned above, choose fonts that remain highly readable when you use the bold or italic version of the font. Be sparing in your use of bolding and italics, or you will diminish the effect. For example, notice how the limited use of bold headings in Figure 3-2 makes it easy to skim through the topics covered on that page.

Italics works well for accenting text, but not for long passages. For example, you may have noticed that this Guide tends to use italics as a substitute for setting text in quotation marks.

Avoid using italics for the text in headings and subheadings. An italic font doesn't have the visual strength to work well in headings, and you will also lose contrast with your serif text font.

Finally, ***avoid using bolding and italics in combination: it makes text significantly harder to read. Find a better way to emphasizes your key points.***

Checklist item 10.5

Are lines of text an appropriate length for easy reading (no more than about five inches, set in columns if paper is wide, and no "wrapping" of text in awkward ways)?

When lines of text are too short in a document, it's harder to read. Your eyes take in smaller bundles of words, and you have to keep going back and forth, back and forth.

When lines are too long, it's fatiguing to read word after word after word, and your readers may give up.

When you are creating print documents for beneficiaries, a good rule of thumb is to create lines of text that are, on average, no more than about five inches long. It generally works well if lines are no less than about 25 characters wide, and no more than about 50 to 60 characters wide. Use wide margins to take up the rest of the space on the page; it gives the reader a place to pause and rest.

Earlier in this chapter, the Guide suggested that it's generally better to use a portrait orientation to your paper (taller than it is wide) rather than a landscape orientation. Unless your paper size is small, if you do use a landscape orientation, you may need to format the text in columns in order to stay within the suggested guidelines for length of printed lines.

This Checklist item cautions against wrapping of text in awkward ways. A slight contouring of the right margin of a block of text that makes it follow the shape of a photo or other graphic element can add a nice effect. Just do it carefully, to preserve ease of reading. This example leaves lines that are too short, and that hang out in an awkward way.

Checklist item 10.6

Is the right margin left uneven (ragged right), rather than forcing it into a straight edge on the right (fully justified) which can be rather hard to read?

Full justification spreads out each line of text in order to force an even margin on both sides. If your lines of text are relatively short, spreading out each line can create an uneven pattern of fairly large gaps, making it harder to read. The Checklist recommends using a ragged right margin rather than full justification, especially for short lines of text.

Checklist item 10.7

Does the text avoid splitting words across two lines? When headings take more than one line, does the break between lines reflect natural phrasing and avoid leaving a single word by itself on the second line?

It's best to avoid all hyphenation in print materials for beneficiaries. Hyphenation adds to difficulty of reading because splitting words over two lines with a hyphen forces the reader to both visually and mentally link together the two parts of the word. Never use a hyphen in a title or heading.

This Checklist item also reminds you to pay attention to natural phrasing of words when text for title and headings has to be split over two lines, and to avoid leaving just one word of a heading or title by itself on the second line. Here's an example:

Option 1 is not good because it leaves a single word on the second line:

> How to get the health care your family needs from a managed care organization

Option 2 does not maintain natural phrasing. It splits up words that make more sense at a glance when kept together: *health* and *care; managed* and *care organization*. In addition, the middle line is so long that it makes the heading look awkward:

> How to get the health
> care your family needs from a managed
> care organization

Option 3 works best in terms of natural phrasing and visual appearance:

> How to get the health care your family needs
> from a managed care organization

Checklist item 10.8

Does the document avoid printing text on shaded or patterned backgrounds or on top of photographs or illustrations?

As mentioned earlier in this chapter, you want your print materials to hold your readers' attention long enough to get across your key messages. Catching their eye is the first step, but it's what they do immediately afterward that counts. People may *notice* text because it is on a shaded

background or on top of a photograph, but studies show that they are *less likely to read* it. The darker the background, the less likely they are to actually read the text. Consider the examples in Figure 8-6.

FIGURE 8-6. **Examples of text printed on shaded backgrounds**

As shown in these examples, it's significantly easier to read the names than the other lines of text, because the names are bigger and bolder. It is fairly easy to read the text that is printed on top of the lightest backgrounds (the shaded areas with 10% color); this option may work well for relatively small areas of text and it will look less cluttered than using an outline box. If you use a shaded background, try to avoid any shading that is darker than this.

Text is sometimes printed on top of photographs or patterned backgrounds for a design effect, but this practice interferes with ease of reading and comprehension. Even if the text is quite dark and the photograph is printed very light, there are still two things fighting for attention in the same spot: a visual image in the background, and printed words in the foreground. To make it easier for low literacy readers to concentrate on the messages and the meaning of your print materials, don't print text on top of photographs or other patterned backgrounds.

Checklist item 10.9

Is the document very restrained in any use of reversed out text (light-colored text on a dark background)?

Is this block of text the first thing you noticed on this page? This text is printed in reversed-out text. Do you find it easy to read? Is it easier to read white text on a red background, or on a black background?

Reversed-out text may draw attention, but just like text printed on top of shaded backgrounds or photographs, it's hard to read. It's especially hard to read reversed-out text that is printed in a non-bolded serif font, such as this paragraph.

But even if you use a larger size sans serif font with bolding, reversed-out type is still significantly harder to read than black type on a light colored background.

If the text is quite short and the type is large, restrained use of reversed-out text may work for a special effect. Look at the white titles on the red divider pages in this Guide. Do you find them easy to read?

Checklist item 10.10

Is there enough contrast between the printed text and the paper to be able to read everything easily (black text on white non-gloss paper works best)?

Research shows that highly contrasting colors for paper and ink, together with non-gloss paper, improve reader's attention and comprehension (Wheildon, 1997). Designers and printers refer to paper as *stock*, so they would call non-gloss paper *uncoated stock*. They use the term *matte* for low gloss paper, and *coated* for higher gloss.

When text is printed on coated stock, the glare from the slightly shiny surface of the paper makes it harder to read. Covers of booklets that are designed for repeated reference are often printed on coated stock for better wear. The glossy finish is protective in this case, and doesn't interfere much with reading ease because the amount of text on a cover is usually fairly limited.

If you print your material on a brightly colored paper, people may notice it, but they are far less likely to read it. It's self-defeating to use harsh neon colored paper, in particular; readers tend to give up or get annoyed. You can't go wrong with black text on white non-gloss paper; it's the best overall choice. Black text on *very* light colored paper, such as pale cream or ivory colored paper, is okay, too.

GUIDE CHECKLIST, SECTION 11:

Use of color

Checklist item 11.1

Are the particular colors chosen appealing to the target audience and free from unwanted connotations or problematic cultural significance?

If you are using color in your materials, don't settle on a color scheme until you have checked into cross-cultural differences in the meaning of color that might draw a negative or other unwanted reaction from members of your intended audience.

As a general rule, be careful not to use color coding that makes *bad* things look dark and *good* things look light; this may be interpreted as racially offensive. In some cultures, white may be associated with purity or it may be associated with death as well. For example, in many Central American cultures, white is the color of mourning. If you are developing materials for Central Americans, it is very important that health care providers not be portrayed in white lab coats. One hospital in Central America initially had most of their doctors wear white lab coats. Most of the local population refused to visit because they assumed that the doctors were wearing white because the hospital was a place to go to die, and/or that the doctors hastened death.

A report about outreach to African American, Asian/Pacific Islander, Hispanic/Latino, Native American/Alaskan native, and Russian-speaking communities cautions against using colors associated with sickness or death or with particular nationalistic emblems (such as red, a communist color) in materials intended for Asians. The report suggests using colors associated with pleasurable occasions instead (Washington State Health Care Authority, 1996:26).

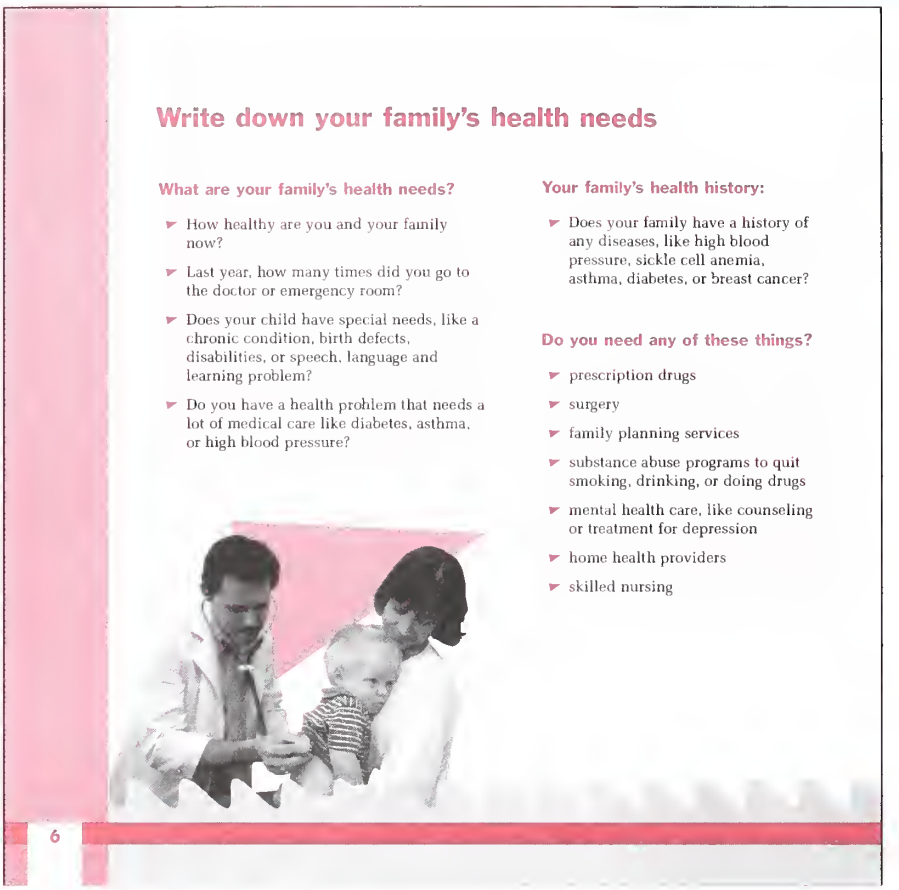
Checklist item 11.2

Is color used sparingly for greatest impact, avoiding "color overload"?

Just because you are using color in your print materials doesn't mean that you should use a large amount of color. In fact, the more sparing you are in use of color, the more impact it will have. For example, if you use a large block of strong color, this reduces the contrast available when you use color on other parts of the page. Scattering your color throughout a page is likely to be less effective than concentrating it in just a few spots where want to draw attention. Keep in mind that you can't really use color to compensate for weaknesses in overall design.

Figure 8-7 shows an example of color overload. Compare your reaction to the sample page in Figure 8-7 with the version shown earlier in this chapter in Figure 8-2. Which one makes you want to read the text?

FIGURE 8-7. **Example of color overload (compare Figure 8-2)**



Checklist item 11.3

Is color used in a consistent and deliberate way to enhance the meaning and impact of the key messages?

As mentioned above in the discussion about color overload, you shouldn't overuse color just because it's available. Since color is like a magnet for the eyes, add color to your document in a purposeful way, putting it where you want your readers to look. For low literacy readers in particular, it's important to use color in thoughtful ways that reinforce the meaning and clarity of the information. Using color in a purely decorative way can distract low literacy readers from your words.

Checklist item 11.4

Do the particular colors chosen work well from a design standpoint (including for people who are color blind)?

While reactions to color are partly a matter a personal taste, some colors work better than others for particular purposes in a document. For example, you should avoid printing text in colors such as yellow, gold, orange, and light tan because lack of contrast with the paper makes text in these colors hard to read. This same lack of contrast can be an advantage for other design purposes, however, such as printing text on top of a lightly shaded background (for example, a background printed at 10% of full color). For example, black text printed on a pale gold background can be fairly easy to read.

Since printing materials in only two colors is cheaper than in three colors, many print materials use only two colors. Often, the colors are black as the basic text color, plus one color for accent. The black and red combination used in this Guide is an example. Using black for the text plus another color for accent works well because, as mentioned above, text printed in black has the most contrast with the paper and is therefore easiest to read. In fact, keeping all or most of the text in black, including titles and headings, is generally a good idea.

Instead of using black plus an accent color, some two-color print materials use one dark color other than black, plus an accent color. For example, they might use dark purple or navy instead of black as the basic color for the text, and add another color such as green for contrast. This allows for printing shades of purple plus shades of green, rather than shades of gray plus shades of green. While you gain a bigger range of color in the document by using dark purple or navy instead of black for your text, you may lose a lot in ease of reading.

Text in black is crisp and easiest to read, an important point for older people. Also, when you have two colors such as purple and green, you are more likely to end up with color overload than if you use black and an accent color. The shades of gray that are available in a print job that uses black as the text font help reduce color overload because they are softer and more subtle than shades of many other colors.

If you use black and an accent color, there are several things to consider when choosing your accent color. Besides being culturally acceptable, as mentioned above, the color should be pleasing to most members of your audience. If you plan to use the color to accent an occasional heading, does it have enough strength to work well for this purpose? Does the accent color look good in the full range of shadings? For example, some shades of violet

look good at full strength but unpleasant in a lightly-shaded version. And finally, does the accent color have enough contrast for people who are color blind?

It is difficult to find a color with all of these characteristics, but some of the characteristics may be less important to your materials than others. Kelly green-forest green and deep sky blue are fairly flexible colors you might want to try. Clear red is a good accent color, but it doesn't work very well in lightly shaded backgrounds. A purple without a lot of red works well.

Whatever color scheme you use, check to see if there is sufficient contrast among all of the text and visual elements of your design. If documents printed in color are likely to be photocopied, test your color scheme to see if it works well in shades of gray. Test color schemes with people who are color blind, too.

GUIDE CHECKLIST, SECTION 12:

Tables, charts, and diagrams

Checklist item 12.1

Are tables, charts, graphs, diagrams, and explanatory illustrations clearly labeled and carefully explained, using examples, prominent legends, and step-by-step instructions?

As discussed in Chapter 2, *Matching the reading level of materials to the reading skills of your intended audience*, you can help low literacy readers understand new information by explaining it clearly. When you use tables, charts, diagrams, and similar visuals, take extra care to provide a thorough explanation. Since it can be hard for low literacy readers to apply new concepts (see Figure 2-7 in Chapter 2), be as explicit as possible about the connections among concepts and what they mean. Chapter 7, *Guidelines for content, organization, and writing style*, has suggestions about using examples as part of your explanations. See *Teaching patients with low literacy skills* (Doak, Doak, and Root, 1996) for discussion and examples of using visuals as part of patient instruction materials.

If you are including charts and graphs in your materials, keep them as simple as possible. Put the legend in a prominent spot, so that it's hard to miss. This is especially important if different graphs have different legends. Make bar graphs as self-explanatory as possible by providing informative labels. Keep the text for labels and numbers large enough that it is easy to read. If numbers are percentages, put a percent sign after each number, and if they are dollar amounts, put a dollar sign in front of each number. Be sure that there is sufficient contrast in different parts of your graphs, for example, that it is easy to differentiate the wedges of a pie chart.

Checklist item 12.2

Do tables and charts include as few vertical and horizontal lines as possible to avoid a cluttered look?

If you look back at the traffic light chart makeover earlier in this chapter, you'll see that step 1 in the makeover removed most of the lines in the table. Compare the original chart A with the chart in B to see the impact of this change. As noted in Step 1 of the makeover, the vertical lines weren't needed because the symbols in the columns create a strong vertical line all by themselves. This would also be true if the columns contained left-aligned text rather than symbols.

If you have a table with many lines, experiment by removing most or all of them. You may be surprised by the improvement this makes. For the lines that you do include, experiment with the width and intensity of color. For example, a slightly heavier line in a medium-light shade of gray may be more effective than a thin black line.

Checklist item 12.3

Have tables, charts, graphs, diagrams, and explanatory illustrations been pretested with the intended audience for comprehension and cultural acceptance?

Be very cautious about the tables, charts, graphs and other visuals you use in materials for low literacy readers in general, and for readers from other cultures in particular. Some of the resources in Chapter 12, *References and other resources*, discuss issues related to comprehension and cultural acceptance in patient instructions and other educational materials (Doak, Doak, and Root, 1996; Szudy and Arroyo,1994), in print materials and non-print alternatives (AMC Cancer Research Center,1994), and in cross-cultural applications (Zimmerman et al., 1996). All of these resources emphasize the importance of thorough testing with members of the intended audience.

Checklist item 12.4

Are matrix formats (charts with rows and columns) kept as simple as possible and used with great caution for lower literacy audiences?

Results from the National Adults Literacy Study mentioned in Chapter 2, *Matching the reading level of materials to the reading skills of your intended audience,* suggest that charts with rows and tables pose difficulties for low literacy readers. To extract information from this type of matrix format, you need to be able to juggle two dimensions at once—the dimension represented by the row, and the one represented by the columns. If you are already familiar with using charts of this sort, you may underestimate how difficult this format can be for someone who is not.

If you use a matrix format, keep it as simple as possible, and build in extra explanations to guide readers. For example, if you are preparing a comparison chart of managed care organizations (MCOs), try writing your text in a way that provides some added information to help teach people how to interpret the chart. For example, instead of saying *Call for a list of PCPs,* you could say *Call for a list of PCPs you can use if you join QualiCare.*

If you offer a number of MCOs, the size and complexity of a comprehensive comparison chart may be overwhelming to beneficiaries. You may want to experiment with other formats that may provide the same information more effectively. For example, consider replacing a large and complex comparison chart of MCOs with a packet of separate sheets for each MCO. If these sheets use a standardized format, beneficiaries can select the sheets for the MCOs that suit their needs, and lay them side-by-side for comparison. It's important to test any format you use for ease of understanding.

9 Using photographs and illustrations

Introduction

Photographs, line drawings, and other visual elements such as symbols and patterns can add a touch of warmth and human interest to your print materials for beneficiaries. They can help you attract and hold the attention of your readers, and reinforce your key messages.

This chapter uses a series of examples to suggest ways of using photos and illustrations effectively in your print materials. The second of two chapters that cover the visual aspects of print materials, this chapter builds on basic design principles outlined in Chapter 8, *Guidelines for effective document design*. Examples in this chapter include excerpts from published materials, adaptations of published materials, and examples created for this Guide to make particular points about design.

Please remember that the examples of photographs and illustrations included in this chapter and elsewhere in this Guide are for information only. If you are interested in using any of them in your own materials, you must contact the original source to get permission.

Many of the photos included in this chapter and elsewhere in the Guide are from commercial stock photography sources. These sources have huge portfolios of photographs to choose from. Typically, you pay a fee for one-time non-exclusive use (others can also "rent" the same photograph). Fees are typically in the range of $50 to $200 or more per photo. You can browse commercial stock photography sources on the internet, and do key word searches to find particular types of photographs; clip art or illustrations are also available from many of these sources. Graphic designers have books that show tiny thumbnails of the photos that are available. You may want to check on other sources of photographs and illustrations in your local community and national organizations.

GUIDE CHECKLIST, SECTION 13:

Using photographs, illustrations, and symbols

Images should reinforce your key messages

Checklist item 13.1

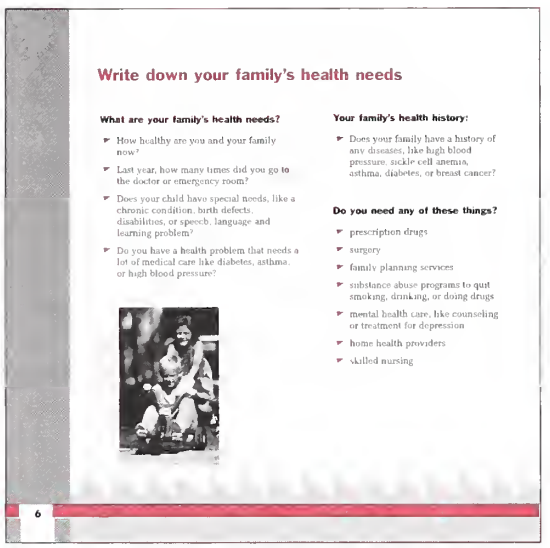
Are photos, illustrations, symbols, patterns and other visuals related to the information presented and used to reinforce key messages?

As mentioned in Chapter 2, *Matching the reading level of your materials to the reading skills of your intended audience,* people who have low literacy skills are easily distracted from the task of reading. If you are developing print materials for these readers, it's especially important that visual elements such as photographs and illustrations be directly related to the topic of your materials and reinforce the meaning of the words rather than distract from it. To help keep these readers on track, avoid decorating the pages with designs or images of people and activities that lack a real connection to the topic of the materials. For example, if your text asks the reader to write something down, show an image of a person writing something down—not a face smiling into the camera.

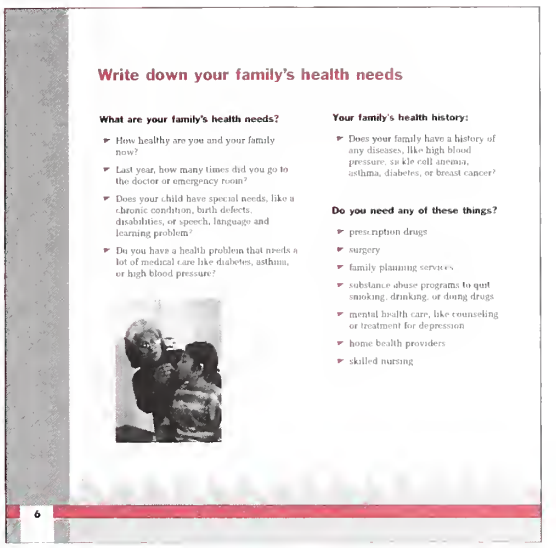
The example in Figure 9-1 shows two versions of a page from a booklet that coaches beneficiaries about things they should consider before they choose a managed care organization, including how often family members go to the doctor, and any special health care needs they may have. The only difference between versions is the illustration. The activity shown in A—two children playing—is unrelated to the topic. They're appealing, but could be distracting. Compare the scene at the doctor's office shown in B, which is a close fit with the topics on the page.

FIGURE 9-1. **Matching the visual image to the topic of the material**

A.



B.



Sources:Commercial stock photography; the text only (and no part of the design) is from *How to choose a health plan,* copyright 1996 by Abacus Group, and used with permission.

Teaching patients with low literacy skills (Doak, Doak, and Root, 1996) provides a detailed discussion as well as examples of ways to use illustrations to reinforce the key messages in patient education materials. This resource recommends using captions for illustrations to strengthen the relationship between visuals and the key messages.

Some print materials use photographs or illustrations to demonstrate the right and *wrong* way to do something, such as the correct position for using a seatbelt. If you can present your message by showing only the *right* way, do so. Readers tend to skim, and may not realize that you are showing something they should not do. If you do show both ways, be sure to test whether members of your audience understand the contrast. Symbols such as a big x across the wrong way, or a circle with a slash through it may not be familiar to or correctly understood by many members of your audience, especially those who have immigrated from another country.

Images need to be culturally appropriate

Checklist item 13.2

Are people and activities shown in photos or illustrations contemporary and representative of the intended audience in their demographics, physical appearance, behavior, and cultural elements?

Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, emphasizes the importance of making it easy for your readers to see themselves and the way they live reflected in your print materials.

As noted in Checklist item 9.2, it's important to depict people who are similar to the intended audience in their demographics and physical appearance. When you use images of people who resemble the age, gender, race, and ethnicity of your intended audience, it's easier for people to relate to your materials. This means that images in Medicaid materials should emphasize mainly women and children; those in Medicare materials should show people in their sixties, seventies, and older; materials for CHIP (Children's Health Insurance Program) should feature images of children, and so on. This recommendation is a matter of emphasis, not a rigid rule. For example, a picture of a family that includes grandparents, parents, and children could be very effective for Medicaid, Medicare, or CHIP materials.

Figure 9-2 shows how you can adapt the same image for use with two different audiences.

FIGURE 9-2. **Adapting the same image for use with different audiences**

The original photo is shown in A. It could work well in a brochure for a program like CHIP (Children's Health Insurance Program).

Since a large proportion of Medicaid beneficiaries are single mothers, this photo could be trimmed, as in B, to feature the mother and child only. (Version B appears in one of the examples of print materials on the cover of this Guide.)

A

B

Source: Commercial stock photography.

Ideally, the images you use in your print materials will reflect the full range of racial and ethnic diversity within your intended audience. The approach you take depends on the race-ethnic composition of your audience. For example, the illustrations shown in Figure 9-3 would work well if you were producing leaflets about prenatal classes in Spanish and Chinese.

FIGURE 9-3. **Adapting the same image for use with different audiences – another example**

A

B

Source: Both versions are from multicultural clip art distributed by the Maine AHEC Health Literacy Center, University of New England. Used with permission.

When there is a great deal of racial and ethnic diversity among members of your intended audience, it can be a challenge to produce print materials that respect this diversity by showing its full range. One approach is to include a sufficient number of separate images to illustrate a broad range of race and ethnicity. You can do this by using photographs and illustrations that shows *groups* of individuals who are racially and ethnically diverse (such as a group of school children), or you can show diversity in the combination of photos you select (as illustrated by the collage of fictitious print materials on the cover of this Guide).

If your print materials are brief, there may be room for only one or two photographs or illustrations. Especially in situations like this, it can be effective to select images of people whose appearance defies easy racial-ethnic identification, suggesting, perhaps, a mix of racial-ethnic family background. This makes it easier for people of different racial-ethnic backgrounds to identify with the image.

Figure 9-4 gives two examples from the Baby Arizona program. The program used feedback from focus groups with racially-ethnically diverse participants to refine these images. Focus groups of African American, Hispanic/Latino and American Indian young women responded very positively to the model in the teen poster shown in B; they were they ones who suggested adding a young man in the background.

FIGURE 9-4. **Examples of posters from the Baby Arizona program.**

A.

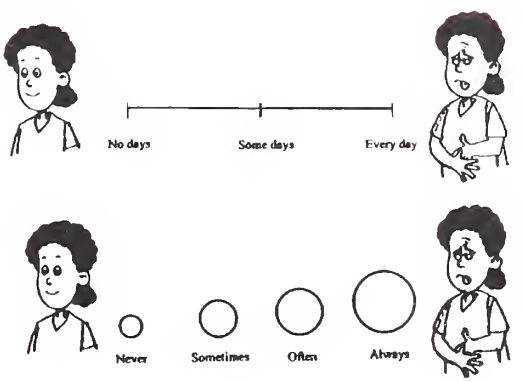
B.

Source: Arizona Health Care Cost Containment System; used with permission.

Figure 9-5 shows an example of a "generic child" cartoon that was created by researchers at The Johns Hopkins University School of Public Health as part of a project to develop a global pediatric health questionnaire for children aged five to eleven years (Rebok et al., 1999).

FIGURE 9-5. **"Generic" child cartoon**

A. (from cover of questionnaire) B. (sample scale item)



Source: *Children's reports of their health: A cognitive testing study* (Rebok et. al, 1999). Used with permission.

As shown by the sample item in Figure 9-5, the questionnaire uses picture scales to illustrate a concept by showing a cartoon child in various poses. To make it easier for children to identify with this cartoon child, the researchers created an image that was designed deliberately to look generic, that is, to be as close to gender, age, and race neutral as possible. The project did cognitive testing (see Chapter 11, *Using interviews and focus groups to learn about your audience and test your materials*, for a discussion of cognitive testing techniques) with African American and white boys and girls, and refined the cartoon character until most boys identified it as a boy, and most girls identified it as a girl. This child cartoon appears on the cover of the Guide, on the reminder postcard that is part of the fictitious collage of print materials, and also in Figure 9-9.

Your readers will respond more positively when your print materials show familiar images that reflect their cultural customs and traditions. This includes the foods they generally eat and type of clothing they wear, as well as the settings and activities that are common in their everyday lives. Figure 3-8 gives an example from a booklet for Hispanics/Latinos who have diabetes. In discussing portion sizes for different foods, it includes three types of tortillas in its illustrations.

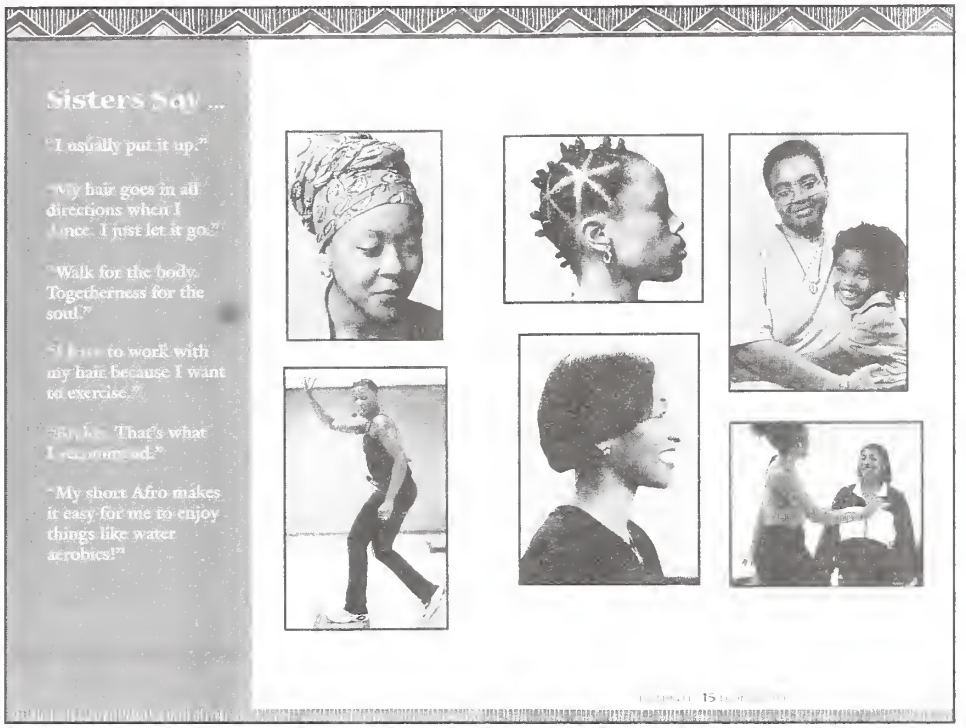
Figure 9-6 shows an excerpt from a booklet that encourages African American women to be physically active. Produced by the Sisters Together coalition in Boston, the preface to this booklet makes explicit reference to cultural tradition (see the sentence in boldface type; emphasis has been added). This booklet is a good example of showing diversity within a racial-ethnic group; the images reflect a range of ages, physical features, hairstyles, and activities.

FIGURE 9-6. **Hair care tips for sisters on the move**

Here's the opening paragraph of the preface to this booklet (emphasis added):

This booklet is about hair care for women who are physically active or planning to be. Regular exercise improves your health and makes you feel good about yourself. Some women say that concern for their hairstyle can get in the way of exercise. **Having neat and stylish hair has always been part of our culture.** This booklet offers tips to make hair care easier for active women.

Here are two sample pages from near the end of the booklet:

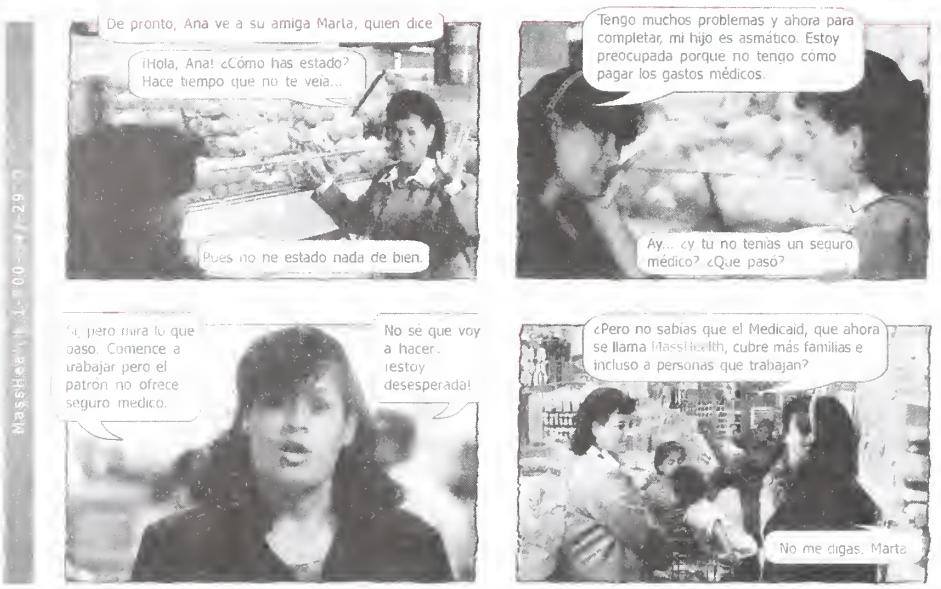


Source: Pages 14 and 15 in *Hair care tips for sisters on the move: Feeling fit and looking fine.* The Sisters Together Coalition, Boston, MA, no date. Used with permission.

You can also use patterns and symbols to suggest cultural diversity, either alone or in combination with other visual elements such as photos and illustrations. There is an example in the collection of print materials on the cover of this Guide (blue and white patterned border). The pages that divide the sections of this Guide also use ethnic patterns, all of which were produced by scanning borders from inexpensive clip art books. If you use this approach, be sure to test it for acceptance by members of your intended audience.

Showing familiar settings also helps make your print materials more appealing to your intended audience. The example in Figure 9-7 shows a photo-novel developed by the Massachusetts Medicaid program using a participatory process that involved members of the audience. The photo-novel format combines photographs and dialogue. This excerpt shows a conversation that takes place in a familiar setting—the grocery store.

FIGURE 9-7. **Sample page from a photo-novel in Spanish developed by the Massachusetts Medicaid program**



Source: MassHealth Medicaid program. Content covers the program, the benefits, and how to apply. Used with permission.

Figure 9-8 shows two examples of altering images to make them more appropriate for a particular audience or purpose. In both cases, the editing makes the image more culturally neutral. The photo in A shows father and child in a big city setting; in B the background has been removed altogether, making the photo more suitable for people regardless of where they live. In C, the bib front of the clothing draws attention because it is distinctive. D removes this bib to de-emphasize clothing cues, and adds shading to emphasize the telephone, making this illustration more compelling as an accompaniment to text that involves making phone calls (see Figure 9-14).

FIGURE 9-8. **Examples: editing images to make them more neutral**

A. (before and after)

B. (before and after)

Sources: A is commercial stock photograph. B is from multicultural clip art distributed by Maine AHEC Health Literacy Center, University of New England.

Checklist item 13.3

Are photos, illustrations, and other images culturally sensitive and free from unwanted connotations or problematic cultural significance?

Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, and Chapter 7, *Guidelines for content, organization, and writing style*, emphasize the importance of avoiding stereotyped portrayals in your materials. For example, you want to avoid potentially sexist portrayals, such as Medicare materials with photos of a couple where the man looks like he is in his sixties or seventies and the woman looks like a glamorous model who is decades younger.

Figure 7-2 in Chapter 7, *Guidelines for content, organization, and writing style*, gives guidelines for writing about people with disabilities, including preferred terminology that gives a positive portrayal. The need for positive portrayal extends to images as well. It is respectful of diversity to include images of people with disabilities in your print materials; these should be positive and active images. Figure 9-9 gives an example.

FIGURE 9-9. **Active portrayal of a child who uses a wheelchair**

Source: Boy in wheelchair was created for the Guide. Girl is adapted with permission from the generic child cartoon shown in Figure 9-5 ; this cartoon child was created as part of a research project; see (Rebok et. al, 1999).

There's no substitute for testing images for acceptance by members of your intended audience; it's easy to miss the significance of visual cues that are so critical in other cultures. For example, when a brochure intended for Detroit's large Arab-American population was tested in a focus group, someone spoke up and said that the brochure was unacceptable for distribution in the community. When asked why, the person replied that a photo of a woman in the brochure showed her naked forearm, which could be offensive to members of the Muslim orthodox community. Needless to say, the photo was fixed before publication, and the need to reprint the brochure was avoided (personal communication, Donald Himes, HCFA, 1999). A report about outreach in Washington State warns about checking carefully with members of the audience when working with American Indians since geographic and tribal origin may make the use of some images or approaches controversial (Washington State Health Care Authority, 1996:26).

Images should be simple and uncluttered

Checklist item 13.4

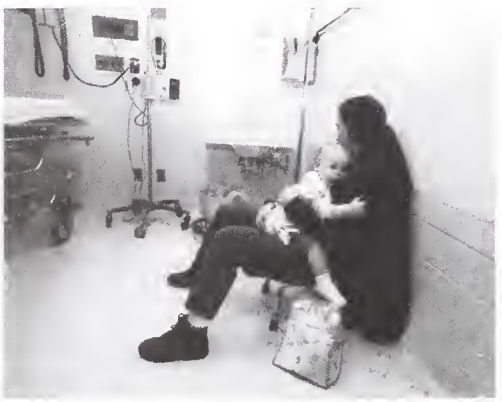
Are the photos, illustrations, and other images simple and free from clutter and distracting detail?

It is important to use simple and uncluttered photos and illustrations when designing for low literacy readers. Minimizing distractions will help them focus on the key messages and make the connection between the image and the message more easily. It's a reason why specialists in low literacy materials recommend using simple line drawings (Doak, Doak, and Root, 1996, Root and Stableford, 1998). This basic principle of keeping images simple and uncluttered without distracting details applies to photographs as well.

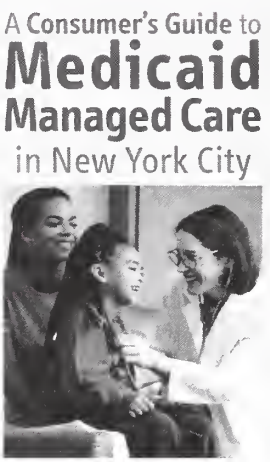
Figure 9-10 gives examples. The photo in A (from a commercial stock photography source) has a lot of background clutter. Compare the photo in B, from a brochure for Medicaid beneficiaries in New York City. The people are the focal point in this photo. There are just enough background elements to suggest a setting, but not so many as to distract. Since many Medicaid beneficiaries express a preference for female health care providers, showing one on the cover lends added appeal.

FIGURE 9-10. **Examples of photos: cluttered, uncluttered.**

A.



B.



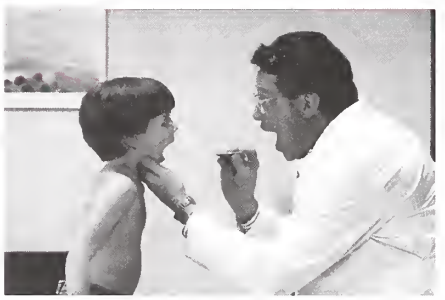
Source for A is commercial stock photography. Source for B: State of New York Department of Health, Office of Managed Care. The brochure is available in English and Spanish; layout is by Robert M. Durlak. Please contact Mary Beth Conroy at 518-486-6074 for more information about this Guide.

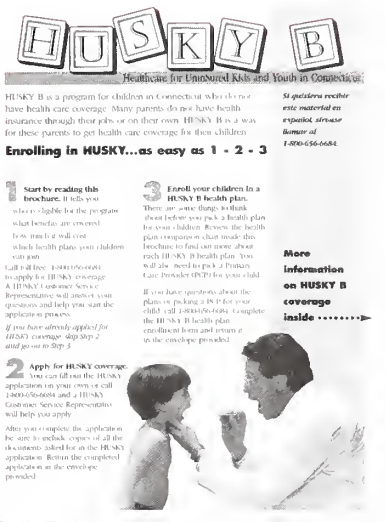
You can select photos and illustrations that are uncluttered in the first place, or you can remove unwanted clutter. You can often enhance the impact of photos by cropping (trimming) the background. You can also do computer enhancements; for example, the graphic designer who worked on the cover illustration for this Guide removed a telephone pole from the background of the photo that appears on *Sign up for Kids Care*.

Even when the background of a photo is not cluttered, you can add dramatic impact by removing it. In Figure 9-11, the brochure from Connecticut's Husky B program gives an example. The original photo is shown in A. Compare B, which shows how the photo was used.

FIGURE 9-11. **Cover of a brochure that shows a cut-out photo**

Original photo





Source: Connecticut Department of Social Services. Husky Plan is the combined Medicaid-CHIP (Children's Health Insurance Program) program. Used with permission.

While using uncluttered images is especially helpful for a low literacy audience, it's a good idea for all readers. The *keep it simple* principle applies to the number of images you use, as well as the simplicity of each image. Instead of sprinkling a layout with several small pieces of clip art on each page, use a single carefully-chosen image on each page. It will be more appealing.

Checklist item 13.5

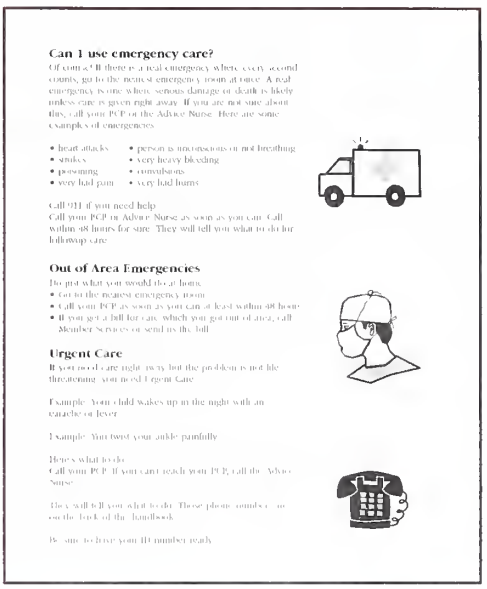
Are the photos, illustrations, and other images consistent in style for a unified look?

When you use more than one photo or illustration, try to stick with a similar style throughout your materials. Similarity of style lends unity, increasing the impact of each individual image. It can be distracting (as well as aesthetically less pleasing) to switch among different types of clip art or styles of photographs and illustrations as you page through print materials. Compare the brochure pages in Figure 9-12.

FIGURE 9-12. **Which page has a more unified look?**

A

B



Source: The text only (not the illustrations or formatting) is from *Write it easy-to-read* (Root and Stableford, 1998) and used with permission.

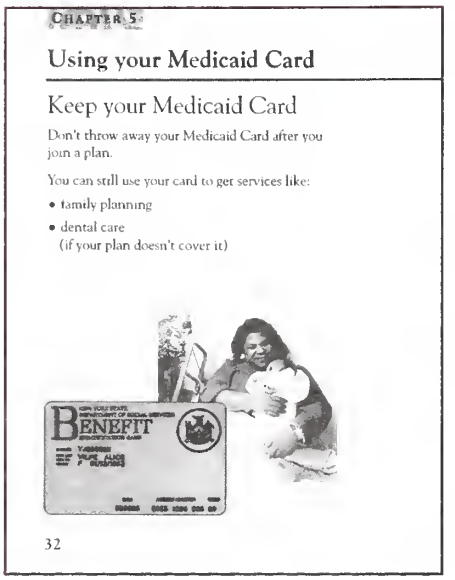
Be selective and use fewer images that all seem to belong together. While B shows three images on a page to make the point about unity of style, it would be more effective to use only one or two, and leave more white space (see Chapter 8, *Guidelines for effective document design*).

Checklist item 13.6

Are the facial expressions and body language of people in photos, illustrations, and other images appropriate to the situation and appealing to the intended audience?

Subtleties of facial expression and body language in the images you use can have a big impact on your readers. Many factors, large and small, add up to an overall mood of a photo or other image. For example, how would you describe the mood of photo A in Figure 9-10, that shows a mother and child in a hospital setting? What about the photo of mother and child in a hospital setting in Figure 9-13?

FIGURE 9-13. **Sample page from a handbook for Medicaid beneficiaries**



CHAPTER 5

Using your Medicaid Card

Keep your Medicaid Card

Don't throw away your Medicaid Card after you join a plan.

You can still use your card to get services like:

- family planning
- dental care (if your plan doesn't cover it)

32

Source: *Your health plan handbook: How to get the health care your family needs from a managed care plan,* Community Service Society of New York. Used with permission.

As you are selecting images for your print materials, pay attention to the small details, and select images that convey a mood that is compatible with the content of your materials. Smiling is not always appropriate, for example. See Figure 9-14 for examples of matching mood and topic.

FIGURE 9-14. **Example: Matching the facial expression to topic of your print material**

Which of these would work better as an illustration of a beneficiary calling her managed care organization to make a complaint?

A.

B.

Sources: Photograph A is commercial stock photography.Line drawing B is from a collection of multicultural clip art distributed by the Maine AHEC Health Literacy Center.

Also be sure to test your images with members of your intended audience for cultural acceptance of expressions and other aspects of body language. For example, an image that shows one person touching another on the arm might appear to be friendly and supportive to people from some cultures and inappropriate to people from other cultures.

Checklist item 13.7

Do photos and illustrations have a high quality, professional look (the image themselves, cropping, reproduction in the document)?

Keeping your images simple and closely linked to the content of your materials contributes to an overall look of quality, but there are many technical details of production that matter as well. *The non-designer's scan and print book: All you need to know about production and prepress to get great-looking pages* (Cohen and Williams, 1999) explains many of the issues involved. Be sure to proofread all of your materials very carefully before they go to press.

Checklist item 13.8

Does the document avoid using cartoons, humor, and caricature (which may be understood or offensive)?

This Checklist item recommends against incorporating cartoons or other visual humor in your print materials for beneficiaries. While you may be tempted to add some humor for a lighter touch, there are reasons to be wary. Humor is deeply embedded in culture, and may not transfer well across cultural groups. Even within groups that share the same languages and have similar values and experiences, people differ a lot in what they consider to be amusing; differences can be profound across cultures. Moreover, humor is likely to be misunderstood by people who lack the cultural background presumed by a cartoon. Also, when people don't get a joke that is based on irony, they may misunderstand the point and take exactly the opposite meaning from what you intend. Images that are excessively stylized or "cute," such as putting little smiling faces on teeth in a dental brochure, can be confusing or unappealing to members of your audience. Besides the potential for misunderstanding, there is potential to offend. For all of these reasons, it seems advisable to avoid cartoons and other applications of humor in your materials.

10 Translating print materials

Introduction [1]

This chapter about language translation is the last of a series of six chapters that explain how to apply the items in the Guide Checklist for assessing print materials. Since state Medicaid agencies routinely translate many materials for beneficiaries into other languages, the Checklist includes several items related to translation. The first of these, item 3.3, *What are the language translation needs of the intended audience?*, was discussed in Chapter 6, *Defining your purpose and audience*. The three other Checklist items that deal with language translation are discussed in this chapter.

This chapter acknowledges the challenges associated with translating materials for beneficiaries. It discusses advantages and disadvantages of different approaches to translation and offers suggestions for ensuring the quality of written translations and of competence in translating. It also gives practical advice about the labeling and distribution of materials that are printed in different languages.

While the focus of this chapter is on translation, it makes sense to **start by considering whether translation is appropriate for your print materials.** As mentioned in Chapter 4, *Six-step model for developing and testing print materials*, print materials are often less effective than other methods of communication for some audiences and some purposes. Even if print materials work well for English speaking members of your audience, consider whether they will also work well for beneficiaries who speak languages other than English. Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, discusses cross-cultural differences in health care beliefs and practices, and ways in which health care is organized and delivered. These differences can pose a major challenge for effective communication that is not addressed by translation. For example, Cambodian staff members at a hospital in Washington State translated materials about Hepatitis B into Cambodian, but found that the translated materials were not understood by members of the intended audience. Most Cambodians were totally confused by the biomedical information (most had no concept of a virus, for example), and traditional Cambodian beliefs made the new information incomprehensible in any case (that is, they would not believe that someone could contract Hepatitis B if the person had followed all of the traditional rules for maintaining health).

1 Donald Himes, Center for Medicaid and State Operations, Health Care Financing Administration, provided helpful feedback on a draft version of this chapter and several of the examples that are included.

Challenges of translating print materials for beneficiaries

State Medicaid agencies face a number of challenges when they translate print materials for beneficiaries. Besides the ubiquitous pressures of limited time and resources, it can be hard to judge and monitor the quality of translations. A recent national review of cultural and linguistic standards and practices reports that few health care organizations and agencies have standards in place to govern how materials are to be translated and how translations are to be reviewed (Fortier and Shaw-Taylor, 1999:49). Chapter 12, *References and additional resources,* includes publications that discuss issues related to written translation (and also oral interpretation). They include materials from California, Massachusetts, New York State, the National Health Law Program, {insert other examples}.

Chapter 12 also includes resources for obtaining materials that have already been translated into other languages. Translated materials include such things as patient education leaflets (see, for example, Health Promotion Council of Southeastern Pennsylvania, in Section C of Chapter 12, *References and additional resources*) and templates for handbooks to help beneficiaries understand how to use their managed care organization. For example, the booklet by the Community Service Society of New York, written at the fourth grade level in English, has been translated into Spanish and Chinese (see Figure 4-5 in Chapter 4, *Six-step model for developing and testing print materials).* The Multicultural Health Communications Service, funded by the Health Department of the government of New South Wales in Australia, is a good resource for translated materials. The website for this program (mchs.health.nsw.gov.au/) offers health-related materials in many different languages. Check with local refugee and immigrant organizations, programs for English as a second language, public and college libraries, the State Department of Health, and local health care organizations to see if they have translated materials available.

Problems with quality of translations

Anecdotal evidence suggests that the quality of translation of health care print materials varies considerably. The major problems in quality of translation include the following:

- Literal translations that range from awkward, at best, to misleading or completely incomprehensible.
- Translations that miss the mark due to the translator's lack of relevant cultural knowledge, including lack of familiarity with local language patterns and word use.
- Translations done at a reading level that is too difficult for the intended audience (which may result either from failing to preserve the low reading level of the original English text, or from translating an English text that is too difficult to begin with).
- Translations done in a style that is not suitable for the purpose of the document, such as styles that are too formal or too casual.
- Errors that reflect a lack of careful proofreading of the final product.

Obviously, staff in state agencies or managed care organizations who are unfamiliar with the languages of translated materials cannot directly monitor the quality of translations. While this is true for staff who speak only English, it also applies to staff who are bilingual or multilingual, since they are unlikely to be proficient in all of the languages used in translation of materials for beneficiaries.

There are several things state agencies and other organizations can do to monitor and improve the quality of language translation:

- Establish standards for translation methods and for assessing the qualifications of translators; suggestions are given below.
- Strengthen your organization's capacity for translation oversight by hiring staff who speak languages other than English and investing in training related to communication in multiple languages.
- Review the translations (the ones you do yourself and the ones you obtain from others), using review committees and/or testing with beneficiaries who are members of the intended audience for the translations.

The remainder of this chapter gives specific suggestions about translation methodology and quality assurance, and advice about practical matters such as how to deliver translated materials to the people who need them.

GUIDE CHECKLIST, SECTION 14:

Guidelines for translation

The first of the three Checklist items in this chapter goes to the heart of what constitutes effective translation:

Checklist item 14.1

Is translation done for meaning and ease of reading, avoiding the awkwardness of literal translation from English?

Literal translations from English into other languages can be confusing because many concepts and phrases have no direct equivalent. When compromises are made, it is likely that essential meaning as well as the nuances will be lost. For example, *managed care organization* is a complex concept that is hard for English speakers to understand; translating it into the language of a culture where health care is organized very differently is an extremely difficult task. Medical terms also pose a challenge. If you use a cross-cultural glossary of medical terms, be aware that just because a term is listed in a glossary doesn't mean that it will be understood by your intended audience. In some cases, a description may be much more helpful than a medical term. Moreover, terminology may vary among dialect groups. One health care organization discovered that x-rays were most often referred to as *rayos x* by Mexicans, but Cubans and Puerto Ricans used the term *placas*.

Besides being confusing, a literal translation from English can be annoying to native speakers, who notice when translation is done directly from English into their language without regard to local language patterns and word use (Ramirez et al., 1996:4).

As shown in Figure 10-1, there are often many choices of ways to translate particular words and concepts. While this example focuses on translation into Spanish, is covers issues that apply to translation whatever the language.

FIGURE 10-1. **Word choices in Spanish**

There are many words in Spanish that have different meanings or connotations for Spanish speakers from different cultural backgrounds or regions of the country. To avoid possible confusion or offense, be aware of the differential word use for certain terms. If you have questions over which word to use, many experts suggest including both words (one can go in parentheses). Be sure to be consistent with your word choice. A few examples of Spanish synonyms you may encounter are listed below:

Breast – pecho *or* seno *or* mama *(not appropriate for some groups)*
Cervix – cerviz *or* cuello del utero *or* cuellode la matriz
PAP test – examen Papanicolaou *or* prueba de PAP
X-rays – radiografia *or* rayos-x
Menopause – manopausia *or* cambio de vida
Second hand smoke – fumar involuntariamente *or* humo indirecto

The best way to avoid confusion and ensure appropriate usage . . . is to consult members of the audience. If readers have trouble understanding your terminology, or if they suggest words that they would be more likely to use, go back over the material and re-evaluate your word choices.

Sources: *Practical guidelines for the selection or development of audio-visual materials for at-risk Hispanics, Report 1* (Ramirez, Stamm, Williams, Stevenson, and Espinoza, 1996:13). Emphasis has been added.

Strengths and weaknesses of different methods of translation

The ideal is to use materials originally written in each language (Ramirez et al., 1996:4). As the Office of Minority Health notes in its proposed standards for cultural and linguistic competence, many experts favor a method of developing written material collaboratively with members of the intended community, but this method is not convenient given the volume of written material, especially in managed care organizations. (Fortier and Shaw-Taylor, 1999:49–50).

There are several basic methods of translation, each of which has its unique tradeoffs *(the summary that follows is based on Marin and Marin, 1991: 82–100, and a summary of a presentation by Iris Garcia, Massachusetts Medicaid program, 1997, based on material in Marin and Marin).*

The *simplest and cheapest method of translation is one-way translation,* in which a single bilingual individual translates text into another language. Although it is economical, one-way translation is not recommended: one-way translation relies too heavily on the cultural understanding and language fluidity of a single individual, which increases the chances for misinterpretation across cultural groups.

Another method is committee translation: two or more bilingual individuals do independent translations, then meet to produce a final version by discussing and resolving their differences or by asking an outside observer to choose the most appropriate version. This method is faster than the method of back translation described below, and can be cheaper if staff rather than outside vendors are the translators. Depending on the diversity among the translators and their comfort level about speaking up when they disagree, this method may add a variety of cultural and linguistic perspectives.

Back (two-way) translation, a method recommended by many specialists, is based on independent translation by two bilingual individuals: one translates from English into the other language, such as Spanish, and the second person translates the Spanish text back into English. The original English text and the back-translated English text are then compared and reconciled, often with the help of others. This method helps detect inconsistencies, mistranslations, and other problems, though it is more time consuming and more costly than one-way translation. It may or may not add cultural and linguistic diversity, depending on the particular translators. Moreover, since good translators can usually make sense of a badly translated text, the ability to reproduce the original English does not guarantee that the Spanish translation was good. To get the best quality translations using two way translation, Marin and Marin recommend the following procedures (1991:92–93):

- Translators should both be bicultural as well as bilingual so that they will be able to convey the cultural nuances of the text.
- Translators should be explicitly discouraged from trying to make sense of a poor translation. Ideally, they would be kept unaware of whether they are serving as the original translator or the back translator, though as a practical matter, it's logical to assume that the person who gets the English version is the original translator.
- Translators should be asked to identify alternatives, such as words that could be translated different ways, and text that seems awkward to translate, so that nuances of vocabulary and expression will be revealed and explicitly addressed.

Figure 10-2 summarizes recommendations for translation of materials. Based on considerations of quality without regard to cost and time required, these guidelines call for non-literal two-way translation done by bicultural translators, with audience testing or committee review. Materials that will be used across dialect subgroups should be reviewed by translators from each of the subgroups. For example, if you are producing materials for the Arab-American community, the materials should be reviewed by people of Lebanese, Egyptian, Moroccan, Iraqi, and Saudi background if people from each of these subgroups are in your intended audience. This will help prevent using a taboo word or discussing an inappropriate topic that might alienate members of a subgroup.

Time and resource limitations, including the number of languages involved and the challenge of finding translators who are fully bicultural as well as bilingual, may make it difficult to use all features of this preferred method for any but the most crucial applications (such as informed consent forms and information that explains beneficiaries' rights and responsibilities in using their managed care organization). If using two-way translation is impractical, a committee approach is superior to one-way translation for producing a culturally and linguistically competent translation that audience testing can refine.

FIGURE 10-2. **Suggestions for organizing translations and assuring their quality**

I. Preparing for translation

A. It's important to do a critical review of the original English test before submitting it for translation. For example, part or all of the Guide Checklist items can be used to assess the material (its content, organization, reading level, graphic elements, cultural appropriateness, and other features that contribute to effective print materials for Medicaid beneficiaries and other audiences). If you identify weaknesses, correct them as best you can before the material is translated.

B. Consider whether any of the content, organization, illustrations, photographs, or other graphic elements of the print material should be altered to make them more culturally appropriate for readers of any or all of the translated versions. This topic is discussed in a later section called *Assessing overall suitability of translated materials.*

C. Review the two-way translation procedure and choose two translators who are bicultural as well as bilingual. The first translates the material from English into the target language, and the second translates it back into English. Non-literal translation of sentences or thoughts gives translators the latitude to select from a wide range of expressions in the target language in order to convey the intended message in a more culturally relevant way than the use of a word-for-word translation.

II. Working with the translators

A. Do a thorough briefing of the translators, since the quality of their work depends on their understanding of the intent of the piece and all special terms or language that it includes. Be sure that they understand the need to produce text in the target language that is written clearly and simply, at an appropriate reading level. Translators should be skilled in applying the techniques that are presented in Chapter 7, *Guidelines for content, organization, and writing style,* to material written in the target language. Encourage translators to ask questions during the briefing and after they begin working as well.

B. Advise your translators to follow these steps:

- Read the entire document.
- Prepare the first draft aiming for full expression of the thoughts.
- Read the draft aloud for style, rhythm, and flow.
- Revise as needed and proofread for typographical errors.

C. Give the translation to the second translator, who checks it for style, grammar, clarity of the messages, and reading level. The second translator should also provide a back translation into English (the Massachusetts guidelines [1994] suggest that this can be done either verbally over the phone or in writing).

D. Resolve any differences in translations and other issues such as problems with style or reading level. Discuss discrepancies in translation with both translators. If the translators can't reach agreement, seek assistance from a neutral third person who is bilingual and bicultural.

E. Depending on the nature of the print material and other considerations such as time and resources, test the completed translations with members of the intended audience. If this is not practical, ask staff members, an agency task force, or other group or committee to review the translation.

F. Proofread carefully. One of the translators should verify accuracy of the approved translation by reviewing the final page proofs or other final proof to be used in printing or photocopying.

III. Ensuring competence of translation

A. Use only qualified, trained translators. There should be written policies forbidding "wildcat" translations (e.g., the doctor's sister who took Spanish in college). Be aware that translators or translation services that are accustomed to producing translations of business documents or literary works may not be familiar with the needs of low literacy readers, and may produce translated text that is too difficult for members of your intended audience.

B. Establish written criteria for selecting companies you contract with to supply translations and for determining the quality of purchased translations, including:

- A review of the methods and procedures that are used, from submission of English copy to printing of finished materials
- How translators are recruited and trained
- How review of translated material is conducted

IV. Other factors to address

A. Translation policies need to make accommodations for non-English speaking or limited English speaking beneficiaries who:

- Have visual, developmental, and/or cognitive difficulties
- May not read well in their first language
- Speak a language that does not have a written version

Chapter 4, *Six-step model for developing and testing print materials*, for a discussion of alternatives to print.

Source: This summary is a combination of material based on discussions in two main sources, adapted for purposes of this Guide. The suggestions about specific methods to use are adapted from *Guidelines for translating written health education materials* by the Massachusetts Department of Public Health Committee for Culturally and Linguistically Relevant Health Education, November, 1994. Suggestions for assessing the quality of translation contractors and the list of additional factors to consider are adapted from the Office of Minority Health's *Cultural and linguistic competence standards and research agenda project, part one: recommendations for national standards* (Fortier and Yoku Shaw-Taylor, 1999:49–50.

GUIDE CHECKLIST, SECTION 14 continued:

Assessing overall suitability of translated print materials

The second of the three Checklist items in this chapter about translation addresses the overall suitability of translated materials:

Checklist item 14.2

Do translated versions of the document meet all the other guidelines for writing style, document design, cultural appropriateness, etc.?

Chapters 6 through 10 discuss Guide Checklist items related to content, organization, reading level, graphic elements, cultural appropriateness, and other features that contribute to effective print materials for Medicaid beneficiaries—*whatever their language.*

One way to help make sure that translated materials meet these guidelines is to start with an English version that has been thoroughly reviewed using the Guide Checklist (see Figure 10-2). This review is particularly important to check reading level and style, since translators will be guided by these features of the original when they do their translations. As mentioned in the suggestions for translation method in Figure 10-2, translators need to be familiar with the guidelines for clear and simple writing discussed in Chapter 7, *Guidelines for content, organization, and writing style,* and be able to apply them when they write in the target language.

Adaptations to make translated versions culturally appropriate

As mentioned in Figure 10-2, you need to consider which elements of the English original may need adaptation to make them more culturally appropriate for the intended audience of each translated version. Chapter 3, *Understanding and addressing the need for culturally appropriate print materials,* discusses ways to respond to cultural differences among beneficiaries. To guide cultural adaptations of your materials, seek specific advice from members of the intended audience and/or informants who are familiar with the audience, and discuss specific strategies in your initial consultation with the translators.

Before translation begins, examine the content of your English original for terms and concepts that need to be explained more fully or in a different way when they are translated in order to make sense to beneficiaries from another country or culture. For example, suppose that your material explains about what is considered an emergency and how to use the emergency room. Your explanations will make more sense if you incorporate references to how emergency situations are typically handled in a person's country of origin. If your material includes concepts that require a lot of explanation or visual display of information, using another method such as video may be more effective than translating print materials.

Several resources listed in Chapter 12, *References and additional resources*, give broad generalizations about how health care is organized in a number of different cultures (for example, Center for Cross-Cultural Health, Cross Cultural Health Program, CSAP, Cultural Competency monographs). A discussion of cultural differences in Chapter 3, *Understanding and addressing the need for culturally appropriate materials*, includes examples from some of these resources. These profiles give you a useful starting point to appreciate the range and types of cultural differences related to health and healing behaviors. This increased awareness can help you spot areas where translated materials may need to provide more expansive explanations or use a different approach in order to communicate effectively with beneficiaries in different cultures.

Consider also whether any of the photographs, illustrations, or other visual elements need adaptation to make them more culturally appropriate for your readers of the translated versions. Chapters 8, 9, and 10 give guidelines for basic graphic design and use of photographs, illustrations, and other visual elements. These chapters give some examples of visual elements that are responsive to cultural differences. As with any cultural adaptations of content, be guided by advice from members of your audience, the translators, and other informants about revising visual elements of your translated materials.

Formats for translated materials
(single v. dual language, alternate formats)

When you translate, should you use single language or dual-language formats?

Although many people automatically envision a single language document when they think about translation, there are several advantages to using dual language formats that combine English with another language:

- For example, a sizeable proportion of Medicaid beneficiaries in California speak Spanish, so a single Spanish-English brochure will meet the needs of a large number of beneficiaries.
- Readers who have some proficiency in English can choose the language they prefer.
- A dual-language format can deliver the information more effectively in some situations. Anecdotal evidence suggests that using a dual-language format makes it easier for beneficiaries to understand the information because others who are helping them read the material can make reference to the English version. This can be especially helpful if the content of the material does not translate easily due to cultural differences, or if the translation is flawed. For many families, dual language materials may be critical. Older members of the family may be more comfortable with materials written in the language of the home country, while children raised in American schools may be more comfortable with materials in English.

Whether you plan to produce separate versions of translated documents or use a dual language format, keep in mind that most languages are more expansive than English, so when English materials are translated, the text will take up more space. If you also have to expand some of the content to make the material easier for readers of the translated versions to understand, it will be longer still.

This tendency for translated versions to be longer than English versions has important implications for the general layout and appearance of your translated piece. You need to allow extra room for this natural expansion when you do your original planning of design. You don't want to end up compromising good design in the translated versions by crowding your

translated version into too little space, reducing the size of the type, or sacrificing visual appeal by dropping illustrations, photographs, or other visual elements.

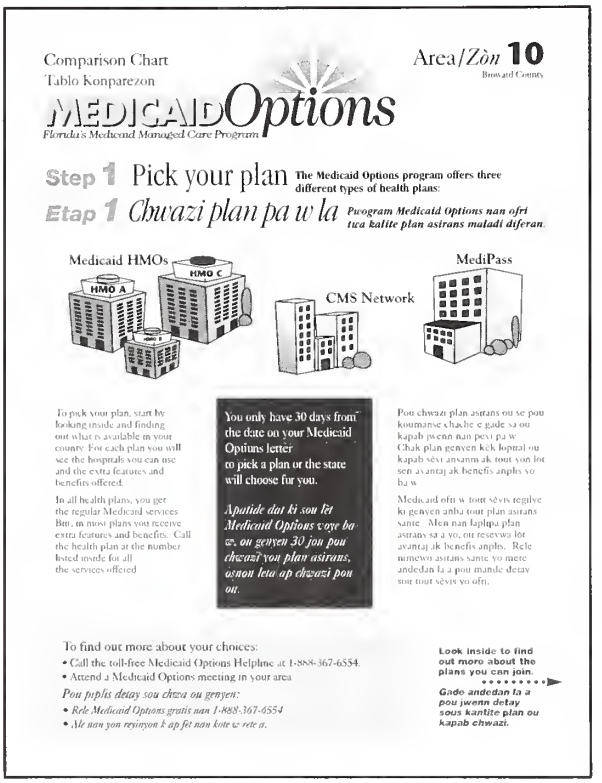
Formatting options for dual-language print materials

If you produce a dual language print piece, there are two common ways to handle the formatting:

- One is to devote each half of a booklet or brochure to one language. In this split-half approach, you see the other language when you flip the booklet or brochure over. If you use this format, it is absolutely crucial that you label the front cover on both sides with prominent instructions written in the other language that tell readers to flip it over for the other language. This may seem very obvious, but split-half print materials have been published without these notices, and beneficiaries who happened to look only at the side printed in English may have tossed the booklet out. Customer service representatives have ended up telling confused people who called just to flip the booklet over for a version printed in the language they need.

- Although the split-half version seems to be more common, a side-by-side format may be more effective. If you use a side-by-side (dual-column format), both languages are immediately visible to the reader, and cross-referencing the two languages is much easier. You can adapt to the more expansive nature of languages other than English by making the columns uneven—a wider column for the translation language and a narrower one for the English version. Figure 10-3 shows the cover and an inside page from a side-by-side dual-language brochure used by the Florida Medicaid program. It's in Haitian-Creole and English. Notice how the design makes dual use of the photograph and repeats the design elements in parallel fashion. If you are translating materials into languages that read from right to left, such as Arabic, Chinese, or Hebrew, be sure to plan ahead, because this difference has major implications for layout of your materials.

FIGURE 10-3. **Example of a dual language Medicaid brochure that uses a side-by-side format.**



Source: This brochure was produced by the State of Florida Medicaid program in collaboration with its enrollment broker, Benova. Used with permission.

Alternate formats for nonreaders and people with vision loss

When you plan the translation of print materials for beneficiaries, make provisions for people who are not able to read in their first language, who have visual limitations, or who speak a language with no written equivalent. Chapter 4, *Six-step model for developing and testing print materials,* discusses the value of using print in combination with other approaches, in general, and gives suggestions for using audio tapes, large print versions, personalized assistance through hotlines, and other alternative formats.

GUIDE CHECKLIST, SECTION 14 continued:

Labeling and distributing translated materials

Once your translated materials have been printed, the next step is to get them to the people who need them. The same applies to any alternative formats for the translated material that you may have developed. This topic of delivery is covered in the final Checklist item in this chapter:

Checklist item 14.3 | Does each document tell readers how to get alternative versions in other languages or alternative formats for those with vision loss?

Getting translated print materials to the people who need them can be a substantial challenge. Matching up the right language version with the people who need it can be difficult, especially since many state Medicaid agencies, managed care organizations, and other groups that deal with beneficiaries may not have complete and accurate information about their language translation needs (see the discussion of Checklist item 3-3, *What are the language translation needs of the intended audience?*, in Chapter 6, *Defining your purpose and intended audience*). As mentioned above, it's important to translate instructions for beneficiaries about how to get help by telephone in their own language.

To make delivery of translated materials more efficient, we need creative ways to make it easier for beneficiaries to communicate their specific language needs to others. The Office of Minority Health's proposed national standards for cultural and linguistic competence give some interesting examples. While these examples are about oral interpretation, they could be applied to translation needs as well:

- At the University of Massachusetts Medical Center in Worchester, the staff at the main informational kiosk direct incoming patients with limited English proficiency to a sign on the wall that has tear-off cards in many different languages. The patient selects the appropriate card for their language and hands it to the staff person, who then contacts interpreter services.
- Heartland Alliance in Chicago has published bilingual wallet cards that inform the carrier and any provider who receives it that the holder of the card has limited English proficiency and is entitled to interpreter services under state and federal law (Fortier and Shaw-Taylor, 1999:47).

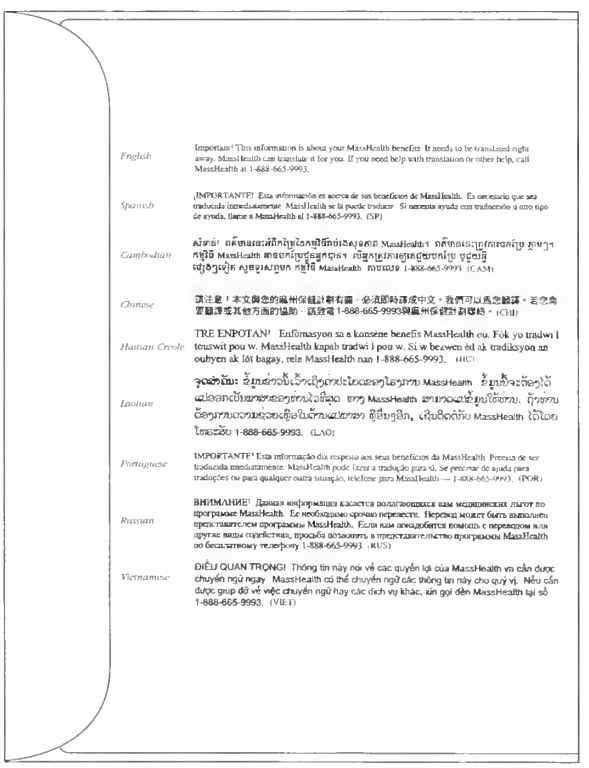
Clear labeling is an important requirement for translated materials. Obviously, people who need materials in a language other than English need to be told in their own language how and where to get the material in their language, whether in print or in an alternate format.

For example, the dual language brochure in Figure 10-3 has messages at the top in both languages that tell how to get versions in Braille or large print. If the translation has been done in a split-half format, as described above, each side needs to be labeled with a message to turn it over for the other language.

Examples of labeling in multiple languages are shown in Figure 10-4.

FIGURE 10-4. **Examples: Letting readers know about the availability of print materials in other languages**

The example below shows a message in multiple languages on the outside of an envelope used to mail information to Medicaid beneficiaries in Massachusetts.



English
Important! This information is about your MassHealth benefits. It needs to be translated right away. MassHealth can translate it for you. If you need help with translation or other help, call MassHealth at 1-888-665-9993.

Spanish
¡IMPORTANTE! Esta información es acerca de sus beneficios de MassHealth. Es necesario que sea traducida inmediatamente. MassHealth se la puede traducir. Si necesita ayuda con traducción o otro tipo de ayuda, llame a MassHealth al 1-888-665-9993. (SP)

Cambodian
សំខាន់! ព័ត៌មាននេះអំពីអត្ថប្រយោជន៍នៃការធានារ៉ាប់រងសុខភាព MassHealth។ ព័ត៌មាននេះត្រូវការបកប្រែភ្លាមៗ ភ្នាក់ងារ MassHealth អាចបកប្រែជូនអ្នកបាន។ បើអ្នកត្រូវការជួយអំពីការបកប្រែ ឬជួយរឿង ផ្សេងទៀត សូមទូរស័ព្ទមក MassHealth តាមរយៈ 1-888-665-9993 (CAM)

Chinese
請注意！本文與您的麻州保健計劃有關，必須即時譯成中文。我們可以爲您翻譯。若您需要翻譯或其他方面的協助，請致電 1-888-665-9993與麻州保健計劃聯絡。(CHI)

Haitian Creole
TRE ENPOTAN! Enfòmasyon sa a konsène benefis MassHealth ou. Fòk yo tradwi l touswit pou w. MassHealth kapab tradwi l pou w. Si w bezwen èd sik tradiksyon an oubyen ak lòt bagay, rele MassHealth nan 1-888-665-9993. (HC)

Laotian
ຈຸດສຳຄັນ: ຂໍ້ມູນຂ່າວນີ້ເວົ້າເຖິງຜົນປະໂຫຍດຂອງໂຄງການ MassHealth ຂໍ້ມູນນີ້ຈະຕ້ອງໄດ້ ແປພາສາເປັນພາສາຂອງທ່ານໂດຍດ່ວນ. ທາງ MassHealth ສາມາດແປໃຫ້ທ່ານ. ຖ້າທ່ານ ຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປພາສາ ຫຼືອື່ນໆອີກ, ເຊີນຕິດຕໍ່ກັບ MassHealth ໄດ້ໂດຍ ໂທຣະສັບ 1-888-665-9993. (LAO)

Portuguese
IMPORTANTE! Esta informação diz respeito aos seus benefícios da MassHealth. Precisa de ser traduzida imediatamente. MassHealth pode fazer a tradução para si. Se precisar de ajuda para traduções ou para qualquer outra situação, telefone para MassHealth — 1-888-665-9993. (POR)

Russian
ВНИМАНИЕ! Данная информация касается полагающихся вам медицинских льгот по программе MassHealth. Ее необходимо срочно перевести. Перевод может быть выполнен представителем программы MassHealth. Если вам понадобится помощь с переводом или другие виды сервистов, просьба позвонить в представительство программы MassHealth по бесплатному телефону 1-888-665-9993. (RUS)

Vietnamese
ĐIỀU QUAN TRỌNG! Thông tin này nói về các quyền lợi của MassHealth và cần được chuyển ngữ ngay. MassHealth có thể chuyển ngữ các thông tin này cho quý vị. Nếu cần được giúp đỡ về việc chuyển ngữ hay các dịch vụ khác, xin gọi đến MassHealth tại số 1-888-665-9993. (VIET)

Sources: Envelope is from the Massachusetts Medicaid program. Used with permission.

Checklist item 14.4

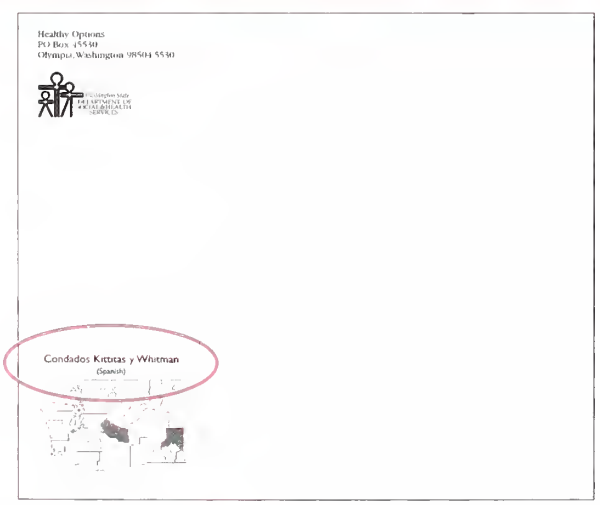
Is the language and the date of the translated version identified by name in English somewhere on the document, for convenience of those who distribute it and speak only English?

Finally, there's another important aspect of labeling that is often overlooked: translated materials need to have the name of the translated language printed in *English* somewhere on the material. This label is for the benefit of staff members who need to deliver the right translation to people who need it, but probably don't speak the language themselves and may not recognize it either. (Would you have recognized the language in Figure 10-3 as Haitian-Creole if the Guide had not told you?)

The English label that identifies the translation language can be put in a relatively unobtrusive place for easy reference by staff who need to identify it. Figure 10-5 gives an example. It shows the back side of a Medicaid brochure distributed by the State of Washington at the county level in seven languages. Notice that both the county and the language are labeled in the bottom left corner for easy reference (the cover of an English version of this same brochure is shown in Figure 7-1, Chapter 7, *Guidelines for content, organization, and writing style*).

FIGURE 10-5. **Example: Labeling the language of a translated brochure in English for use by English speakers who distribute the brochure**

back cover:



Source: This brochure was produced by the State of Washington Medical Assistance Administration. Used with permission.

IV RESEARCH AND TESTING METHODS

RESEARCH AND TESTING METHODS:

11 Using interviews and focus groups to learn about your audience and test your materials

Introduction

This Guide has frequently urged you to get feedback from members of your audience or key informants to help guide the development of your print materials and to test draft versions. This chapter gives resources and suggestions for using two common methods—interviews and focus groups—to learn about your audience and test your print materials.

Interviews and focus groups both involve talking with people directly to get their opinions and feedback:

- **Interview** generally refers to a discussion between an interviewer and a single individual (a *one-on-one* interview). While you may do some interviews by phone if you are talking with key informants, especially if they are people you work with regularly, this chapter focuses on interviews done in person to get reactions to draft versions of materials. Interviews are very flexible formats; the length, location, and degree of structure and formality of interviews can vary enormously. Participants are sometimes compensated for their time.

- **Focus group** refers to a discussion with a small group of people (a *group* interview) that is "focused" on a particular topic and led by a moderator or facilitator. Seven to ten people is a typical size for a focus group, because it's small enough to allow everyone to speak, yet large enough to offer a range of views and experiences. Focus groups are generally designed to be fairly homogeneous. Participants are typically unacquainted, although focus groups composed of key informants who work together would be an exception. Participants are often compensated in cash or some other way. Ninety minutes is a fairly typical length for the group discussion, though some types of groups run longer.

Whether you are doing interviews or focus groups, it takes careful planning and skillful implementation to get meaningful information from the discussions. Many factors have great impact on the depth, breadth, and validity of the feedback you collect, including who you recruit to participate, the tone you establish during recruitment and during the discussion itself, the questions you ask, and the ways in which you ask them.

This chapter does not attempt to address these many issues in a comprehensive way. Instead, it begins by outlining the tasks involved in planning and implementing interviews and focus groups, then identifies a number of resources you can use to help with these tasks. Since these resources provide detailed discussions of planning and technique, as well as numerous examples of using focus groups and interviews, the remainder of this chapter focuses selectively on just three issues involved in using interviews and focus groups:

- Choosing your method (interviews, focus groups, or both)
- Skills and selection of interviewers and focus group moderators
- Ways of asking questions and testing draft versions of print materials

The discussion of these issues concentrates especially on their application to interviews and focus groups that involve *members of your intended audience,* as opposed to key informants. Further, the discussion focuses mainly on using interviews and focus groups *for testing your draft materials,* as opposed to the other main purpose of learning about your intended audience. Other chapters, such as Chapter 4, *Six-step model for developing and testing print materials,* address many issues related to learning about your audience but none of the details related to testing.

Tasks involved in planning and implementing interviews or focus groups

Interviews and focus groups are good ways to get useful insights into your audience's point of view and find out how well your print materials are working. You can use either or both of these research techniques with audience members or key informants, at any stage in your project. This section outlines the basic steps that are involved. It includes some questions to ask yourself during your planning process and some comments about using interviews and focus groups with Medicaid beneficiaries as the respondents.

1 Identify what you want to accomplish and the resources you have available

- What do you want to accomplish by doing interviews or focus groups? Is your primary purpose to learn about your audience and topic, or to test your materials? Are you seeking broad input or some very specific advice? For example, at an early stage of your project, you may want to hear directly from your audience about topics they think should be included in your print materials. At a later stage, you may be testing cultural acceptance of the colors and photographs you plan to use.

- What time and resources are available? As emphasized in this Writing and Designing Guide, getting plenty of feedback from your audience is the best way to ensure that your materials are culturally appropriate and easy to understand. Ideally, you would get input from audience members early in your project, and do several rounds of testing with them to refine your draft versions. However, staff time and other resources are generally scarce in Medicaid agencies, so you will need to do the best you can, given the time and resources you have available. You may find it more practical for some projects to rely on key informants for much of the information and advice you need to guide your efforts. For example, you may consult with key informants while developing the materials, then do a limited amount of testing directly with members of the audience later on. It is better to do at least some testing of your materials than none at all.

2 Choose your method and plan how you will select and recruit your respondents

- Should you use interviews, focus groups, or both? What factors make one approach or the other better suited to your purpose?

- What types of people do you want to interview or recruit to participate in focus groups? How will you find people who meet the requirements your establish for participation? Often, you will rely on contacts within community-based organizations and other informal means to generate a list or to handle recruitment directly for you. You may be able to use files of enrollee information or other sources.

- How will you approach people to ask their participation? Will you contact them in person or by telephone? How will you describe the project and what you are asking of them?
- What will you do to encourage potential respondents to participate? Will you use cash incentives or some other form of compensation? (Be sure check into state government rules that govern cash payments so that you do not jeopardize a beneficiary's status within the Medicaid program.) Will you offer help with transportation and child care?

3 Decide where you will conduct the interviews or focus groups

- What times and places would make it easy for people to participate? What settings would make people feel comfortable? A neutral gathering spot in people's own community is often a good choice for interviews and focus groups with Medicaid and Medicare beneficiaries, especially for beneficiaries who speak languages other than English.

4 Decide how you will conduct the interviews or focus groups

- Who will conduct the interviews or focus groups? As explained in a later section, the quality of your interviewers and focus group moderators has great impact on the quality and usefulness of the information you collect.
- How will you handle note taking or recording of the interview or group discussion? Will you do audio-taping? Videotaping? Who will take notes during the discussion? Will there be a full transcription of the discussion?

5 Recruit your respondents and make the practical arrangements

- Whether recruitment is done by telephone or face-to-face, it's helpful to have an actual script written in a natural way so that it's easy for recruiters to use. A good script explains the purpose and sets the tone. It checks to be sure that the prospective participant meets all of the requirements you have established for participation, and explains things a participant

needs to know. To cut down on no-shows, be sure to call or send a postcard to remind people shortly before the interview or group takes place. If phone numbers are available, it's preferable to call, because you can directly verify the person's intention
to attend and reconfirm arrangements for transportation or child care.

- Make the practical arrangements. Decide how you will handle the practical arrangements, including arranging for place, food that might be served, assistance with child care and transportation, etc. Will you handle the arrangements yourself or hire a professional firm? If you do it yourself, be sure to allow plenty of staff time.

6 Prepare your interview or focus group guide: What questions will you ask?

- Do a draft outline of the questions you want to ask. Since there is never enough time to cover everything, which topics are the most crucial? If there are any sensitive topics, how will you handle them? Use input from informants and the resources mentioned in the next section to help guide the development of your questions.
- *If you are testing materials:* Identify what you will test and how you will test it. See suggestions in a later section of this chapter.

7 Conduct your interviews or focus groups

8 Analyze and apply what you have learned

- How will you report the results from your interviews or focus groups? How do you plan to analyze the results from your interviews or focus groups? What kind of report will you produce? Who will get the report, and how will they use it? Whether you produce a written report of your focus groups depends on the needs of your project. If you have done just a couple of interviews with key informants, your handwritten notes may be all you need. If your project is supported by outside funding, you may need to produce a formal written report.

- Use what you have learned to improve your materials. Because testing helps you spot what isn't working, but may not suggest ways to fix it, multiple rounds of testing and revision can be very helpful.

C. Resources to learn about conducting interviews and focus groups

There are excellent resources to help you during the initial planning of your interview and focus group projects, and at every subsequent stage. These include books and manuals that teach you about these techniques and how to apply them. Here are some places to begin:

- *Making health communication programs work: A planner's guide* (National Cancer Institute, 1992) discusses a full range of pretesting techniques, including self-administered questionnaires, interviews, focus groups, and theater testing, and provides examples of questionnaires, recruitment scripts and other types of forms for each of these techniques. This book also gives detailed instructions for designing your own theater-style testing of public service announcements.
- *Focus groups: A practical guide for applied research* (Krueger, 1988) is a paperback that covers the basics of using focus groups.
- The *Focus Group Kit* (Morgan and Krueger, 1998) contains the following six volumes which are available separately or a set: 1) *The focus group guidebook,* 2) *Planning focus groups,* 3) *Developing questions for focus groups,* 4) *Moderating focus groups,* 5) *Involving community members in focus groups,* and 6) *Analyzing and reporting focus group results.*
- *Teaching patients with low literacy skills* (Doak, Doak, and Root, 1996) has a chapter about testing of materials that includes a detailed example. This book pays particular attention to assessing the integration of text and illustrations.
- *Cognitive interviewing and questionnaire design: A training manual* (Willis, 1994) is oriented toward pretesting of survey questions, rather than testing of print materials, but it gives a practical and in-depth discussion of basic cognitive interviewing techniques. The manual includes a number of examples drawn from health care surveys.

- *Beyond the brochure: Alternative approaches to effective health communication* (AMC Cancer Research Center, 1994) discusses methods of getting feedback from your audience members on print and non-print approaches to sharing information. It includes a section on pretesting adaptations of existing materials.

Another way to learn more about using interviews and focus groups is to read reports of studies that have used them. While many reports based on interviews or focus groups are very sketchy about the methods that were used, some include detailed descriptions of how participants were selected and recruited and how questions were asked. These reports often include copies of scripts used for telephone or in-person recruitment of respondents, confirmation and thank you letters, informed consent forms, interview and focus group guides, samples of draft print materials that were shown during the sessions, and questionnaires used to collect demographic information or to evaluate a session.

Studies that provide such detailed methodological discussions and copies of related materials are an excellent resource for learning more about the practical application of interviews and focus groups. Even if you are addressing a different topic, or getting feedback from a different type of participant, you can still get ideas about methodology from these reports. They may also give you ideas about developing discussion guides and other materials needed by your project.

Here are a few examples of reports that do thorough reporting of methodology:

- *Findings from Focus Groups Conducted for the National Committee for Quality Assurance (NCQA) Medicare and Medicaid Consumer Information Projects* (McGee, Sofaer, and Kreling, 1996).This focus group project explored the reactions of Medicaid and Medicare consumers to measures of health plan quality drawn from HEDIS, a national standardized set of performance measures that includes information about such things as childhood immunizations and mammography. Since HEDIS quality measures were originally designed for use by employers and other purchasers in comparing health plans, NCQA wanted to find out if any of these HEDIS quality measures might also suitable for reporting to consumers. The project conducted ten focus groups with Medicare and Medicaid beneficiaries to explore how well they understood selected HEDIS health care performance measures, and whether they had any interest in quality reports based on these measures. The report provides numerous quotations from group discussion, and describes how the focus group discussion guide and materials had to be revised based on results from the first few groups. For copies of the report contact NCQA publications department in Washington, DC, at 202-955-3500.

- *1997 Clinic Survey Pilot Project: Consumer Focus Groups* (Minnesota Health Data Institute, 1998). The Minnesota Health Data Institute conducted a series of six consumer focus groups to find out if consumers had any interest in public reporting of patient survey information that compares primary care clinics. Two focus groups were conducted with each of the following types of respondents: Medicare beneficiaries, adults focusing on their own health care, and parents focusing on their children's health care. The report includes the detailed focus group guide and copies of materials that were presented during the session. It illustrates the use of several interactive techniques, including a game board task and the use of a computerized polling system that lets participants express their views anonymously. To get a copy of the report, contact the Minnesota Health Data Institute at 651-917-6700.

- *A review of the International Institute's interpretation services and an assessment of the need for interpretation services in IMD* (Barker and Loftus, 1998). This report summarizes findings from one-on-one interviews with county government staff that were conducted to evaluate interpretation services provided to non-English speaking clients. If you plan to do key informant interviews, this report may be a useful resource, especially if you work in a government agency. It describes the research methods in detail, and includes the structured interview schedule and other documents such as the recruitment letter and formal assurance of confidentiality. To get a copy of the report, call Melissa Barker, 651-266-4314, Ramsey County Department of Community Services in Saint Paul, Minnesota.

- Reports of results from cognitive testing of CAHPS (Consumer Assessments of Health Plans) questionnaires and report formats. See Section C of Chapter 12, *References and additional resources*, for more information about CAHPS. Call the CAHPS Survey User Network for information about reports of the results from cognitive testing (1-800-492-9261).

- *Oregon-Washington Multilingual Medicaid CAHPS project.* Funded by the Office of Minority Health, this project investigates the meaningfulness and usefulness of CAHPS surveys and reports to non-English speaking populations. It explores how Medicaid beneficiaries who speak Spanish, Russian, or Vietnamese respond to questions on the CAHPS survey and reports of CAHPS survey results written in their languages. The first phase of the project included a series of semi-structured interviews with key informants from provider organizations and community groups, including case workers, health care interpreters, community advocates and leaders. Findings from these interviews with key informants are being used to structure data

collection from the beneficiaries themselves, which will be done using a combination of individual interviews and focus groups. In addition, the project has done cognitive testing of CAHPS reports with non-English speaking beneficiaries. For information about the project and its publications, contact Sharon Kirmeyer at Research Triangle Institute (919-541-7442) or Judy Mohr-Peterson at the Oregon Medical Assistance Program (503-945-6929).

Choosing a method (interviews, focus groups, or both)

Once you've identified the type of respondents you want to talk with and what you hope to learn from them, you'll need to choose a method. As shown in Figure 11-1, many of the issues to consider stem from the following fundamental differences between interviews and focus groups:

- Interviews are a more private encounter that permits an individual to talk at some length.
- In focus groups, talking time is quite limited for each person and the effects of the added dimension of interacting with others are unpredictable. Sometimes the influence of the group is positive (such as when one person's candor triggers more open sharing by others), sometimes negative (as when an outspoken person dominates and inhibits others).

FIGURE 11-1. **Focus groups or in-depth interviews: Which should you use?**

Issues to consider	Use focus groups:	Use in-depth interviews:
Characteristics of respondents (homogeneous/ heterogeneous)	When respondents are fairly similar in characteristics that may affect ease of discussion (literacy skills, language, culture, gender socioeconomic status, etc.)	When respondents differ a lot in characteristics that may affect ease of discussion (literacy skills, language, culture, gender, socioeconomic status, etc.)

Issues to consider	Use focus groups:	Use in-depth interviews:
Tasks that involve getting reactions to draft materials	When amount of material to be reviewed is limited. When there is no need to observe navigation through the document or assess comprehension.	When there's a lot of print material to be reviewed. When there is need to observe navigation through the document or assess comprehension.
Effects of being in a group	When interaction of respondents may be helpful, such as providing more information or triggering new ideas.	When group interaction would inhibit respondents.
Sensitivity of the topics to be discussed	When respondents feel comfortable discussing the topics openly in a group without holding back or being cautious.	When respondents would not feel comfortable discussing the topics in a group.
Depth of individual responses	When brief responses from individual respondents are adequate.	When the topic requires in-depth responses from individuals or intensive follow-up questions.
Continuity and connections among topics	When only one or two topics are being examined in-depth. When it is not important to know how a series of attitudes and behaviors are linked together.	When complex topics are being examined. When it is important to know how a series of attitudes or behaviors link together.
Logistics	Respondents can be assembled in one location.	Respondents cannot be assembled in one location due to where they live or for other reasons.

Source: Adapted in part from a chart in *Beyond the brochure: Alternative approaches to effective health communication* (AMC Cancer Research Center, 1994:9)

Use the issues in this summary chart to help weigh the pros and cons of each method. Depending on your goals and your respondents, one method may be clearly preferable to the other, or a combination of both may work the best.

For example, if your goal is to find out how readily your audience can understand and use your materials, individual interviews are best. Unlike focus groups, interviews allow you to observe how people navigate through the material. As discussed in a later section about testing issues, interviews are also superior for getting at how well people understand the material and whether they can actually use it to accomplish a task.

As shown in Figure 11-1, interviews are also preferable whenever your respondents differ much in ways that may affect discussion of the topic you are addressing. As a general rule, discussion works best in a focus group when respondents are relatively homogeneous. When focus group participants have a lot in common, they may feel more comfortable about speaking up. This is especially true if there are racial, ethnic, linguistic, or other significant cultural differences in your target audience. You tend to get more depth to the discussion when people have more in common. It's easier to keep the discussion centered on the topic, and people don't get inhibited or sidetracked by differences they perceive among members of the group.

Typically, you will want to think about whether it's wise to mix males and females in a group. For many cultures and for many topics, doing groups of all females or all males produces more open, candid sharing or a different type of discussion than in mixed-sex groups. For some culture and topics, same-sex groups may be essential.

When you are asking about reactions to print materials, it's not a good idea to mix people of different socioeconomic backgrounds or different literacy levels in a focus group. If you want to conduct a focus group with respondents who have similar reading skills, it can work well to recruit them from adult basic education programs or literacy tutoring programs.

As a general rule, discussion in a focus group also works best when participants don't know each other. When participants are already acquainted, it may be inhibiting for them to express their views. People who know each other may be more tempted to engage in side conversations, and the relationship may be distracting to others, or intrude in other ways on the group discussion.

Try to recruit respondents who are reasonably representative of your audience

Whether you use interviews or focus groups, paying close attention to how you select and recruit your respondents is important because the total number of people from whom you get feedback is likely to be fairly small. Come as close as you can to selecting and recruiting people who are a reasonably representative cross-section of your intended audience. If you think there are some important subgroups in your audience, be sure to include members from these subgroups.

If community-based organizations are helping you with selection and recruitment of respondents, be sure that these organizations understand the requirements you've established for participation and the need to recruit a reasonably representative cross-section of people who meet these requirements.

Picking people who are the easiest to recruit will not give you the most complete and accurate feedback. Since transportation is often a major barrier, especially for people with low incomes, older people, and those with health or physical limitations, offering transportation assistance will help with recruitment and result in a better cross-section of respondents. If you are doing interviews or focus groups with low income parents, offering child care assistance can also be very important.

It's helpful when you have a list of potential respondents based on a source such as Medicaid enrollment records. For example, for the *NCQA Medicare-Medicaid Focus Group Project* mentioned earlier in this chapter, participants were recruited for the three Medicaid focus groups held in Phoenix from a list of beneficiaries supplied by Arizona's Medicaid program. It's easier, cheaper, and faster to recruit people when you know in advance that each person on the list meets the qualifications you have set for participation (though you will want to confirm this when you recruit). It is also more likely that those you recruit will be reasonably representative of your intended audience.

Skills and selection of interviewers and focus group moderators

What's required of interviewers and moderators?

While a skilled person can make it look easy, conducting an interview or a focus group is a challenging job that requires substantial interpersonal skills. To set the stage and keep an interview or group discussion moving along, the interviewer/moderator must be clear and succinct, neutral and non-judgmental, tactful and kind. Interviewers/moderators need to know enough about the purpose and topic of the interview or group session to understand responses and do effective follow-up probing, but they cannot express a personal point of view—either verbally or non-verbally. It's part of their job to make people feel comfortable enough to speak up and to say what they really think, including feeling free to say they don't understand the question or have no opinion.

Focus group moderators have some additional tasks because they are dealing with a group. It's the moderator's task to keep the group on track in a matter-of-fact and pleasant way. This includes drawing out the quieter members of the group, and keeping any repetitious or domineering people from derailing the progress of group discussion or inhibiting others. Moderators must be prepared to handle problematic situations firmly and diplomatically.

The focus group kit (Morgan and Krueger, 1998) has a separate volume devoted to moderating groups. Many of the suggestions regarding style and other matters are also applicable to one-on-one interviewing.

Clearly, being an interviewer or a moderator is a job for well-trained, experienced people, and some personalities lend themselves more readily to the task than others. Since the quality of the interviewer/moderator has great impact on the quality of the information you obtain, select your interviewers/moderators with great care.

If you are hiring professionals, keep in mind that experience alone is not sufficient qualification. Interview them and judge their demeanor and interpersonal skills for yourself. Ask about their training, the challenges they have encountered in various interviewing or group situations, and how they have handled them. If audio or video tapes of a moderator conducting a group are available, review them. Since moderators often write part or all of the focus group interviewing guide and report of the results, review copies of these materials if they are available.

In some situations, a professional who meets the special needs of a project may not be readily available. For example, the *Washington-Oregon Multilingual Medicaid CAHPS project* mentioned earlier in this chapter is training local bilingual social service professionals to interview beneficiaries who speak Russian, Spanish, and Vietnamese.

You may want to explore other options, too, especially when resources are limited. For example, suppose that you want to improve a beneficiary handbook that explains about managed care. To learn about the types of questions beneficiaries ask when they call the Medicaid agency's customer service hotline, you are conducting focus groups with the agency staff who handle these calls. You need a moderator for these groups, but your budget is limited. Perhaps you can find a person in another part of your state or county government who is experienced in working with groups, and willing to help.

Techniques for asking questions and getting reactions to draft versions of print materials

Tips for asking questions

One of the first steps in conducting interviews or focus groups is to develop a discussion guide. This guide is the written script that spells out a carefully planned sequence of topics and carefully worded questions. Guides are typically divided into sections, with approximate times indicated. This helps the interviewer or focus group moderator keep the discussion moving along, in order to get through all of the topics. Resources mentioned earlier in this chapter include examples of discussion guides.

Script implies exact wording, and for many topics, it's important to provide exact wordings for particular questions that have important nuances, and to specify particular follow-up questions that are crucial to ask. Spend the time it takes to test and revise question wordings until they sound like natural speech.

The same principles that apply to writing clearly and simply for low literacy audiences also apply to asking questions clearly and simply during interviews and focus groups. Chapter 10, *Translating print materials,* cautioned that translators accustomed to doing corporate or literary translation may produce translated text that is too difficult for low literacy readers to understand.

Similarly, if the questions in your script are too complex or difficult, respondents will be confused. In addition, if the everyday speech pattern of the interviewer or moderator differs a lot from the speech patterns of the respondents, due to differences in education or socioeconomic status, respondents may feel inhibited about speaking up.

The most important basic rule is to **ask questions in a way that allows and encourages respondents to say what they think without feeling pressured or inhibited.** Often, this means asking what are referred to as *open-ended* questions. For example, you might ask, *How do you feel about the photo on the cover of this booklet?* It also includes follow-up questions that are asked in a neutral way, such as *Tell me more about that.*

It's important to avoid asking *leading* questions because they are not neutral, and might pressure the respondent to answer in a particular way. For example, don't ask *Do you think the photo on the cover is good?* or *Do you see problems with the photo on the cover?* because these wordings suggest that you are seeking a particular type of response.

It's crucial that interviewers and moderators be non-defensive and neutral. If they are not, respondents will be wary, whether they show it or not. Most will simply hold back their opinions, and you will not get the candid feedback that you need to improve your print materials. Remember that the goal for interviewers and moderators is simply to gather opinions and learn as much as possible about the reasoning behind them. Later you and others can decide which opinions will be used to revise the document.

The volume about asking questions in *The focus group kit* (Morgan and Krueger, 1998) gives detailed guidance for developing questions. While this resource is oriented toward questions used in focus groups, many of the guidelines are applicable to interviewing situations as well.

Techniques for getting reactions to print materials

This section outlines some techniques that are part of an approach called *cognitive interviewing*. *Cognitive* refers to thought processes, and the goal of this approach is to learn as much as you can about people's thought processes. This section also includes elements of an approach called *usability testing*. Usability testing refers to techniques that examine how easy it is for people to actually *use* print material, such as whether they can actually follow the instructions on an application form or a leaflet about medication.

Cognitive interviewing is very useful for revealing differences between what you think your print materials mean and how they are actually interpreted by members of your intended audience. Its techniques encourage people to elaborate on their understanding of the information in a document, and the ways in which they draw implications or conclusions from this information.

Cognitive testing techniques include observing people as they read through a booklet and noting their navigational approach (where they look first, how long they spend on each topic, etc.). Another technique is to ask people to *think aloud* as they read through a booklet, sharing their thoughts and opinions as they go. Cognitive testing includes questions that get people to explain in their own words what the material is about, such as questions that ask what they would say if they told a friend about it. It can also include debriefing interviews that ask people to assess the report and offer suggestions for improvement.

Conducting cognitive interviews

Since what you ask about depends on your document and the audience, this section simply outlines some of the techniques. More details are available in a training manual (Willis, 1994).

Cognitive interviews to test materials may range from 20 minutes to an hour or more. It's best to work in teams, with one person asking the questions, and the other person recording the answers, taking notes that are as detailed and complete as possible. Be sure to schedule breaks when you set up interviews, so that you can finish up your notes and confer with your partner between interviews.

The first step in conducting cognitive testing of print materials is to **explain the purpose and the process to your respondents.** The object is to make people feel very comfortable about sharing their honest reactions, and being as critical as possible. Use the first few minutes to cover the following points:

- Explain that you will show them a document that is in rough draft form. It is still at an early stage, and not as clear as it needs to be. You want to get their reactions and suggestions so that you can make improvements.
- Emphasize that people have different reactions to the same document, and that you are interested in hearing what they think. You won't take it personally if they are critical, and, in fact, knowing what they *don't* like, or *aren't* interested in, or *don't* understand is what will help you the most. It's important to emphasize that it's okay to be critical. For example, respondents from cultures that stress speaking well of others may hold back remarks that seem critical of your materials.
- Reassure people about confidentiality, that their opinions will not be connected with their names. Give other privacy-related assurances as appropriate (for example, that the results of the interviews will not affect their Medicaid eligibility or benefits).

- Explain that you will be taking notes during the interview in order to remember what they say.

Next, give the person a chance to look through the document and observe how they do it. If you are testing a brochure or other fairly short document, simply ask that they look through it, without giving further instructions. If the document is lengthy, such as a booklet that compares benefits and coverage for a number of managed care organizations, you may get more useful feedback by having some of the people you interview skim through the entire document to give you an overall reaction, and having the rest focus on selected portions of the document to give more in-depth feedback.

It can be useful to give people a colored highlighter pen along with the document, and ask them to use it to mark every sentence that they had to read twice, and to mark any words or sections that are confusing or hard to understand. Giving them the pen reinforces the purpose of the interview—to give critical feedback. Be sure to go over all of the places they mark during the de-briefing.

Identify the topics and terminology that you think may be difficult to understand, and ask people to tell you what the topic or term means to them. Use neutral follow-up questions.

Since the purpose of field testing is to learn about how people interpret and evaluate information materials, the *think aloud* technique can be very helpful. You simply ask people to share their thoughts with you, *out loud*, as they browse through the document. Since most people are not accustomed to doing this, you will probably have to encourage and remind them. For example, *Remember to tell me what you're thinking as you look through this booklet. We'll talk about your reactions when you've finished, but I'd also like to hear what you think as you go along.* You will probably find that some people quickly get into the spirit of the *think aloud* interview. Others will not, so don't force it if people are too uncomfortable or don't seem to understand what you are asking them to do.

Whether people are *thinking aloud* or not, you should quietly observe how they react, for this will tell you a lot about the document's effectiveness. Make notes about your observations to use during the debriefing. Since people have different basic styles in responding to documents (a few start at the beginning and read everything including the fine print, some tend to skim, etc.), be sure to do enough interviews to judge how well the document works well for different reading styles. Here are some things to observe and record:

- What do they look at first? What do they spend the most time on? What do they skip over? Do they read the table of contents? Do they ever look at the back cover?

- Are they methodical or selective? For example, do they just start reading at the beginning, or do they leaf through the whole thing as if to decide what to pay attention to? Do they keep skipping back and forth between certain sections (which may suggest there are problems with sequencing or layout)?

After a few minutes of letting the person look through the document, and observing their behavior, ask them what they think about the document. Once you have their general reaction, follow up with more specific kinds of questions in order to make the most of the interview.

You don't need to have a complete draft of a document to benefit from this type of testing. If you are in an early stage of document development, show people some different options, such as three different color schemes for the same page, or two different ways to show the same information on a page. Ask which they prefer, and then be sure to ask why.

Here are some of the issues you can address:

1. **Is the material appealing?** The layout and overall look of your print material should be appealing and inviting to the intended audience. Questions to consider in the testing phase include the following: Does the information attract and keep the reader's attention? Is the general tone appropriate for and appealing to the audience?

2. **Is the material culturally acceptable?** As discussed in Chapter 3, *Understanding and addressing the need for culturally appropriate materials,* getting feedback directly from members of the audience is the best way to be sure that your materials are culturally acceptable. You can include questions in your testing that probe this issue indirectly. For example, you could ask, *Is this booklet okay for showing a family like yours? (or friends of yours?).* Then follow up with questions such as *What might be a better way?* (Doak, Doak, and Root, 1996:175).

3. **How does the audience react to the content and level of detail?** Is the information of interest? Is it personally relevant? Is the level of detail appropriate? What could be deleted? What could be added?

4 **Is it easy to understand?** In general, it's best to assess how well people understand your materials using indirect methods rather than direct questioning. Don't give a quiz to find out if they have understood, and don't ask directly if they understand the material. These approaches put people on the spot. They may be embarrassed to admit confusion, or they may be unaware that they have misunderstood. Moreover, asking direct questions about whether they understand will not collect enough information to be useful to you in revising your materials. To get more meaningful feedback about comprehension, ask indirect questions, such as asking how they would describe what the booklet is about to their friends or family. Then use neutral follow-up questions to encourage them to discuss their understanding of the material in more detail.

5 **Is the information organized and presented in an effective way?** Chapter 8, *Guidelines for effective document design*, gives a number of tips for making it easier for readers to navigate effectively through your documents. As part of testing, you can use a combination of observation and questioning to explore such questions as the following: Is the information organized in a clear and logical way? Is the material easy to skim? Can people find their way if they don't start at the beginning? Is it easy to find particular information and use it as intended? Does the sequencing and layering of the information seem to work well?

6 **Is it easy for people to actually *use* the information?** This is the ultimate test. *Usability testing* includes watching people work through a document with a task to complete, and seeing if they can apply the information in the material to the task at hand. Understanding is a prerequisite for use, but usability does not automatically follow from comprehension.

For example, if you want to test whether people can understand and actually use the information in a comparison chart, create a chart that has made-up data about several managed care organizations (MCOs). Build a pattern into the chart that makes some MCOs more desirable in some ways. Then ask respondents to use the information in the booklet to choose a managed care organization. When they give an answer, ask them to tell you how they decided on that answer. Keep an open mind, and expect some surprises. You may discover that people came up with the "right" answer in a way that you didn't anticipate, or that there is logical reasoning rather than just confusion behind some "wrong" answers.

Using what you learn

You will get many ideas from the results of your testing about specific changes that might improve the document. As you use this information, remember that even when every aspect of your interviews and focus groups meets the highest professional standards, there are still some important limitations. These include small numbers of people who gave feedback, the possibility that they are not very representative of your intended audience, and the social pressures inherent in a focus group or interview situation. While you need to be cautious about how you use it, feedback from your audience is still the best way to create materials that your audience will find culturally acceptable as well as easy to understand and use.

V BIBLIOGRAPHY

12 BIBLIOGRAPHY: References and additional resources

Introduction

This chapter contains references for the publications and other resources cited in preceding chapters of the Guide, as well as additional resources. These references and additional resources are grouped into categories:

- Section B lists publications.
- Section C lists organizations and projects.
- Section D lists websites (some websites are also mentioned in Section C).
- Section E gives information about the development of the Guide Checklist, including resources used to create it.

Many of the materials and websites listed in this chapter will lead you to other references and resources. The Health Care Financing Administration Center for Medicaid and State Operations is interested in expanding and updating this directory of resources. **Please take a moment to fill out the fax-back form in Appendix A to suggest resources that should be added.** Use this same form to give your feedback about this Guide, including suggestions for improvement.

Publications

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The CSAP Technical Assistance Bulletins listed below are distributed by the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. See web site www:health.org/pubs/catalog/series.htm#CSAPtab.

1994: A discussion guide can enhance your presentation

A key step in developing prevention materials is to obtain expert and gatekeeper reviews.

Careful concept development paves the way to effective prevention materials.

Conducting focus groups with young children requires special considerations and techniques.

Following specific guidelines will help you assess cultural competence in program design, application and management.

Pretesting is essential; you can choose from various methods.

You can avoid common errors as you develop prevention materials.

You can increase your media coverage.

You can manage focus groups effectively and maximum impact.

You can prepare easy-to-read materials.

You can use communications principles to create culturally sensitive and effective prevention materials.

1997: Communicating appropriately with Asian and Pacific Islander audiences

Creating videotapes and discussion guides.

Developing effecting messages and materials for Hispanic/Latino audiences.

Identifying your target audience.

Urban youth public education for the African American community.

1998: Working with mass media.

Communicating with 9- to 14-year-old girls.

Evaluating the results of communication programs.

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CSS: See Community Service Society of New York in Section C.

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Editorial and subscription information, call 800-277-4975 or email beststart@mindspring.com.

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C. Organizations and Projects

African American Family Services
2616 Nicollet Avenue South, Minneapolis, MN 55498, 612-871-7878

Black Congress on Health, Law, and Economics
1025 Connecticut Avenue NW, Suite 308, Washington, DC 20036, 202-659-4020

CAHPS. The Consumer Assessment of Health Plans Study (CAHPS)
CAHPS is an easy-to-use kit of questionnaires and reporting tools that provide information to help consumers and purchasers assess and choose among health plans. The questionnaires are standardized for use with different populations and health care delivery systems. Consumer testing is an important feature of CAHPS; it was used to help refine both the questionnaires and the reporting formats. The CAHPS kit was developed by Harvard Medical School, RAND, Research Triangle Institute, and Westat, with federal support from the Agency for Health Care Policy and Research (AHCPR). It is free to users and includes templates for producing print and computerized reports of survey results. These templates are provided in a generic electronic form, ready to be customized by adding the results from a CAHPS survey.

CAHPS products are available for surveying both adult and child Medicaid enrollees. Currently, the CAHPS Medicaid questionnaires are available for both managed care and fee-for-service populations. The Medicaid SSI survey is under development and will be available in early 2000. The CAHPS 2.0 Survey and Reporting Kit provides all versions of the questionnaires along with sampling guidelines, data collection protocol, the CAHPS analysis program, and reporting materials to aid in developing consumer reports. In Phase II of the National CAHPS Benchmarking Database there are 11 Sponsors who have submitted both adult and child data. This cover 78 Medicaid plans.

For more information about CAHPS, call the CAHPS Survey User Network (SUN) at 1-800-492-9261 or visit the AHCPR website at http://www.ahcpr.gov/.

Center for Cross-Cultural Health

Suite W227, 410 Church Street SE, Minneapolis MN 55455, 612-624-0996, web page: www.umn.edu/ccch. The Center is a clearinghouse and source of information, training, and research on the role of culture in health. It publishes Caring across cultures: The provider's guide to cross-cultural health care, Six steps toward cultural competence: How to meet the health care needs of immigrants and refugees, as well as other resources that include the following profiles:

Russian Jewish culture: A profile in Minnesota
Ukranian culture: A profile in Minnesota
Vietnamese culture: A profile in Minnesota
Nuer culture: A profile in Minnesota
Bosnian culture: A profile in Minnesota
Hmong culture: A profile in Minnesota

The Center for Reproductive Law and Policy

120 Wall Street, New York, NY 10005, 212-514-5534

Center for Substance Abuse Prevention (CSAP) Communications Team

7200 Wisconsin Avenue, Suite 500, Bethesda, MD 20814-4820, 301-941-8500. For help in learning about your audience, developing messages and materials, and evaluating your communication programs, contact the Center for Substance Abuse Prevention (CSAP) Communications Team, 7200 Wisconsin Avenue, Suite 500, Bethesda, MD 20814-4820, 301-951-3277. See web site www:health.org/pubs/catalog/series.htm#CSAPtab.

The Commonwealth Fund

One East 75th Street, New York, NY 10021-2692, 212-606-3800, 212-606-3500 (fax), cmwf@cmwf.org (e-mail), web site: www.cmwf.org

Community Service Society (CSS) of New York
105 East 22nd Street, New York, NY 10010, 212-614-5314

Cross-cultural Health Care Program
Pacific Medical Center, 1200 12th Avenue South, Seattle, WA 98144. This program is a clearinghouse and source of information, training, and research on the role of culture in health. Its publications include a number of health-related profiles of racial-ethnic communities.

Effectiveness Research Center and Hispanic Aging Center
University of Texas Health Science Center, 700 Merton Minter, San Antonio, TX 78284

Health Literacy Project. See Health Promotion Council of Southeastern Pennsylvania, Inc.

Health Promotion Council of Southeastern Pennsylvania, Inc.
260 South Broad Street, Philadelphia, PA 19102-5085,215-931-3700, 215-731-3720 (fax). The Health Promotion Council provides health promotion services to consumers and professionals in the areas of heart disease prevention, tobacco control, nutrition, diabetes and high blood pressure. The Health Literacy Project, Latino and Asian Health projects specialize in developing, producing, and distributing culturally appropriate low literacy health materials in multiple languages. The organization also provides translation services, consulting, and the Community Health Interpreter Training program. Contact persons: Latino Health Projects, contact Aracely Rosales, 215-731-3708, latino@phmc.org (e-mail). Health Literacy Project, Janet Ohene-Frempong,215-731-3705.

Indian Health Service (IHS), Alcoholism and Substance Abuse Program
Room 5A-25, 5600 Fishers Lane, Rockville, MD 20857,301-443-4297

Latino Caucus of the American Public Health Association
P. O. Box 9219, Long Beach, CA 90809, 310-570-4016

Maine AHEC Health Literacy Center
University of New England, 11 Hills Beach Road, Biddeford, ME 04005
207-283-0170 x2337, www.maine-ahec.com (web site)

Medicare Rights Center (MRC).
MRC is a national not-for-profit consumer service organization that helps people through its hotline counseling, public education, and public policy activities. Services include a Training Outreach Program that provides educational materials for Medicare consumers, plus full day workshops, presentation materials, and training notes to help people and organizations who work with Medicare consumers. 1460 Broadway, 11th floor, New York, NY 10036, 212-869-3850.

National Association for Native American Children of Alcoholics (NANACoA)
1402 Third Avenue, Suite 1110, Seattle, WA 98101, 206-467-7686, 800-322-5601, web site: www.nanacoa.org/

National Center for Cultural Competence, Georgetown University, Department of Maternal/ Child Health and Primary Health Care. Washington, D.C. 1-800-788-2066

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1501 16th Street NW, Washington, DC 20036, 202-387-5000, web site: www.cossmho.org

National Council of La Raza
1111 19th Street NW, Suite 1000, Washington, DC 20036, 202-785-1670

National Hispanic Education and Communications Projects
1000 16th Street NW, Suite 603, Washington, DC 20036
202-452-8750

Northern Plains Native American Chemical Dependency Association (NPNACDA)
P. O. Box 1153, Rapid City, SD 57709, 603-341-5360
web site: www.rapidnet.com/npna/welcome.html

Opening Doors
National Program Office, c/o Hospital for Sick children health System
1025 Connecticut Avenue, NW, Suite 1100, Washington, DC 20036
202-974-4694. Opening Doors supports service and research projects to identify and break down nonfinancial, culturally based barriers to health care.

Oregon-Washington Multilingual Medicaid CAHPS project
This project uses interviews and focus groups with key informants and beneficiaries to investigate the meaningfulness and usefulness of CAHPS surveys and reports to non-English speaking populations. It explores how Medicaid beneficiaries who speak Spanish, Russian, or Vietnamese respond to questions on the CAHPS survey and reports of CAHPS survey results written in their languages. For information about the project, contact Sharon Kirmeyer at Research Triangle Institute (919-541-7442) or Judy Mohr-Peterson at the Oregon Medical Assistance Program (503-945-6929). See also the entry about CAHPS in this section.

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street, Seattle, WA 98109-6619; 206-285-6619 (fax)
web site: www.path.org

Websites

Agency for Health Care Policy and Research (AHCPR)
www.ahcpr.gov/

AIDS Prevention and Education Network
Contact for Native American and Aboriginal Populations
www.health.org/na.htm

Center for Budget Policy Priorities
www.cbpp.org/fmo.htm

DiversityRx
www.diversityrx.org

Government Information Locator Service (GILS): descriptions of publicly available federal government documents
www.access.gpo.gov/su_docs/gils/gils.html

Indian Health Services
www.ihs.gov/

Latino Link Home Page
www.latinolink.com/

LatinoWeb
www.catalog.com/favision/latinoweb.htm

Minority Health Network
www.pitt.edu/!ejb4/min

The National Center for Cultural Healing
www.cultural-healing.com

National Committee for Quality Assurance Website
(www.ncqa.org) <http://www.ncqa.org)>

Native American Voices
www.umc.org/naco/

Naturally Native Production
www.umc/org/naco/redhorse.htm

Office of Minority Health
www.os.dhhs.gov/proorg/ophs/omh/

Resources for Diversity
www.nova.edu/interLink/diversity.html

Substance Abuse and Mental Health Administration
www.samhsa.gov/

The Texas Cancer Council
tcdc.uth.tmc.edu/tccpub.html
This organization has produced guidebooks on written and video materials for both African-Americans and Hispanics. All of their guidebooks are available on-line.

The Universal Black Pages
www.gatech.edu/bgsa/blackpages.html

Development of the Guide Checklist

The Checklist was created by the author of this Guide by combining, adapting, and expanding on items and topics included in checklists from the following resources:

Doak, Cecilia C., Leonard G. Doak, and Jane H. Root
1996 Teaching patients with low literacy skills. Philadelphia: Lippincott. Second edition.

Root, Jane, and Sue Stableford
1998 Write it easy-to-read: A guide to creating plain English materials (especially for the Medicaid market). Health Literacy Center, University of New England, Biddeford, Maine.

Guidry, Jeffrey, Marilyn Kern-Foxworth, and Patricia Larke. Audiovisual cancer education materials for African Americans: Cultural sensitivity assessment tool manual.
1996 Texas A & M University College of Education. Funded by the Texas Cancer Council.

Guidry, Jeffrey and Patricia Larke. Practical guidelines for the development of audiovisual cancer education materials for African Americans
1996 Texas A & M University College of Education. Funded by the Texas Cancer Council.

Ramirez, Amelie, Karen Stamm, Frederick Williams, Renee Espinoza
1996 Practical guidelines for the selection or development of audio-visual materials for at-risk Hispanics, Reports 1 *(summary of step-by-step guidelines)* and 2 (Technical Report). Texas Cancer Council, South Texas Health Research Center, University of Texas, National Hispanic Leadership Initiative on Cancer.

National Cancer Institute
1994 Clear & simple: Developing effective print materials for low-literate readers. NIH Publication No. 95-3594.

Center for Substance Abuse Prevention (CSAP) Communications Team.
1994 You can use communications principles to create culturally sensitive and effective prevention materials. Center for Substance Abuse Prevention. Distributed by the National Clearinghouse for Alcohol and Drug Information, Rockville, MD.

The checklists in these resources are generally more narrowly focused than the one in this Guide, and a few are scored to yield a numerical rating, unlike the one in this Guide. For example, the Suitability Assessment of Materials (SAM) in *Teaching patients with low literacy skills* was created with patient teaching materials in mind, and the cultural competency tools associated with the Texas Cancer Council are focused on specific racial/ethnic groups and a specific type of disease. The SAM and the Cultural Sensitivity Assessment Tool both yield a numerical score.

VI APPENDIX

Appendix A

Please use the fax-back form in this Appendix to share your comments on the Guide with the Health Care Financing Administration Center for Medicaid and State Operations.

We'd love to get your comments!

Please use this fax-back form to let HCFA's Center for Medicaid and State Operations know what you think of the Writing and Designing Guide, and how you are using it. We especially welcome your suggestions for improvement and resources to add to the directory provided in the Guide.

Please tell us about how you and others in your organization have been using the Guide:

Please give your suggestions for improvement:

Which parts have been useful or helpful?

Are there any publications, projects, websites, or other resources you think we should add to the Guide?

Which parts have *not* been useful or helpful?

Thank you. Please fax this form back to 410-786-3252.

Optional:

Name/organization

Address:

Phone

email

Appendix B

This Appendix gives you a version of the Guide Checklist that is ready to copy and use in an actual assessment.

Please see Chapter 5, *The Guide Checklist for assessing print materials,* for information about the Checklist and how to use it.

Guide Checklist for assessing print materials

Name of material being assessed: _____

Name of reviewer: _____ *Date:* _____

Guide Checklist Part A: DESCRIPTION

The items in sections 1 through 4 below are open-ended. They describe the print material, its purpose, the intended audience, testing and evaluation. See Chapter 5, *The Guide Checklist for assessing print materials,* for information about this checklist and how to use it.

This form gives the page number in the Guide where each Checklist item is discussed.

1 Purpose of the print material

1.1 What is the purpose of the print material—what do you want the reader to know or do? *see page 127*

_____

_____

_____

2 Description of the material (type of material, method of distribution, alternate formats, companion materials)

2.1 What type of print material is it? *see page 128*

_____

_____

Is this material:
- ☐ draft of new material
- ☐ revision of previously published material

1 Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

How will it be used? (on-going reference, one-time use, etc.)

_____

_____

2.2 How and when is the print material being distributed and publicized? *see page 128*

_____

_____

2.3 Are there other materials or personal assistance that go with this print material? *see page 129*

☐ No
☐ Yes ------➤ what kinds?

_____

_____

2.4 Is the material available in alternative formats for non-readers and people with vision loss? *see page 130*

☐ No
☐ Yes ------➤ what kinds?

_____

_____

3 Describing and segmenting your intended audience

3.1 What research has been done to learn more about the intended audience, including their information interests and needs? *see page 130*

_____

_____

3.2 What are the literacy skills of the intended audience? *see page 131*

_____

_____

3.3 What are the language translation needs of the intended audience? *see page 132*

3.4 What are demographic and personal characteristics of the intended audience (age, sex, race, ethnicity, education, income, occupation, country of origin, geographical location, health status, etc.)? *see page 133*

3.5 What are the cultural, behavioral, and psychological characteristics of the intended audience (customs and traditions, health habits and lifestyle, media exposure, attitudes, values, etc.)? *see page 133*

Testing and evaluation

4.1 What testing have you already done to get your audience's reaction to the print material, and what did you learn from it? What additional testing do you plan? *see page 134*

Testing that has been done:

 Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

What was learned: _____

_____

_____

_____

Is additional testing planned?

☐ No
☐ Yes ⟶ what kinds? What will be the focus?

_____

_____

_____

4.2 How will you judge the effectiveness of the print material?
see page 135

_____

_____

_____

Guide Checklist Part B: ASSESSMENT

Use the items in this part of the Checklist to assess your print materials.

- *"Yes."* A "yes" answer means that the document substantially meets the criteria for the Checklist item.
- *"Needs improvement."* If you mark this answer, add comments that tell what kinds of improvement are needed.
- *"Not sure."* If you mark this answer, add comments that tell what kinds of improvement are needed.
- *"Not applicable."* The Checklist is a detailed tool that covers a wide range of attributes. Some things it asks about may not apply to your print materials. For example, if your document is in black and white, you would mark *"not applicable"* for all items in the section that covers use of color.

Content

5.1 Is the purpose of the material immediately obvious to the reader (clearly stated in the title, on the cover, or in the introduction)? *see page 143*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

5.2 Is the information concrete and action-oriented? *see page 146*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

5.3 Is the information limited to an amount that is reasonable for the intended readers? *see page 147*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

5.4 Is the information accurate and up-to-date? *see page 148*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

5.5 Does the content show awareness of and respect for diversity, and use culturally-appropriate words and examples?
see page 149

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

6 How content is sequenced, grouped, and labeled

6.1 Does the sequence and organization of information make sense to the intended audience (matches their logic and experience)? *see page 153*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

6.2 Does the material give people the background or context they need to understand new information? *see page 156*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

6.3 Is the information grouped into meaningful segments or sections of reasonable size? *see page 159*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

6.4 Does the material uses headings, subheadings, or other devices to signal what's coming next? *see page 160*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

6.5 Are labels for sections, headings, and subheadings clear and informative to the intended audience? *see page 160*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

6.6 Does the material emphasize and summarize the main points? *see page 162*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

7 Writing style

7.1 Is the material written primarily in the active voice and in a conversational style? *see page 163*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

7.2 Is the reading level of the document appropriate for the intended audience? *see page 165*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

7.3 Are the words and sentences generally short, simple, and direct without being "choppy" or sacrificing cohesion and meaning? *see page 166*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

7.4 When you use technical terms, are they clearly explained with helpful examples? *see page 170*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

8 Engaging, motivating, and supporting the reader

8.1 Does the material have a friendly and positive tone? *see page 172*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

8.2 Does the material use devices to engage and involve the reader—such as Q & A, true-or-false, problem-solution, stories, dialogues, and vignettes? *see page 174*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

8.3 Are health statistics and similar data matched closely to the intended audience and community? *see page 176*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

8.4 Is information and advice linked to a source that intended readers find believable and trustworthy? *see page 177*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

8.5 Is the "how to" advice specific, urging behavior that is feasible and culturally appropriate for the intended audience? *see page 178*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

8.6 Does the material tell how and where to get help or more information? *see page 179*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

8.7 Does the material identify the organization that produced it, and include a publication date? *see page 179*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

9 Overall design and page layout, organization and ease of "navigation"

9.1 Does the size, shape, and general look fit with the purpose of the material? *see page 196*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

9.2 Does the material look appealing at first glance (uncluttered pages with generous margins and plenty of white space; something to catch the eye but not confuse it)? *see page 197*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

9.3 Is the way to "navigate" through the document immediately obvious to the intended audience? *see page 198*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

9.4 Are explanatory illustrations, diagrams, tables, charts, and graphs clearly labeled, and placed very near the text that introduces them? *see page 199*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

9.5 Are headings, blocks of text, lists, illustrations, and other elements lined up in a clear, strong, consistent way? *see page 199*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

9.6 Does the graphic design use contrast, indentation, bullets, and other devices to signal the main points and make the text easy to skim? *see page 204*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

 Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

9.7 Are bullets used effectively in terms of size, shape, spacing, and color? *see page 206*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

9.8 Does the overall design seem unified and consistent from page to page in its layout? *see page 206*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

10 Type style, size of print, and contrast with paper

10.1 Does the document use an effective combination of readable type styles to get good contrast between the text and the headings and titles? *see page 206*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

10.2 Is the type large enough, and the spacing between lines loose enough, for easy reading? *see page 208*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

10.3 Does the text use capital letters only when needed grammatically (no text in "all-caps")? *see page 210*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

10.4 Does the document emphasize text by restrained use of italics, bolding, or devices like contrast in size or color accents (no underlining, no all-caps text)? *see page 210*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

 Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

10.5 Are lines of text an appropriate length for easy reading (no more than about five inches, set in columns if paper is wide, and no "wrapping" of text in awkward ways)? *see page 211*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

10.6 Is the right margin left uneven ("ragged right"), rather than forcing it into a straight edge on the right ("fully justified"), which can be harder to read? *see page 212*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

10.7 Does the text avoid splitting words across two lines? When headings take more than one line, does the break between lines reflect natural phrasing and avoid leaving a single word by itself on the second line? *see page 213*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

10.8 Does the document avoid printing text on shaded or patterned backgrounds or on top of photographs or illustrations? *see page 213*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

10.9 Is the document very restrained in any use of "reversed out" text (light-colored text on a dark background)? *see page 215*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

10.10 Is there enough contrast between the printed text and paper to be able to read everything easily (black text on white non-gloss paper works best)? *see page 216*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

11 Use of color

11.1 Are the particular colors chosen appealing to the intended audience and free from unwanted connotations or problematic cultural significance?
see page 216

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

11.2 Is color used sparingly for greatest impact, avoiding "color overload"?
see page 217

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

11.3 Is color used in a consistent and deliberate way to enhance the meaning and impact of the key messages? *see page 218*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

11.4 Do the particular colors chosen work well from a design standpoint (including for people who are color blind)? *see page 219*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

12 Tables, charts, graphs, and diagrams

12.1 Are tables, charts, graphs, diagrams, and explanatory illustrations clearly labeled and carefully explained, using examples, prominent legends, and step-by-step instructions? *see page 220*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

12.2 Do tables and charts include as few vertical and horizontal lines as possible to avoid a cluttered look? *see page 221*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

12.3 Have tables, charts, graphs, diagrams, and explanatory illustrations been pretested with the intended audience for comprehension and cultural acceptance? *see page 221*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

12.4 Are matrix formats (charts with rows and columns) kept as simple as possible and used with great caution for lower literacy audiences? *see page 222*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

13 Photographs, illustrations, and symbols

13.1 Are photos, illustrations, symbols, patterns and other visuals related to the information presented and used to reinforce key messages? *see page 226*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

13.2 Are the people and activities shown in photos or illustrations contemporary and representative of the intended audience in their demographics, physical appearance, behavior, and cultural elements? *see page 228*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

13.3 Are the photos, illustrations, and other images culturally sensitive and free from unwanted connotations or problematic cultural significance? *see page 236*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

13.4 Are the photos, illustrations, and other images simple and free from clutter and distracting detail? *see page 237*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

13.5 Are photos, illustrations, and other images consistent in style for a unified look? *see page 239*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

13.6 Are the facial expressions and body language of people in photos, illustrations, and other images appropriate to the situation and appealing to the intended audience? *see page 240*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

13.7 Do photos and illustrations have a high quality professional look (the images themselves, cropping, reproduction in the document)? *see page 242*

- ☐ Yes — Comments:
- ☐ Needs improvement _____
- ☐ Not sure _____
- ☐ Not applicable _____

_____

13.8 Does the document avoid using cartoons, humor, and caricature (which may be understood or offensive)? *see page 243*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

14 Translation into other languages and adaptation for non-readers and people with vision loss

14.1 Is translation done for meaning and ease of reading, avoiding awkwardness of literal translation from English? *see page 249*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

14.2 Do translated versions of the document meet all the other guidelines for writing style, document design, cultural appropriateness, etc.? *see page 255*

- ☐ Yes
- ☐ Needs improvement
- ☐ Not sure
- ☐ Not applicable

Comments: _____

Source: Writing and designing print materials for beneficiaries: a guide for state Medicaid Agencies (HCFA, 1999, pub. no. 10145)

14.3 Does each document tell readers how to get alternate versions in other languages or alternative formats for those with vision loss? *see page 260*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____

14.4 Is the language and date of the translated version identified by name in English somewhere on the document, for convenience of those who distribute it and speak only English? *see page 262*

☐ Yes Comments:

☐ Needs improvement _____

☐ Not sure _____

☐ Not applicable _____

_____