



## 'Clear and Simple' Guidelines for Creating Printed Materials

*Adapted from [www.usability.org](http://www.usability.org)*

According to the 1992 National Adult Literacy Survey, some 90 million American adults – about 47 percent of the U.S. population – demonstrate low literacy levels. Individuals with low or limited literacy may experience difficulty applying reading, writing, computational, and informational processing skills to everyday life situations.

This guide outlines a process for developing publications for people with limited-English skills. It was derived from communications, health education, and literacy research and practice. In addition, writers who have produced low-literacy materials have contributed their expertise. This guide features both proven principles and a discussion of real life issues that individuals developing low-literacy materials face, such as the constraints of time, budget, organizational pressures, and the government publications process.

### **Developing Effective Print Materials for Low-Literacy Intended Audiences**

Many intended audiences have a hard time understanding health materials written in technical language. This is especially true of intended audiences with low literacy skills. Present the message in a more easily understood way to these intended audiences by making specific choices about writing style, vocabulary, typography, layout, graphics, and color. These choices affect whether the message is read and how well the intended audiences with low-literacy skills understand it. A great deal of health information and promotion is organized around the use of print materials, often written far beyond the literacy skills of intended audiences. Differences in the ability to read and understand materials related to personal health appear to contribute to health inequities. The link between literacy and health inequities underlies *the Healthy People 2010* objective “to improve the health literacy of persons with inadequate or marginal literacy skills.”

A common misconception is that low-literacy materials are synonymous with low reading level materials. That is, if you avoid polysyllabic words and long sentences, then you've met the need. In fact, low literacy encompasses more than reading level, and meeting this need requires that you complete the same planning and research steps and adhere to the same fundamental communication principles that you would use for any health communication material. The difference is that certain aspects of the process must be done with particular rigor.

### **Five HHS Steps**

The five standard steps for developing print materials from the U.S. Department of Health and Human Services (HHS) are:

## 1) Define the target audience

A target audience is a group of people the communicator wants to reach with the message. People with limited-literacy skills compose a broad audience, crossing all ethnic and class boundaries. However, there are some common characteristics among low-literate audiences regarding how they interpret and process information.

- Tendency to think in concrete/immediate rather than abstract/futuristic terms.
- Literal interpretation of information.
- Insufficient language fluency to comprehend and apply information from written materials.
- Difficulty with information processing, such as reading a menu, interpreting a bus schedule, following medical instructions, or reading a prescription label.

It is important to keep this in mind as you develop materials. While the above characteristics provide some basic understanding of people with limited-literacy skills, it is **essential to learn more about your audience as people, not just as statistics or generalizations. Target audiences may be defined by age, sex, marital status, education level, occupation, income, religion, race, ethnicity, language, geographic location, lifestyle, health-related attitudes and behaviors, and many other characteristics.** Understanding these factors is critical because audience characteristics influence each step in the process of developing low-literacy materials.

## 2) Conduct target audience research

Target audience research includes reviewing existing data and/or gathering new data to understand relevant physical, behavioral, demographic, and psychographic characteristics of your audience. This research can tell you: what the target audience already knows about your topic; what rumors, myths, and misinformation may exist about the topic; how audience members feel about this topic; and what questions and information gaps there are. Research also can help you define specific ethnic, cultural, and lifestyle preferences of your audience. This information is critical to developing culturally relevant materials, which are vital to reaching audiences at all literacy levels.

Information you need to know about your audience:

- Age, sex, ethnicity, income and education levels, places of work, and residence.
- Causative/preventive behaviors related to your topic.
- Related knowledge, attitudes, and practices.
- Patterns of use of related services.
- Cultural habits, preferences, and sensitivities related to your topic.
- Barriers to effective change.



- Effective motivators (e.g., benefits of change, fear of consequences, incentives, or social support).

You need to consider local data; national data may not capture the unique characteristics of your audience. You can segment a population into specific intended audiences using the following characteristics:

- **Behavioral:** Health-related activities or choices, degree of readiness to change behavior, information-seeking behavior, media use, and lifestyle characteristics.
- **Cultural:** Language proficiency and language preferences, religion, ethnicity, generational status, family structure, degree of acculturation, and lifestyle factors (e.g., special foods, activities)
- **Demographic:** Occupation, income, educational attainment, family situation, and places of residence and work.
- **Physical:** sex, age, type and degree of exposure to health risks, medical condition, disorders and illnesses, and family health history.
- **Psychographic:** attitudes, outlook, on life and health, self-image, opinions, beliefs, values, self-efficacy, life stage, and personality traits.

### 3) **Develop a concept for the product**

Using the information gathered during audience research, you can begin to outline the objectives, style, format, and approach of the product that will carry your message. Many writers prepare formal concept statements at this stage for all those involved in product development. Discussing the concept with individuals or groups that understand the needs of your target audience is an easy, inexpensive way to double-check the appropriateness of your intended approach. There are five general principles to follow when developing the concept for a low-literacy publication:

- Define the behavioral objective(s) of the material.
- Determine the key information points the reader needs to achieve the behavioral objective(s).
- Select the most appropriate presentation method(s) (e.g., audio, audiovisual, print, radio, TV, interactive computer programs).
- Decide on the reading level for the materials if you select a print presentation.
- Organize topics in the way the person will see them.

**SMOG Readability Formula.** Perhaps the quickest way to administer the SMOG test is by using the SMOG conversion table. Simply count the number of words with three or more syllables in a chain of 30 sentences in your draft. Then look up the approximate grade level on the chart below. The SMOG formula can predict the grade level difficulty of a passage within 1.5 grades in 68 percent of the passages.



<b>Total polysyllabic word counts</b>	<b>Approximate grade level</b>
<b>Word Counts</b>	<b>(+/_ 1.5 grades)</b>
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

#### 4) **Develop concept and visuals**

Once you have agreed on a product concept, you can begin outlining and writing the first draft. The content information you include will be based in part on the audience needs and interests identified in your research. In preparing your draft, it will be important to tailor content, layout, and the use of visuals to the needs of a reader with poor reading and communications skills.

**Below is a checklist for effective low-literacy print materials:**

##### ✓ **Content, style**

- The material is interactive and allows for audience involvement.
- The material presents “how to” information.
- Peer language is used whenever appropriate to increase personal identification and improve readability.
- Words are familiar to the reader. Any new words are clearly defined.
- Sentences are simple, specific, direct, and written in the active voice.
- Each idea is clear and logically sequenced (according to the audience logic).
- The number of concepts is limited per piece.
- The material uses concrete examples rather than abstract examples.



- The text highlights and summarizes important points.
- ✓ **Layout**
  - The material uses advance organizers or headers.
  - Headers are simple and close to text.
  - Layout balances white space with words and illustrations.
  - Text uses upper and lower case letters.
  - Underlining or bolding rather than all caps to give emphasis.
  - Type style and size of print are easy-to-read; type is at least 12 point.
- ✓ **Visuals**
  - Visuals are relevant to text, meaningful to the audience, and appropriately located.
  - Illustrations and photographs are simple and free from clutter and distraction.
  - Visuals use adults rather than childlike images.
  - Illustrations show familiar images that reflect cultural context.
  - Visuals have captions. Each visual illustrates and is directly related to one message.
  - Different styles, such as photographs without background detail, shaded line drawings, or simple line drawings, are pretested with the audience to determine which is understood best.
  - Cues, such as circles or arrows, point out key information.
  - Colors used are appealing to the audience (as determined by pretesting).
- ✓ **Readability**
  - Readability analysis is done to determine reading level.

### **Developing Culturally Appropriate Communications**

Culture encompasses the values, norms, symbols, ways of living, traditions, history, and institutions shared by a group of people. Culture affects how people perceive and respond to health messages and materials, and it is intertwined in health behaviors and attitudes. Often, an individual is influenced by more than one culture; for example, teenagers are influenced by their individual family cultures as well as the norms, values, and symbols that comprise teen culture in their locale.

To develop effective health communications, you must understand the key concepts of cultures influencing the intended audience and build that understanding into the communication strategy. Messages must take into account cultural norms in terms of what

is asked (e.g., don't ask people to make a behavior change that would violate cultural norms), what benefit is promised in exchange (in some cultures, community is most important; in others, individual benefit is), and what image is portrayed. The symbols, metaphors, visuals (including jewelry, clothing, and hairstyles), types of actors, language, and music used in materials all convey culture.

While it is important to acknowledge and understand the cultures within an intended audience, developing separate messages for each cultural group is not always necessary or even advisable. For example, when print materials for a state program for low-income people depicted people of only one race, some intended audience members who were of that race felt singled out and said the materials suggested that only members of their racial group were poor. Careful intended audience research can help your program identify messages and images that resonate across groups – or identify situations in which different messages or images are likely to work best.

**According to the federal Center for Substance Abuse Prevention, culturally sensitive communications should:**

- ✓ Acknowledge culture as a predominant force in shaping behaviors, values, and institutions;
- ✓ Understand and reflect the diversity within cultures. In designing messages that are culturally appropriate, the following dimensions are important:
  - *Primary cultural factors* linked to race, ethnicity, language, nationality, and religion
  - *Secondary cultural factors* linked to age, gender, sexual orientation, education level, occupation, income level, and acculturation to mainstream
- ✓ Reflect and respect the attitudes and values of the intended audience; some examples of attitudes and values that are interrelated with culture include:
  - Whether the individual or the community is of primary importance
  - Accepted roles of men, women, and children
  - Preferred family structure (nuclear or extended)
  - Relative importance of folk wisdom, life experience, and value of common sense compared with formal education and advanced degrees
  - Ways that wealth is measured (material goods, personal relationships)
  - Relative value put on different age groups (youth versus elder)
  - Whether people are more comfortable with traditions or open to new ways
  - Favorite and forbidden foods
  - Manner of dress and adornment
  - Body language, particularly when touching or proximity is permitted in specific situations.



- ✓ Are based on concepts and materials developed for and with the involvement of the intended audience. (Substituting culturally specific images, spokespeople, language, or other executional detail is not sufficient unless the messages have been tested and found to resonate with the intended audience. Formative research with audience members takes on added importance when planners and designers have different cultural backgrounds than the intended audience does.)
- ✓ Refer to cultural groups using terms that members of the group prefer (e.g. many people resent the term “minority” or “nonwhite.” Preferred terms are often based on nationality, such as Japanese or Lakota.)
- ✓ Use of the language of the intended audience, carefully developed and tested with the involvement of the audience.

#### 5) Pretest and revise draft materials

Pretesting is a qualitative measure of audience response to a product. It is critical to pretest draft messages and visuals with members of the intended audience.

**Pretesting helps ensure that materials are well understood, responsive to audience needs and concerns, and culturally sensitive. Although funds may not be available for extensive pretesting, some pretesting is essential to ensure that materials are culturally relevant and understandable to the target audience.**

#### Pretesting: What to Test For?

##### ✓ **Comprehension**

- Does the respondent understand what the material is recommending and how and when to do it? Is anything unclear, confusing, or hard to believe? What meaning does the respondent attach to the key words? To symbols and abbreviations? To visuals? Important aspects include:
  - **Suitability of the words used:** “What does the educational piece mean when it says to eat **balanced** meals? How do you do that?”
  - **Distinguishing key details:** “Which vegetables have lots of fiber?”
  - **Meaning or relationship to visuals in text:** “Looking at this picture, how will you cut down on fat in your soups or stocks when cooking?”

##### ✓ **Attraction**

What kind of feelings does the material generate – enthusiasm? Just OK? Or a “turnoff”? For example, “Are the people in the material attractive to you? Is there anything you don’t like about the people (or pictures) in this material? How about the color and layout of the material?”

##### ✓ **Acceptability**

Is the material compatible with local culture? Realistic? Would it offend people in any way? Are the hairstyles, clothing, etc. appropriate?

- **Suitability for both sexes and all ages:** “Is this mostly for men (women)?”
- **Supportive of ethnic practices:** “Do you think your friends or neighbors would be willing to cook foods this way?”
- **Personal involvement or relevance:** Can the respondent see him or herself carrying out the actions called for in the materials?

### Organizing a pretest

Pretesting with low-literate audiences involves some unique logistical considerations. This section discusses some issues to keep in mind while organizing your pretest. (OPWDD

**Note:** Use SANYS?)

### When to Pretest

At either both of these stages of product development:

- Rough draft of copy and graphic concepts using manuscript of the product, with a few examples of potential illustrations.
- Preliminary typeset, laid-out version of the product with rough graphics in place.

### Where to Pretest?

- Clinic/hospital waiting room.
- Doctor’s office.
- Person’s home or group home.
- Community facilities (e.g., church, senior center, day program, etc.)
- Adult Basic Education and English as a Second Language classes.
- Agency/organization’s facilities (e.g., Social Security Office, WIC center, job-training centers).

### Environment

Some researchers believe that it is best to test a product in the same type of environment in which a reader will be using the material. For example, if a person will be reading a factsheet in a noisy, busy clinic, be sure that test readers have the same distractions.

### Methods

- **Individual interviews: (10-20 minutes)**

**Advantages:** Provides “cleanest” results; less chance of one respondent biasing another; good for short materials.

**Disadvantages:** Scheduling may not allow for speedy completion.



- **Group interviews (8 to 10 people; 30-60 mins)**

**Advantages:** Better for longer pieces (booklets, kits); group discussion may elicit valuable information not contained in interview questions.

**Disadvantages:** Need to organize in advance; need a trained group facilitator to conduct; Session must be paced to maintain attention.

### **Developing Effective Web Sites**

A Web site should be graphically appealing and provide information about health issues in an informative manner. Some organizations begin by creating sites that primarily provide information to their stakeholders, employees, or members. To extend outreach, create an additional section in the site to appeal to the intended audience. For individuals, you might want to call this section the “Help Center” and provide a place for users to receive information about a particular topic, participate in online surveys, or download your organization’s information. Many sites contain useful public health information and resources, but too often this information is buried within the site. Keep visitors interested in the site by making it easy to navigate.

To ensure that users will find the site well designed and easy to use, pretest the site as you would any other materials. Usability testing, which tests the site to see how well it helps users meet their goals, is crucial to creating an effective site. The best time to do this testing is as you are developing the site, not after it’s completed. If the site is not yet running on a computer, test using paper or poster board mockups of the pages. Conduct usability testing by having people who represent the intended audience actually sit down and use the site to complete tasks, either by themselves or in pairs. Observe how they interact with the site and ask specific questions once they have completed the tasks.

Their experiences and responses will allow you to improve the site before it is used. If you make major modifications to the site after the usability testing, test again before the site goes live. For more information on usability testing, visit [www.usability.org](http://www.usability.org). Remember, your well-designed and attractive site is useless unless people know it exists. Therefore, consider launching a Web site by conducting both traditional and online media outreach. Online outreach can include alerting search engines such as Google or Yahoo about the site as well as selecting publications that specialize in online issues or exist only online.