

TOOLKIT for Making Written Material Clear
and Effective

SECTION 2: Detailed guidelines for writing
and design

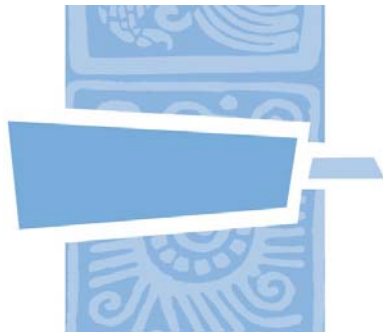
PART 4

Understanding and using the “Toolkit
Guidelines for Writing”

Chapter 4

Guidelines for engaging, motivating, and
supporting your readers

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services



TOOLKIT Part 4, Chapter 4

Guidelines for engaging, motivating, and supporting your readers

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This document is the last of four chapters in Part 4 of the *Toolkit for Making Written Material Clear and Effective*. The Toolkit has 11 Parts. It was written for the Centers for Medicare & Medicaid Services (CMS) by Jeanne McGee, McGee & Evers Consulting, Inc. The guidelines and other parts of the Toolkit reflect the views of the writer. CMS offers this Toolkit as practical assistance to help you make your written material clear and effective (not as requirements from CMS).



Introduction

About the Toolkit and its guidelines

The *Toolkit for Making Written Material Clear and Effective* is an 11-part health literacy resource from the Centers for Medicare & Medicaid Services (CMS). To help you develop or revise your written material, the Toolkit includes detailed guidelines for writing and design. There are 26 guidelines for writing in Toolkit Part 4 and 46 guidelines for graphic design in Toolkit Part 5.

For background on the Toolkit, see Toolkit Part 1, *About the Toolkit and how it can help you*, and Toolkit Part 2, *Using a reader-centered approach to develop and test written material*. For the full list of guidelines for writing and design, and a discussion about how to use them, see Toolkit Part 3, *Summary List of the “Toolkit Guidelines for Writing and Design”*.

About this part of the Toolkit

Part 4 of the Toolkit focuses on the guidelines for writing. There are four chapters in Part 4, each of which covers the guidelines for a different aspect of writing. These guidelines apply to writing various types of material intended for use in printed formats by culturally diverse audiences that include people with low literacy skills (see Toolkit Part 1). (For discussion about material that is read on a computer screen, see Toolkit Part 8, *Will your written material be on a website?*)

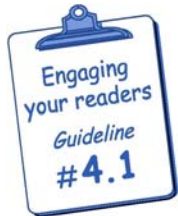
What is this chapter about?

This is the last of four chapters on writing in Toolkit Part 4. It discusses how to apply the guidelines for engaging, motivating, and supporting your readers. These guidelines are shown below in Figure 4-4-a.

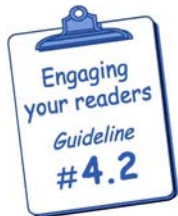
[The other chapters in Toolkit Part 4 cover guidelines for content of your written material (Chapter 1); guidelines for organizing the content (Chapter 2); and guidelines for writing style (Chapter 3).]

Figure

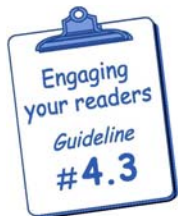
4-4-a. Toolkit guidelines for engaging, motivating, and supporting your readers.



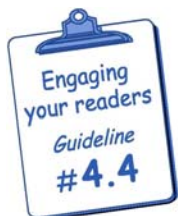
Be friendly and positive. When your messages have a supportive tone, readers will be more receptive, especially if you are urging them to do something difficult or unfamiliar.



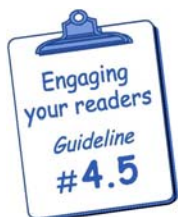
Use devices that engage and involve your readers, such as stories and quotations, questions and answers, quiz formats, and blank spaces for them to fill in. When you get people actively involved with the material, they become more interested and learn more easily.



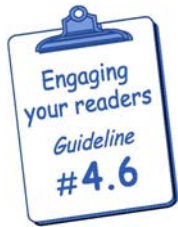
When you give suggestions or instructions, make them specific, realistic, and culturally appropriate for your intended readers. To keep people from feeling frustrated or discouraged, be sure that the behavior you are urging seems feasible to them. If you raise awareness of risks or problems, tell people what they can do about them.



Base your material on information sources that your intended readers will trust. To check on credibility of different sources, ask members of your intended audience and informants.



Match health statistics and similar information as closely as you can to the characteristics of your intended readers and their communities. A close match makes it easier for people to relate to the material.



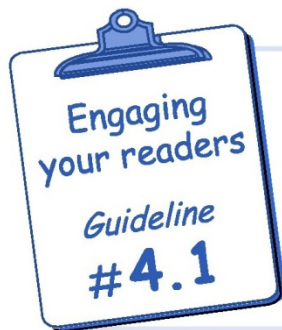
Tell your readers how and where to get help or more information. Make it easy for people to follow up on what they’ve just read by telling them what additional information or assistance is available and where they can get it.



Source: Created for this Toolkit. For more about the guidelines and how to use them, see Toolkit Part 3, *Summary List of the “Toolkit Guidelines for Writing and Design”*.



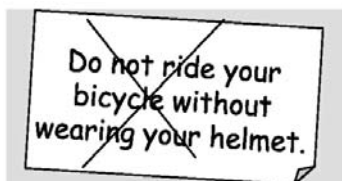
Does the material have a friendly and positive tone?



Be friendly and positive.

When your messages have a supportive tone, readers will be more receptive, especially if you are urging them to do something difficult or unfamiliar.

Often, you can deliver the same message in either a positive or a negative way. If you fill your material with negative wording, such as “don’t...” or “you shouldn’t...” or “you can’t ...” you will dishearten your readers. Instead, foster a more positive and upbeat tone by emphasizing what they *can* or *should* do. Here’s an example:



Frame messages in a positive way



Source: Adapted from *Simply Put* (CDC, 1999:6).

In addition to emphasizing the positive, maintaining a friendly tone is crucial. You will likely lose some readers if the material sounds bossy or seems to talk down to them. To make readers more receptive, write

in a friendly and supportive tone. To illustrate the importance of tone, Figure 4-4-b shows two ways to deliver the same message.

Figure

4-4-b. How would these messages make you feel?

POSTCARD A: How do you think you would react if you got this postcard from your clinic?

Dear Ms. Jones:
Our records indicate that you did not show up the last two times you made an appointment to bring your baby in for a checkup. Your child could be sick and you might not be able to tell. If you have no way to get to the clinic, let us know. Call for an appointment today.

POSTCARD B: 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.

Source: The situation and Postcard B are from Exercise 8 in *Write It Easy-to-Read* (Root & Stableford, 1998) and are used with permission of Sue Stableford. Postcard A was written by Julie Carson as an example for this Toolkit to make a point about tone.

As shown in the examples above, the tone of your writing is influenced by the words you choose and the way you develop your messages. Here are suggestions for creating a friendly and positive tone:

- **Be polite and invitational.** 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 & Stableford, 1998).
- **Use a conversational style.** This means writing the way you might talk with a friend. For more about using a conversational style, see the discussion of Guideline 3.1 in Toolkit Part 4, Chapter 3, *Guidelines for writing style*.

- **Show respect, support, and acceptance of differences.** To make your writing friendly and supportive, be nonjudgmental about your readers’ thoughts, feelings, and behaviors. As shown in the example below, you can put readers at ease by conveying that it’s okay to react to the same situation in different ways:

You’re Pregnant! Congratulations!

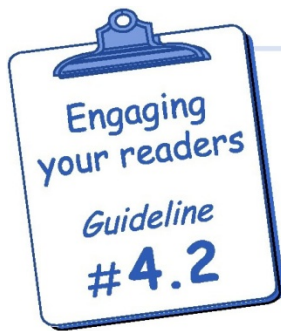
This pregnancy might have come as a complete surprise. Or you might have been planning this baby for a while. Either way, you’re sure to have questions and concerns. Let’s face it, everyone does.



This shows the first page of the introduction in *Baby Basics: Your Month by Month Guide to a Healthy Pregnancy*, a publication of The What to Expect Foundation (see references at the end of this chapter). It sets the friendly, non-judgmental tone that is maintained throughout the book. (Used here with permission.)

- **Personalize the messages if you can.** Ideally, the material should make readers feel that it’s been written just for them. Even if you can’t personalize the writing very much, it shouldn’t have the tone of a form letter or one-size-fit-all.

Use devices to get your readers actively involved with the material



Use devices that engage and involve your readers, such as stories and quotations, questions and answers, quiz formats, and blank spaces to fill in.

When you get people actively involved with the material, they become more interested and learn more easily.

Reading tends to be a passive activity, and readers’ minds can wander. To keep your readers’ attention and help them learn, use devices that get them actively involved with the material. You can add stories and vignettes to make the material come alive. Dialogues and quotations help personalize the content by using someone’s words. Question and answer formats, and quiz formats such as true-or-false, get readers involved in learning the answers. Devices that invite readers to fill in information or take notes get them actively involved with using the material.

Whatever the device, the purpose is the same: to engage your readers so effectively they assimilate the material and apply it to their lives. When you pique their curiosity and get them more personally invested in what you are telling them, your material becomes persuasive and compelling.

Questions and answers

Question and answer formats (Q & A) can be very effective, because readers come to your materials looking for answers to their questions. The trick is to **pose your questions carefully**, so that they match your readers’ personal interests, and to **provide the answers right away** so that readers don’t have to search for them.

You can adapt the Q & A approach to suit your needs. For example:

- **The simplest application of Q & A is to write a heading in the form of a question.** It’s okay to mix headings that are posed as questions and headings that are not. Instead of forcing all headings into the form of questions, fit your headings to the content.
- **You can also use Q & A to give the details about a topic, answering specific questions that typically arise.** For example, suppose that your material is about Medicare coverage of skilled nursing care. Since it can be hard for readers to understand and apply general discussions of coverage, it may help to use a series of questions and answers about real-life situations as an explanatory device. When you write the scenarios, you can incorporate issues or circumstances that you know are confusing to your readers, and then use the answer to clear up misunderstandings.
 - For example, you could write a scenario that begins: *Mr. Talbot had hip replacement surgery, and was discharged from the hospital to a skilled nursing facility.* Then you would add details, such as how long he stayed in the skilled nursing facility and the type of care he got during that stay.
 - Then you would end the scenario with a question: *How many days of skilled nursing care will Medicare cover for Mr. Talbot?* The answer that follows can go into the details about how the rules about coverage apply to this situation.

Here are tips for using Q & A in your materials:

- **Expect your readers to be selective about which parts they read:** Q & A makes it easy for readers to skim quickly through the material to find information they care about – *and skip over parts they don’t.*
- **Be cautious about using Q & A for core content that you want everyone to read.** If a question doesn’t appear salient, people may skip over the answer and miss some of your most important points.
- **Use informative headings for your questions and answers.** If you are writing for the public, avoid popular abbreviations such as “Q & A” or “Frequently Asked Questions” or “FAQ.” While you are familiar with these abbreviations, many of your readers may not be. FAQ is computer jargon, and many people who lack computer access – especially older people – would find it quite bewildering. Even when readers know the meaning of Q & A or FAQ, a heading such as “Answers to Questions about Coverage for Skilled Nursing Care” is more informative.

Quiz formats such as true-or-false

Quiz formats expand on the basic Q & A approach by giving answer choices and asking readers to say which is correct. Much like Q & A, quiz formats can work well as a device for discussing widely-held beliefs, clearing up common misunderstandings, and providing answers to typical questions a reader may have. There are many ways to use them in your materials. The next two figures give examples:

Figure

4-4-c. Example of a true-or-false form.

The example below is the answer key to a brief quiz about exercise. To get readers involved, you would show the questions first, so that readers could mark them, and then give the answer key. The answer key in this example shows how you can expand on the answers to get your main points across.

True or false?

For most adults, doctors recommend 30 minutes of physical activity at least five days a week. But what does this mean?

1. It has to be vigorous exercise, such as playing tennis, or working out in a gym. True False

The truth is that “physical activity” can be vigorous, such as jogging or swimming laps, but it doesn’t *have* to be. **Just about anything that gets you moving can count as physical activity.** This includes taking a brisk walk around your neighborhood, working in your garden, or playing actively with your grandchildren.

2. You have to exercise 30 minutes without stopping. True False

The truth is that **you can break up your 30 minutes of physical activity** into pieces that work for you. For example, you could take a 20-minute walk in the morning and a 10-minute walk later in the day.

Source: This example is based on text from *Creating Communities for Active Aging: A Guide to Developing a Strategic Plan to Increase Walking and Biking by Older Adults in Your Community* (2001:6), U.S. Department of Transportation, National Highway Traffic Safety Administration Partnership for Prevention. Adapted and reformatted for this Toolkit.

Figure

4-4-d. A variation on true-false that says, “You may have heard.”

You May Have Heard

“Your labor will be just like your mom’s.

Too bad hers lasted for 2 days.”

Every pregnancy, and every labor, and every delivery is different. Your labor will be as long or short, as easy or hard, as it is. There’s no way to predict. And no way to blame your mother for this one.

**“Get your hair styled before you go into labor,
so the baby comes out with hair.”**

Well, if it will make you feel better—get a nice shampoo or a cut. But don’t expect a full head of hair on delivery day. Some come out bald, others are hairy, but either way, you’ll probably think your baby has just the right style.”

**“My mother said it was important to pick a
baby’s name that came from my family.”**

Will you name her after a favorite relative? What about naming him after a famous president? Or using a traditional name from your culture or religion? You may already have a name picked out. Or you may want to wait until you meet the baby to pick a name.

“If you can’t breastfeed, the baby won’t know you’re his or her mother.”

Of course your baby will know you – from your smell, your voice, and your touch.

So if you can’t breastfeed, don’t worry. But do bond with your baby. Hold the baby close to your skin about the distance from your breast to your face.

For a while the baby can only focus from about 18 inches away.

Source: *Baby Basics: Your Month by Month Guide to a Healthy Pregnancy*, a publication of The What to Expect Foundation. Courtesy of Lisa Bernstein, Executive Director, The What to Expect Foundation, 144 W. 80th Street, New York, NY 10024, (212) 712-9764. To learn more about this book and about the Baby Basics Prenatal Health Literacy program visit <http://www.whattoexpect.org>.

Stories and vignettes

Stories are powerful ways to explain the consequences of behaviors and make the action you want people to take very clear and logical. These devices can be very effective because they personalize your material with 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.

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. For more about the power of stories, how to use them, and examples, see the following resources: *Health Literacy from A to Z* by Helen Osborne (2004); *Storytelling as Best Practice* by Andy Goodman (2003); “The power of conversation: All social change begins with a conversation” from the book *Turning to One Another* by Margaret Wheatley (2002); and *Caring for Patients from Different Cultures: Case Studies from American Hospitals* by Geri Galanti (1997).

A vignette is like a story, but without a 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 story helps get readers interested and engaged in the subject matter and is likely to be much 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 [CSAP], 1994:3-4).

Dialogues and brief quotations

You can incorporate dialogue into your written materials in different ways for different reasons:

- **You can use dialogue or quotations 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). To write convincing dialogue, listen to the words your intended readers use. You can get inspiration by paying attention to the words and examples they use in focus group discussions or feedback sessions (see Toolkit Part 6, *Methods for testing written material with readers*). You can also get readers actively involved in creating materials (see, for example, Rudd & Comings, 1994).
- **You can use dialogues or quotations as scripts to coach readers on what to say.** When you tell readers to do something, especially if it’s something hard, try suggesting some words they might use. Here’s an example that uses a quotation to coach readers on what to say:

How to talk to a friend or relative

“I know it’s hard when you don’t smoke, but I know you care about our health. I’d like to ask you to smoke outside. I don’t want to hurt your feelings, but this is really important.”

Source: This text is from *One Of The Best Things You Can Do For Your Kids*, a brochure developed by the State of Washington Department of Health. Used with permission.

You can also use dialogues or quotations as expanded explanations. Here is an example from a booklet on dental care that shows a dialogue between two mothers:



Source: Excerpt from page 3 of *A Healthy Mouth for Your Baby*, by the National Institute of Dental and Craniofacial Research. See end of this chapter for more information.

- **You can use dialogues or quotations to engage your readers and reinforce a friendly and supportive tone.** Figure 4-4-e shows two examples that appear on a single page of a booklet by the National Cancer Institute (NCI) called *Taking Time: Support for People with Cancer*. Near the top of the page is a proverb, and near the bottom of the page is a quotation.

Figure 4-4-e. Using proverbs and quotations.

From the NCI booklet titled “Taking time: support for people with cancer”

The diagram shows a page from a booklet titled "Taking time: support for people with cancer". The page is labeled "Page 39". Two callouts point to specific text on the page:

- A proverb:** "To know the road ahead, ask those coming back." —Chinese Proverb
- Quotation from a support group participant:** "As one woman said, 'I can't tell you what a pleasure it was when I first sat down with other cancer patients and heard my own fears, furies, and joys coming from their lips. You can be completely honest with these people. I'd leave some of these sessions almost dizzy with relief.'"

Source: National Cancer Institute, National Institutes of Health, *Taking Time: Support for People with Cancer*. NIH Publication No. 09-2059, Revised July 2009, Reprinted September 2009, Bethesda, MD. <http://www.nci.nih.gov/cancertopics/takingtime>.

Giving readers blanks to fill in

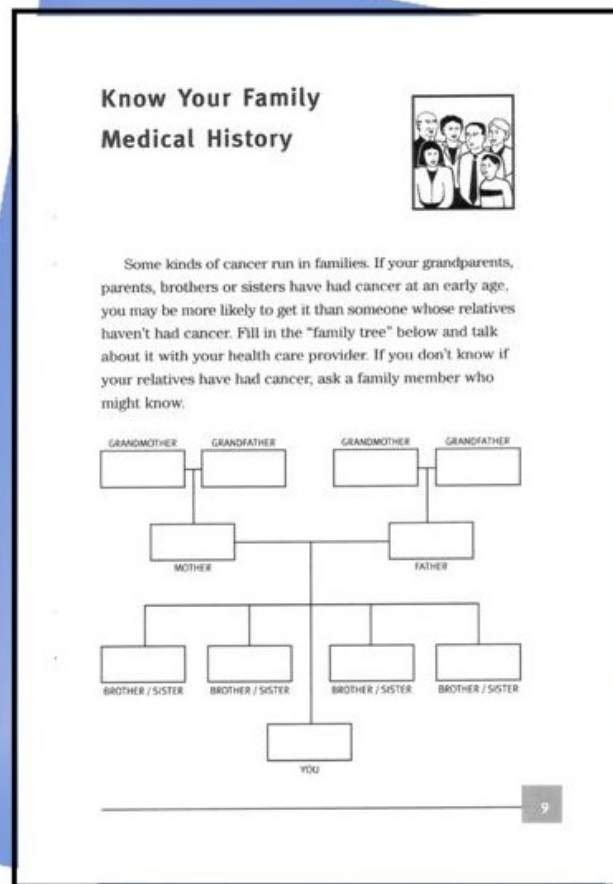
Giving readers places to fill in gets them actively involved with learning and applying the information in your material. One way is to put some blank lines in the material and invite readers to take notes. While you could write a general heading for these blank lines, such as “Notes,” a more specific heading will probably work better to get people to write something down.

Some materials consist mostly or entirely of forms for people to fill in. Examples are application forms and wallet cards with spaces for people to list the medicines they take and other personal medical

information (see Toolkit Part 5, Chapter 8, *Guidelines for forms and questionnaires*). There are other ways to get readers involved with the material by giving them places to fill in their own personal notes or information. Figure 4-4-f gives an interesting example.

Figure

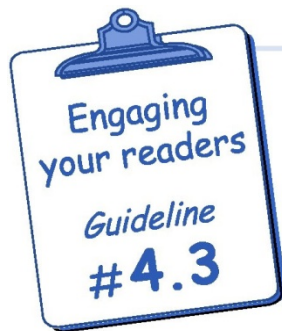
4-4-f. Giving readers a family tree diagram to record their medical history.



Source: *Passport to Health: A Guide to Staying Well* (2000). Developed by World Education, Inc., with funding from the Centers for Disease Control and Prevention. World Education Inc., 44 Farnsworth St., Boston, MA 02210. <http://healthliteracy.worlded.org/heal/passport/>. Used with permission.



Are instructions specific and culturally appropriate?



When you give suggestions or instructions, make them specific, realistic, and culturally appropriate for your intended readers.

To keep people from feeling frustrated or discouraged, be sure that the behavior you are urging seems feasible to them. If you raise awareness of risks or problems, tell people what they can do about them.

Be specific

If your materials give vague instructions or advice, you put the burden on your readers to figure out what you mean and how they should apply what you have said. To encourage and guide your readers, be specific.

The book, *Teaching Patients with Low Literacy Skills* (Doak, Doak, & Root, 1996), provides examples and helpful advice on how to be specific in patient education materials. Their advice applies to administrative procedures as well. 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). The “Ask Me 3™” campaign is another example. It coaches patients on questions to ask when they go to the doctor.

Be realistic

To empower your readers, be *realistic* as well as specific in what you suggest or tell them they should do. Any behavior change or action you urge needs to be something that your readers may believe they can do. Asking them to do something they can’t envision doing will discourage them and could even cause them to reject everything else you say.

Here are some tips about gearing your suggestions and advice to people’s capabilities:

- **When something is hard to do, say so, and offer support.** You can acknowledge and reinforce people’s good intentions. For example, you can tell smokers who are trying to quit to keep trying, and then offer reassurance about how most people need to make repeated attempts before they quit for good.
- **Offer options for transition to a new behavior.** For example, suppose your materials tell people how to reduce the amount of salt they eat. Readers will find the advice more palatable if you explain how to phase in their new eating habits rather than telling them to make all of the changes immediately. Materials that encourage physical activity might give guidelines for gradual increasing the amount of activity over a period of time.
- **Suggest compromises for behaviors that are highly resistant to change.** For example, suppose that your material explains how to reduce children’s asthma attacks by controlling their exposure to pet dander. Even though their health would benefit, it’s unrealistic, not to mention cold-hearted, to tell children they must give up a beloved pet. Instead, the material could suggest ways of reducing exposure such as keeping the pet out of the child’s bedroom, and shampooing it regularly. It could also warn against getting new pets with dander.

Be cautious about messages based on fear

Health promotion materials often discuss health risks, hoping to make people feel vulnerable and therefore more receptive to changing their behavior. But this approach can backfire if the threat part of the message comes across more strongly than the healthy behavior solution (NCI, 2002). For example, readers might conclude that there’s nothing they can do to prevent heart disease, cancer, or high blood pressure, and fatalistically continue their bad habits.

Here are two suggestions:

- **If you raise awareness of risks or problems, give people a way to follow-up.** For example, in material that warns about breast cancer, it’s logical to include explicit instructions about self-examinations, as well as advising regular checkups and mammograms.
- **If you include messages based on fear, be sure to test them thoroughly** with members of your intended audience.

Be culturally appropriate

When you are urging particular behaviors, take into account the cultural and linguistic practices of your intended readers. When you give culturally appropriate suggestions, you make it easier for readers to relate to the material and understand what it means, and easier for them to act on what you have advised.

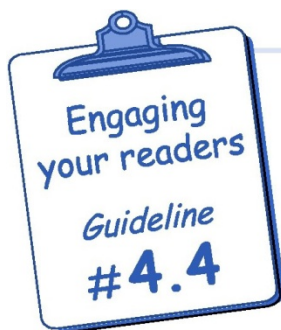
For example, materials that deal with nutrition should reflect the usual eating habits of the intended readers. Be aware of the diversity among your intended readers and make adaptations as needed so that they can easily relate to the material:

- **Food choices.** The food pyramid diagram typically includes a few examples of foods in each food group. Often, these pictures reflect a narrow definition of a western diet. To make a food pyramid culturally appropriate, you may need to expand the examples of foods that are pictured.
- **Cooking practices.** Material with dietary instructions for Hispanics/Latinos who have diabetes provides another example. 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 to prepare foods (Health Promotion Council).

Besides making people more receptive, giving culturally appropriate instructions can help prevent medical error. To give just one example, instructions for taking a “teaspoon of medicine” need to take into account the possibility that Asian or Asian American households may have spoons that are much larger than a measuring teaspoon.



Do readers trust the information sources?



Base your material on information sources that your intended readers will trust.

To check on credibility of different sources, ask members of your intended audience and informants.

People tend to reject information that comes from a source they do not trust. Some information sources may have little credibility with your audience, while others will be viewed as quite trustworthy. For example, consumers tend to be skeptical when a health care organization describes its own quality of care. Studies suggest that consumers typically prefer to get information about health care quality from a neutral third party (McGee, Sofaer, & Kreling, 1996; Lubalin & Harris-Kojetin, 1999). For example, they are

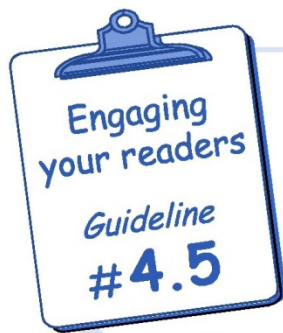
more likely to trust quality information if it comes from the Medicare Program rather than from an individual hospital, nursing home, or health plan.

A report on Medicaid outreach to communities in Washington State provides another example about credibility of information sources. This report made recommendations about ways to improve outreach to African Americans, Asians and Pacific Islanders, Hispanics /Latinos, Native Americans and Alaskan natives, and Russian-speaking communities. Here are a few of their suggestions (Washington State Health Care Authority, 1996:26): (1) Request an endorsement from the Korean consulate for advertisements targeted to the Korean community; (2) secure some type of tribal endorsement for materials distributed to Native American/Alaskan native tribe members; (3) work 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.

For the best guidance on readers’ likely reactions to information sources you are considering, consult members of your intended audience and key informants.



Can readers relate to the health statistics you give?



Match health statistics and similar information as closely as you can to the characteristics of your intended readers and their communities.

A close match makes it easier for people to relate to the material.

Whenever you can, use statistics that are the most meaningful to your intended audience—ones that match their sex, age, ethnicity, locale, and other characteristics. If your audience can relate personally to your facts, your piece will be more persuasive. For example, if you are writing for teenagers who are pregnant, statistics about low birth weight babies will be more meaningful if they are based on babies born to teenagers rather than on birth rates in general.

It can be a challenge to find information that describes your audience, because national and regional data may not have the level of detail you need to match the groups you are trying to reach. But for some audiences and some health conditions, there are sources of detailed information. For example, there are websites with health statistics, some of which have interactive features that let you define the subgroups

you need. Below are four websites to check. To find others, try doing a key word search on the Internet, including key words to describe the type of data you need and the audience you are trying to reach.



<http://www.healthfinder.gov>

See the home page on this government website. You can make selections based on demographic categories (men-women, age groups, race-ethnic groups) and other categories such as people with disabilities and groups based on roles (examples are parents, caregivers, community leaders, health professionals).



<http://apps.nccd.cdc.gov/gisbrfss/>

You can create, save, and print maps for states and metropolitan areas for a variety of health-related risk factors using "BRFSS Maps" at the Behavioral Risk Factor Surveillance System (BRFSS) website. Using mapping technology and results from the periodic national BRFSS surveys, this website lets you compare prevalence data for states, territories, and local areas.



<http://www.health.gov/communication>

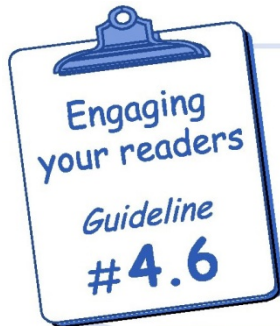
The federal office of Disease Prevention and Health Promotion (ODHDP) Prevention Communication Research Database (PCRD) gives you access to federally sponsored audience research reports on key prevention topics. PCRD topic areas include asthma, arthritis, cancer, diabetes, healthy eating and nutrition, heart disease and stroke, obesity, physical activity, substance abuse, tobacco use, youth risk-taking behaviors, and preventive measures to address these issues.



<http://www.nwlc.org>

The National Women’s Law Center and Oregon Health Sciences University produces reports called *Making the Grade on Women’s Health: A National and State-by-State Report Card*. These reports assess the overall health of women at the state and national level by examining indicators of women’s health status and state policies that can contribute to improving women’s health. You can download or order this report at the website, which also has fact sheets.

Does the material say how to get help or more information?



Tell readers how to get help or more information.

Make it easy for people to follow up on what they've just read by telling them what additional information or assistance is available and where they can get it.

When they finish reading your written material, some people may have questions or want to learn more. Make it easy for them to follow up by including contact information in your materials. Also, tell about other versions of the material that are available, and about any additional help you can offer. Here are some suggestions:

- **Be specific about what's available.** Help readers know what additional help or information is available by describing the specific types of help they can get. For example, can they call a helpline? Order publications? Go in to an office and talk in person?
- **If appropriate, offer multiple ways for people to get help or more information,** such as phone, mail, website, 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.
- **Make the information about where to get help or more information easy for people to find.** For example, repeat the help line information in different parts of the material, especially if people are going to use it for reference. Remember that some people read material randomly—opening the middle, reading from the back, skimming, etc., so make it easy for them to find information they need to follow up.
- **If the material is available in alternate formats or other languages, tell your readers how to get it.** Put this notice in a prominent place, preferably on the cover: people who need an alternate format (such as large print or audio) or different language need to know at first glance that the version they need is available. If you put it inside or on the back, they will

probably not see it. For more on this topic, see Toolkit Part 11, *Understanding and using the Toolkit Guidelines for culturally appropriate translation*.



End notes

Thanks to Julie Carson and Mark Evers for their contributions to this chapter.

References cited in this chapter

Ask Me 3™

Ask Me 3™ is a trademark licensed to the Partnership for Clear Health Communication, 1615 L Street, NW, Suite 1000, Washington, DC 20036, <http://www.npsf.org/askme3/>. Affiliated with the National Patient Safety Foundation (NPSF).

CDC (Centers for Disease Control and Prevention)

- 1999 *Simply put*. Second edition. Centers for Disease Control and Prevention, Office of Communication, Atlanta, GA. http://www.cdc.gov/DHDSP/cdcynergy_training/Content/activeinformation/resources/simpput.pdf (accessed July 13, 2010).

CSAP (Center for Substance Abuse Prevention)

- 1994 *You can prepare easy-to-read materials*. Technical Assistance Bulletin, September 1994. Developed and Produced by the CSAP Communications Team. Patricia A. Wright, Ed.D., Managing Editor. Distributed by the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, <http://ncadi.samhsa.gov/govpubs/MS499/>. For other Technical Assistance Bulletins, see <http://ncadi.samhsa.gov/>.

Doak, Cecilia C., Leonard G. Doak, and Jane H. Root

- 1996 *Teaching patients with low literacy skills*. Second edition. Philadelphia: Lippincott. (Now out of print, this publication is available to read and download at no charge at the following website: <http://www.hsph.harvard.edu/healthliteracy/resources/doak-book/>.)

Galanti, Geri-Ann

- 1997 *Caring for patients from different cultures: Case studies from American hospitals*. Second edition. Philadelphia: University of Pennsylvania Press.

Goodman, Andy

- 2003 *Storytelling as best practice*. Available from A Goodman, 444 North Larchmont Blvd., Suite 102, Los Angeles, CA 90004. See <http://www.agoodmanonline.com/red.html>.

Health Promotion Council

260 South Broad Street, Philadelphia, PA 19102. Telephone (215) 731-6150. Visit online at <http://hpcpa.org/>.

Lubalin, James and Lauren Harris-Kojetin

- 1999 What do consumers want and need to know in making health care choices? *Medical Care Research Review*, 56, 67-102.

McGee, Jeanne, Shoshanna Sofaer, and Barbara Kreling

- 1996 *Final report: Findings from focus groups conducted for the National Committee for Quality Assurance Medicare and Medicaid Consumer Information Projects*. Report to the National Committee for Quality Assurance. Washington, DC. July 1996.

NCI (National Cancer Institute, National Institutes of Health)

- 2002 *Making health communication programs work*. National Cancer Institute, National Institutes of Health (NIH), Public Health Service, U.S. Department of Health and Human Services, NIH Publication No. 02-5145, revised December 2001 reprinted September 2002. <http://www.cancer.gov/pinkbook>.
- 2009 *Taking time: Support for people with cancer*. NIH Publication No. 09-2059, revised July 2009, reprinted September 2009, Bethesda, MD. <http://www.nci.nih.gov/cancertopics/takingtime>.

NHTSA (National Highway Traffic Safety Administration, U.S. Department of Transportation)

- 2001 *Creating communities for active aging: A guide to developing a strategic plan to increase walking and biking by older adults in your community*. NHTSA Partnership for Prevention.

NIDCR (National Institute of Dental and Craniofacial Research, National Institutes of Health)

- 2005 *A healthy mouth for your baby*. National Institute of Dental and Craniofacial Research, National Institutes of Health (NIH), U.S. Department of Health and Human Services, Bethesda, MD. NIH Publication No. 08-2884, reprinted July 2008. For more information, contact nohic@nidcr.nih.gov, visit <http://www.nidcr.nih.gov/>, telephone 1-866-232-4528, or visit the following website: http://www.nidcr.nih.gov/NR/rdonlyres/F85B0289-E7DB-419B-88E6-55495E21664C/14660/HealthyMouthBaby_Eng1.pdf.

Osborne, Helen

- 2004 *Health literacy from A to Z: Practical ways to communicate your health message*. Sudbury, MA: Jones and Bartlett (see also <http://www.healthliteracy.com>).

The provider’s guide to quality & culture

This website is “designed to assist healthcare organizations throughout the US in providing high-quality, culturally competent services to multi-ethnic populations.”
<http://erc.msh.org/qualityandculture> (accessed September 8, 2006).

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. Visit <http://www.healthliteracyinstitute.net/>.

Rudd, Rima and John P. Comings

1994 Learner developed materials: An empowering product. *Health Education Quarterly*, 21 (3), 313-327.

The What to Expect Foundation

Baby basics: Your month by month guide to a healthy pregnancy. The What to Expect Foundation, 211 West 80th Street, Lower Level, New York, NY 10024. (212) 712-9764.
http://www.whattoexpect.org/baby_basics/.

Wheatley, Margaret

2002 The power of conversation: All social change begins with a conversation. From Margaret J. Wheatley, *Turning to one another: Simple conversations to restore hope to the future*. San Francisco, CA: Berrett-Koehler Publishers, Inc. Visit <http://turningtooneanother.net/>.

World Education

2000 *Passport to health: A guide to staying well*. World Education, Inc., 44 Farnsworth St., Boston, MA 02210-0211, <http://healthliteracy.worlded.org/heal/passport/>. Visit <http://www.worlded.org/WEIInternet/>.

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