

ASIANS OR PACIFIC ISLANDERS

Developing Effective Cancer
Education Print Materials





Asians or Pacific Islanders: Developing Effective Cancer Education Print Materials
is a publication of the Susan G. Komen for the Cure.

Breast Care Helpline:
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Foreword

Susan G. Komen for the Cure, credited as the nation's leading catalyst in the fight against breast cancer, has long been committed to research and education. Its mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening and treatment. With this goal in mind, the Komen Affiliates raise millions of dollars each year for local education and screening programs and for major national research fellowships and grants.

In its efforts to provide breast health information for all women, Komen commissioned the production of guidelines for culturally relevant educational materials designed for medically underserved audiences. To develop these guidelines, we identified and enlisted the aid of prominent authorities among each of the underserved populations targeted. Experts on the panel contributed valuable information and insight to this project.

Breast cancer, the most common form of cancer among women in the United States, is second only to lung cancer in cancer deaths among women. It is generally accepted that widespread adoption of screening behaviors (regular mammograms, clinical breast exams, and breast self-exams) can significantly reduce breast cancer mortality and suffering. Efforts of Komen and other organizations have increased knowledge of screening activities and their benefits among many Americans. Unfortunately, this message still has not reached some significant segments of women in our country.

The purpose of these guidelines is to assist organizations in tailoring cancer education print materials to specific audiences that have received insufficient or inadequate information in the past. It is certainly not our intention to publish a comprehensive set of principles that would apply to every American woman, or even to all women in a particular racial, ethnic or cultural group. Moreover, it is our expectation that these guidelines will be used in conjunction with other publications available through public and private sources to produce culturally sensitive and appropriate materials and to highlight the importance of breast health to all women.

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The entire project involved the support and counsel of health professionals with extensive experience in working with Asian or Pacific Islander audiences on cancer prevention and control activities across the United States.

Introduction

This Guide and the Underserved Asian or Pacific Islander Audience

About the Guide

Purpose: This guide is intended to provide, in a concise and clear manner, key principles for tailoring cancer education print materials to Asian or Pacific Islander readers. While these guidelines are not comprehensive, they are easy to follow and address specific health needs of medically underserved Asian or Pacific Islander audiences.

Development: In preparing this guide, a panel of experts reviewed samples of existing public health print products aimed at Asian or Pacific Islanders. Their assessments identified aspects of the materials that influence print-product effectiveness among Asian or Pacific Islander readers. In addition, this advisory committee made significant contributions to the material included in this guide. The support and direction of this expert panel made this effort possible.

Intended Audience: Anyone engaged in producing print materials for medically underserved audiences will likely find this guide helpful. This includes program officers, educators, writers, designers, information disseminators and others collaborating on health education and promotion projects. These guidelines should further sensitize individuals and organizations to the rigors of creating effective educational materials.

The guidelines are based on the following assumptions:

- That appropriate materials do not exist, so new materials need to be created.
- That you are able to access those with the skills necessary to develop the product.
- That not all education materials are meant to be widely distributed or last forever.

It is expected that other resources, such as the National Institutes of Health (NIH) publication *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers* located on the web at <http://www.cancer.gov/cancerinformation/clearandsimple>, will be consulted for more detailed guidance in producing quality, user-friendly print products. While the NIH publication focuses on general principles, this guide builds upon these concepts to help customize materials for a more specific audience: the underserved Asian or Pacific Islander community.

Diversity of the Asian or Pacific Islander Population

In approaching the subject of Asians or Pacific Islanders, we must be ever mindful that this is not a homogeneous population. Differences in culture, lifestyle, philosophy, attitude, behavior, education, income — indeed, the full spectrum of life experience — are represented under the umbrella term “Asian or Pacific Islander.” In addition, heritage, origins and geographic location strongly influence this country’s various Asian or Pacific Islander population groups. To develop breast health materials for a particular Asian or

Pacific Islander audience, be aware of the full range of diversity within this population. **It is also helpful to remember that the purpose of these guidelines is to assist in tailoring breast health materials for women who are medically underserved.** This segment of the population — regardless of other distinctions — may reflect very different values, circumstances, cultural influences, belief systems and education levels. Obviously, it is important that all Asian or Pacific Islander women receive regular screening. However, since the more affluent population may have a wider range of education and screening opportunities, this guide will focus on development of educational materials directed at less affluent Asian or Pacific Islander women, who have traditionally been provided insufficient or inadequate breast health information.

General Demographics

In 2002, 12.5 million people or 4.4 percent of the population traced their origins to the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands live in the United States.¹ Among Asians, the three largest ethnic groups are those from China, the Philippines and Japan, while Hawaiians comprise the largest Pacific Islander group.² Asian Indians, Koreans and Vietnamese also make up a significant proportion of Asians in this country. All together, the U.S. Census collects data on 24 Asian or Pacific Islander ethnic populations. Compared to this country's Caucasians, this is a young, fast-growing group.³

Breast Cancer Prevalence

Among Asian or Pacific Islander women, breast cancer incidence (97.2 per 100,000) and mortality rates (12.5 per 100,000) are lower than Caucasian and African American women.⁴ Incidence and mortality rates vary from group to group. However, aggregate data may mask the fact that for particular subgroups, such as immigrants, native Hawaiians, the economically disadvantaged and the elderly, breast cancer incidence and mortality risk may be higher. For Asian Americans who immigrated to the United States at least a decade ago, the risk of breast cancer is 80 percent higher than that of new immigrants. For those born in the U.S., breast cancer risk is similar to that of Caucasian women.⁵

The proportion of women over 39 years old who have never received a mammogram are reportedly higher among Asians or Pacific Islanders than among Caucasians. Higher rates are also reported for Asian or Pacific Islander women over 40 who had not been similarly screened for breast cancer within the past two years.⁶ Asian American and Pacific Islander women have the lowest rates of screening of any ethnic group in the U.S.⁷

Challenges to Breast Health

To be effective, programs encouraging health promotion and screening compliance must address the social, economic, cultural and other barriers faced by underserved populations. For Asians or Pacific Islanders, language is perhaps the most significant barrier to mainstream medical care. Within these groups, more than 30 different major languages are spoken, read and written. At home, two out of every three Asians or Pacific Islanders speak a non-English language, according to 1990 census demographic data.⁶

Moreover, a significant percentage of this population, particularly those from Southeast Asian countries, exhibit limited English proficiency. Other health care barriers for some Asians or Pacific Islanders include mistrust of and lack of familiarity with Western medicine, as well as reliance on traditional treatment modalities, such as acupuncture and herbal remedies. Among some groups, individuals will only seek Western care when symptoms are present.

Communicating Health Messages to Asians or Pacific Islanders

Studies have shown that one of the most effective and efficient ways to communicate breast health information to underserved groups, such as specific Asian or Pacific Islander audiences, is through low-cost, culturally relevant, concise and easily understood educational materials. Several members of the expert panel that contributed to these guidelines agreed that such materials produced locally with the aid of local health and communication experts would be more effective than those developed regionally or nationally. Those experts also said they believed that appropriate illustrations and format were the most significant ingredients in the likelihood of print materials being used in Asian or Pacific Islander groups.

Language is clearly a major consideration for those producing health promotion materials for Asian or Pacific Islander audiences. For effective print materials, proper and accurate translation is a must. Indeed, the best solution to this problem may be to write copy “in-language” and avoid translation altogether. However, the challenges aren’t limited to language translation. Literacy level of the audience must be addressed, as well as the beliefs, attitudes and knowledge demonstrated by various ethnic groups with regard to disease and health issues in general, and cancer in particular. The more specific the language and visuals are to the intended audience, the more effective your materials are likely to be. In short, print products that successfully convey the desired message must be carefully tailored in every aspect of wording, graphics and design.

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Step 1: Identifying Your Intended Audience

Define the population you want to reach.

Numerous distinctions characterize the wide-ranging ethnic groups that comprise Asian or Pacific Islander populations. The print materials you produce for one group will certainly vary, either subtly or extensively, from those developed for any other group.

Differences in demographics (i.e., age, sex, geographic location, education and income) and other factors (i.e., attitudes, behaviors, values, beliefs and opinions) will help define the particular Asian or Pacific Islander audience you're attempting to reach. The more you know about your audience, the better you will be able to adapt your materials.

Tailor your materials.

If your print materials are to achieve optimal effectiveness, each reader should feel that your product was developed with him or her in mind. For this reason, cultural sensitivity and relevance should be guiding factors behind any materials you produce for Asians or Pacific Islanders.

What is the role of cultural sensitivity in selecting and developing print materials? It is recognizing the range of characteristics inherent to your particular audience, and then using familiar language, sensitive graphics and appropriate situations to acknowledge those distinctions. The most valuable input regarding your intended audience will be provided by representatives of that audience. Their participation in all phases of material development is critical to the usefulness and relevance of the finished product.

Any discussion of health topics is very personal; awareness of your Asian or Pacific Islander audience's unique perspective will make readers more at ease with the subject and more receptive to your message. This guide will assist you in preparing, producing and selecting sensitive, thoughtful and appropriate materials.

Step 2: Researching Your Audience

Check existing sources of information.

The more you know about the people you are trying to reach, the easier it will be to design educational materials that communicate the appropriate message. For example, it is important to research cancer-related statistical data specific to Asian or Pacific Islanders. First, locate sources that already have useful information, such as:

- Libraries, Internet databases (i.e., U.S. Census, Cancer Registries, National Library of Medicine)
- Government agencies (i.e., National Cancer Institute, Centers for Disease Control and Prevention, Health Research Services Administration, Office of Minority Health Resource Center)
- Health statistics from hospitals and health clinics
- Local health departments and state agencies
- Non-profit organizations or local cancer centers (e.g., local Komen Affiliate)
- Health science centers, medical schools, schools of public health
- Local American Cancer Society (ACS) units or state divisions
- Community-based organizations serving Asian or Pacific Islanders

Pay special attention to discussions regarding your audience's perceptions of the severity of breast cancer, their sense of personal risk of developing breast cancer, the barriers that prevent them from reducing their risk and the benefits identified by those who have reduced their risk.

The more you know about the people you're trying to reach, the better your educational materials will be at delivering your message.

Conduct your own research.

After locating as much existing research as possible on the particular Asian or Pacific Islander community, it's time to launch your own search for additional — and much more specific — information. For example, when discussing breast self-examinations, be aware that touching one's own body may not be as acceptable among certain Asian or Pacific Islander groups as it is in other communities.

Start by taking a close look at the needs of your readers to ensure that the materials you develop are appropriate. You may need to conduct audience interviews and surveys to refine collected information about the experiences, attitudes and behaviors of this particular population. Other useful information regarding the content and/or visual appearance of your materials can be obtained by studying existing health-promotion, consumer-oriented and other print products aimed at Asians or Pacific Islanders. If you believe these may be useful, obtain feedback from advisers or group interviews.

Work with other groups.

While conducting your own research, keep in mind other groups or organizations whose goals might coincide with yours. Examples include:

- Private and non-profit foundation
- Breast health organizations and coalitions
- Asian and Pacific Islander organizations and coalitions
- Federal and state government agencies
- Cancer Information Services
- Religious organizations
- Public health departments, community clinics and public hospitals

**A listing of specific groups and organizations can be found in the Breast Health Resource section of this guide

Combining forces on a joint project saves time and money. Moreover, working with ethnic community agencies, organizations, churches and/or community gatekeepers from the start will help you develop effective materials and establish a network that can assist with dissemination of materials.

In communicating with other organizations, you should learn about both their long-term and short-term goals. It's also helpful to determine the nature of their interest in breast health. This could improve your own strategic planning and prevent unnecessary duplication of resources. Joint efforts may lead to larger goals of social change.

Before collaborating, however, be sure that your intended audiences are indeed similar; this will help guarantee the appropriateness of your materials. Be aware of differences in Asian or Pacific Islander philosophies and lifestyle behaviors, such as:

- Variety of traditional folk medicines among different groups
- Lifestyle distinctions between populations from different countries
- Religious beliefs and use of home remedies and herbal medicines that may interfere with or augment treatment modalities
- Differences in language, dialect, literacy and acculturation levels
- Concepts of fate, harmony, reciprocity and yin-yang

Clearly define your goals and negotiate an understanding of the goals of your collaboration. For example, be explicit about the roles, responsibilities, fiscal commitments and timelines. Also, remember that agencies such as the American Cancer Society, National Institutes of Health/National Cancer Institute and Susan G. Komen Breast Cancer Foundation can provide examples of the print materials.

Determine the overall objective of your educational materials, and plan the most effective and appropriate method of presentation to achieve that goal.

Collaborate with experts.

You should have little trouble finding people who have experience and expertise in communicating and interacting with the Asian or Pacific Islander community. Some of these may be individuals with technical expertise, such as physicians and other health professionals. Others may have specialized knowledge and understanding of the customs, characteristics, preferences and practices of your audience. Consult with them as you plan the project and prepare your materials.

Ask for help in researching existing materials and customizing them for the Asian or Pacific Islander population, as well as help in conducting new research. Members of the Asian or Pacific Islander community can:

- Help develop the concept, content and design of materials.
- Review the materials and compare them to an evaluation checklist, such as the one included at the end of this guide.
- Assist with pretesting materials among the intended audience.

You may need to translate your materials for the particular Asian or Pacific Islander group you're trying to reach. In many cases, translation will be less successful and acceptable than developing your materials in the appropriate language from the beginning. If you do translate from English, however, find a translator who is familiar with this group, with health education communication and with the language patterns and nuances to ensure that people will more readily accept the message. Here, special emphasis should be placed on the quality of translation. Poor translation undermines credibility and effectiveness. It must be proper in language and colloquial enough to be acceptable.

Use focus groups.

A technique known as focus group testing is vital to the development of effective educational materials. A typical focus group consists of 8 to 10 individuals representing your intended audience — in this case, a selected segment or all of the Asian or Pacific Islander community living in a specific geographic region. Individuals in the group would be asked to discuss and evaluate different formats, graphics and/or content elements of materials.

Focus group testing is a common research tool. The information gained from the reactions and evaluations provided by members of these groups is used in the process of developing new products or in shaping strategies, such as those being designed for advertising or political campaigns.

Focus group techniques and considerations are numerous. Group testing can be used to learn more about specific attributes of the target audience, to pretest materials or to redesign existing materials.

Professional skills and experience are necessary to successfully design and conduct focus groups and to analyze the results accurately. This guide presents only general information about this research tool. An excellent resource for more information is *Listening to Your Audience: Using Focus Groups to Plan Breast and Cervical Cancer Public Education Programs*. This is a free publication from the Centers for Disease Control and Prevention and the AMC Cancer Research Center (see the References section) and is located on the web at <http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcliste.pdf>. This in-depth and practical guide provides step-by-step information for organizing and conducting focus groups.

Use the Internet.

The Internet is an excellent, low-cost avenue to information. There are many websites that offer information on breast health and, in some cases, your intended audience. Of course, finding this information requires access to the Internet. If you don't have use of a home or business computer, you can usually access the Internet at your local public library.

Next, you'll need to learn how to seek information on the Internet. Search engines are quite easy to use and navigate to find what you're looking for. Many search engines have online help programs that explain research techniques and strategies. You can find more information on Internet use at your local library. See the Breast Health Resources section to get started.

Step 3: Determining the Objective of Your Education Materials

Focus on the message.

You've conducted your research, consulted with other groups or individuals, probably used a preliminary focus group. Your next important step is to clearly define what you want your materials to say, and how you want your readers to respond to that information.

What key information points are the most important? When presenting main points, keep them to 3-5 main points. A list of risk factors or possible symptoms are two examples. What then should the reader do? Performing a breast self-examination, scheduling and keeping a doctor's appointment, seeking more information — these are examples of desired actions. Determine the overall objective of your educational materials, and plan the most effective and appropriate method of presentation to achieve that goal.

In the process, however, avoid creating materials that are academic, condescending or "preachy." Also, incorporate what you learned from the focus group. For example, include words that members of the focus group used or identified with.

Use themes relevant to the lives of your readers.

Your Asian or Pacific Islander audience has specific values, issues and concerns that should be considered in the content of your material, such as:

- Importance of family
- Fear of death or the mention of death as taboo
- Sense of modesty
- Different attitudes about body image
- Attitude of "what I don't know won't hurt me"
- Reliance on home remedies
- Fear of blood tests in some populations
- Emphasis on the endurance of pain and suffering without complaint
- Respect for authority combined with "saving face," which may inhibit them from asking questions
- Concept that thinking about negative events may bring them to reality

In addition, lifestyle information, such as dietary, exercise and recreational practices, are very ethnic-specific within Asian or Pacific Islander groups. Some positive and negative examples include:

- Traditional diets that are generally low in dietary fats and high in complex carbohydrates
- Use of fish and soy sauces containing high salt content
- Dietary practices in relation to specific cancers, such as stomach, liver, nasopharyngeal and esophageal cancers
- Inclusion of particular fatty foods, such as roast duck, in the diet

- Drinking coconut milk
- Sedentary lifestyle
- Practice of Tai Chi and Qi Kung

If the material does not reflect common themes, philosophies, practices or life situations of the particular Asian or Pacific Islander group — or worse, ignores or stereotypes behaviors — your message and objectives will be ineffective and potentially offensive to your readers. Above all, respect personal, cultural and lifestyle differences when addressing this population. Examples of these differences include:

- Belief in Confucianism, Buddhism or Taoism, which have a strong influence on an individual's general health practice
- Lines of authority (i.e., messages to children that do not include the parents are considered disrespectful)
- Respect for older persons (i.e., never use the first name unless given permission)
- Roles of individual family members
- Importance of family relationships and the individual's responsibility to the extended family

Using clear and precise language is key to developing effective and culturally appropriate materials.

Present medical information clearly.

Clear and understandable background information on your subject is the foundation for your product and the most reliable route to achieving your objectives. Although some readers will be familiar with common terms, it is safer to assume that most have minimal knowledge of the topic; this will help avoid confusion and alienation. Referring to breast self-examinations or mammograms, for example, may result in various reactions, depending on cultural factors, assimilation, education levels and other influences.

Avoid use of the term “breast cancer”; in its place use “breast health.” And discuss breast health in the context of overall health, emphasizing the need for women to remain healthy so they can take care of their families.

Don't confuse lengthy or complicated medical jargon with sound background information. Give your readers enough simple, comprehensible facts and figures without frustrating or overwhelming them. It is more important to focus on what you want the reader to do — that is, the desired health behavior.

Finally, the use of some complex terms and/or their abbreviations may be unavoidable. A glossary should always be included to define technical terms and abbreviations.

Use accurate medical material.

The credibility and effectiveness of your product will depend greatly on the accuracy of the medical background provided. Readers need to know that they can trust you and your information. Are the facts correct, current and specific to your intended audience?

Information found in existing health promotion materials must be updated and revised. Consult with medical experts to review your final draft and verify the accuracy of your material. Contact local health departments, medical schools, research centers or teaching hospitals to help you identify potential experts.

Check with Asian or Pacific Islander organizations to see what additional information they may have. For example, are there risk factors such as smoking, fatty diets and screening non-compliance that apply to this population more than to others?

Also, be aware of specific Asian or Pacific Islander barriers to health care. These include:

- Lack of health care providers who speak the language
- Unfamiliarity with and mistrust of Western health care
- Modesty and shyness
- Traditional health beliefs and practices
- The focus on a woman's sexual organs only during child-bearing years
- Lack of knowledge and sensitivity among health care providers about Asian or Pacific Islander health beliefs and practices

In presenting medical data, particular attention should be paid to translation. Poor word selection can render your material medically inaccurate. This can result in dissemination of false, misleading, even harmful, information. Of course, this can be avoided by writing “in language.” The best course is to have your final copy checked and double-checked by experts in the Asian or Pacific Islander community and pretested within the intended audience.

Involve your readers.

Your readers should see themselves as active participants in your product. Your message should include a call to action that is clearly within their capabilities. Rather than simply listing risk factors, for example, emphatically encourage appropriate screenings or tests.

Write from the readers' perspective. Think about what kind of questions the reader had and would like answered. Use practical and lifestyle-appropriate “how to” advice to engage readers in achieving the desired behavioral objectives, whether it's calling a free information line or encouraging them to ask questions of their physicians. Offer interesting and helpful suggestions.

Supply information about local contacts (i.e., clinics or other health facilities staffed by members of the Asian or Pacific Islander community), including phone numbers. If your material is not interactive — that is, if the reader feels disconnected from your message or unable to follow a realistic course of action — your objectives will not be met.

Another way to engage your readers is to relay information in ways that are most relevant to the particular Asian or Pacific Islander audience. For example, utilize Asian folklore and story-telling techniques, and refer to current life experiences.

Step 4: Developing the Content

Organize the content in a logical manner.

For effective print materials, ideas offered in any one piece should be limited to the main theme and presented to the reader in a logical sequence. Keep main points to 3-5 maximum. Begin and end with the desired action or behavior you want from the reader. Include only the most important and impressive facts. You can provide additional information in any of the following ways:

- Numerical order (steps 1, 2, 3...)
- Chronological order (time of day, month or year)
- Topical order (headlines and subheads)

Reviewing and reinforcing essential facts and courses of action help ensure that the message reaches your audience.

Materials are least effective when:

- Ideas are presented in no particular order.
- The information is disorganized and not written in a context that is relevant to your reader.
- You assume that your reader already has considerable knowledge about the subject.
- The content is too wordy, and the message is buried.

Choose words carefully.

Using clear and precise language is key to developing effective and culturally appropriate materials. To avoid confusion or potentially insulting language, be aware of what certain words or phrases may represent to your Asian or Pacific Islander audience.

A word can have multiple meanings or connotations. Be sure that the words you choose cannot be interpreted as offensive or non-inclusive. Problems often arise when using jargon that is regionally acceptable but may not have the same meaning when used in other locales. Also, when using examples of behavior, be sure they are relevant and appropriate to your readers' experiences.

To ensure that the language you use is clear, appropriate and sensitive, consult with members of the Asian or Pacific Islander community you are trying to reach. Focus groups are an efficient way to pretest your material's comprehensibility with your intended audience. When feedback suggests some difficulty with comprehension or terminology, or if focus group testing reveals words and examples that are more realistic and applicable, always reconsider your choice of words or language and keep modifying your text until it is acceptable.

Maintain an appropriate vocabulary level.

In any health communication, medical terminology is unavoidable. However, excessive technical jargon can obscure your message and objectives, particularly when preparing materials for underserved groups. Most materials that try to reach all audiences don't reach any of them adequately. It is critical that you characterize your audience by education level, degree of literacy and primary language. If possible, assess readability of your materials by using standard language comprehension tests such as the SMOG, FOG and Fry tests. Such tests are available for select languages, such as English.

Among lower-literacy audiences, the use of four or more technical terms per page may be excessive. Additionally, failing to provide definitions or using many polysyllabic words when shorter ones would suffice can render your print materials practically unreadable. It is important to explain terms, such as "screening" and "mammography," so that readers understand the word or procedure before they visit a doctor or clinic. Many Asian or Pacific Islander women believe mammograms are the same as chest X-rays.

Keep it simple.

Because you are working with medical information and terminology, the most effective sentences and paragraphs are simple, short and direct. Use shorter words and shorter sentences (10-15 words per sentence). This is especially true when developing materials for particular Asian or Pacific Islander populations in which limited reading ability is prevalent. For example, a high percentage of Cambodian women have little or no ability to read, either their own language or English. For groups such as this, visual aids are extremely important.

Use the active voice ("ask your healthcare provider"), rather than the passive voice ("your healthcare provider should be asked"). Using the active voice boosts your language's effectiveness and engages the reader.

Translate with care.

Particular English words, idioms and phrases often translate into other languages poorly, so it's important to allow the translator freedom to reword passages when necessary. Or you may decide to completely avoid any inherent "English-style" awkwardness by having the entire text rewritten in the Asian or Pacific Islander audience's language. The best option may be to have the original copy written in that language instead of in English, eliminating the need for translation altogether.

Keep it positive.

Playing on readers' fears can have a counterproductive effect by scaring the audience away from reading your materials. Language that is encouraging produces the best results. Invite your audience to try a new behavior while pointing out the benefits to them. For example, rather than saying, "Stay away from fatty foods," a more positive choice of wording would be "Select high-fiber foods." Present positive statistics and outcomes whenever possible.

Avoid overuse of commanding ("don't do the following") or condescending wording ("you shouldn't..."). Be aware that in some cultures, commands or orders are considered offensive. In addition, always address the issues and values that are significant to Asians or Pacific Islanders, taking great care to avoid perpetuating stereotypes, such as the notion that Southeast Asians never get angry.

Use headlines and other titles to organize the content.

Good organization provides ideas and information to your reader in a smooth, continuous flow. Use headlines ("headers"), subheads or other advance organizers to carry the reader from one topic to the next. This breaks up long copy blocks and helps highlight particularly important facts.

Headers should be kept short, simple and close to the relevant text. Use headers to divide categories, introduce a change of topic, organize advice or accentuate a call to action.

Inappropriately formatted materials can be awkward, inconvenient or even offensive. Materials that don't fit into the lifestyle of the intended Asian reader are unlikely to be used or remembered.

Review and summarize your major ideas.

Your readers have been introduced to numerous ideas, facts and suggestions connected with health information — some familiar to them, some not. A summary is fundamental in conveying that information. Reviewing and reinforcing essential facts and courses of action help ensure that the message reaches your audience. For the most effective communication:

- First, tell your readers what you want them to do.
- Next, provide the information and tools for taking action.
- Then, encourage a course of action.
- Finally, restate the essential points or take-home messages.

Step 5: Developing the Visuals

Match the format to the product's intended use.

The format is the physical appearance and construction of your material, and it should always match the objectives of the educational content. How will the materials be used? Will they be placed in a pocket or handbag, posted on a wall or hung on a door?

How will your materials be distributed? Will they be displayed in a clinic waiting room or handed out at shopping malls? Will a presentation accompany them, or will they have to stand on their own?

Inappropriately formatted materials can be awkward, inconvenient or even offensive. Materials that don't fit into the lifestyle of the intended Asian or Pacific Islander reader are unlikely to be used or remembered.

How words and graphics are arranged on the page has a strong effect on the reader's comprehension of the message.

Use graphics that capture the reader's attention.

Each day thousands of images compete for the eye of your reader. Educational materials, particularly on health topics, must stand out to catch the attention of the intended audience. Use active photographs and clear and precise illustrations and graphics that are colorful and culturally appropriate.

Avoid gloomy colors, such as gray. Be aware of colors that are considered “good” and “bad” within particular Asian or Pacific Islander communities. By studying the decor of shops and restaurants that cater to your Asian or Pacific Islander audience, you may be able to pick up particular graphic ideas that would help tailor your print piece to your audience. This is an area in which focus groups or informed interviews can be very helpful and cost-effective.

Tailor your graphics.

Depict familiar scenes and situations drawn from the lives of your Asian or Pacific Islander audience. Use audience members as models in photographs and illustrations. Incorporate appropriate cultural symbolism, graphic elements, icons and images. Examples include:

- The bamboo tree (applies to all Asian groups)
- The coconut tree (applies to Pacific Islanders and some Asians)
- Traditional drawings
- Characters in the Chinese and Japanese language that represent health
- Plants that have specific spiritual and cultural connotations

If words appear in photos or illustrations, such as on a T-shirt worn by a subject, be sure the language is appropriate to your audience.

With culturally sensitive materials, special attention must be paid to graphics. Consult with graphics experts from the community to assist in design of materials. Negative stereotypes can be conveyed by pictures as well as with words, and an inappropriate illustration or photo can have an especially harsh impact. Pretesting illustrations and photos with your audience will help ensure that the materials contain appropriate, effective visuals.

Address sensitive topics directly but tastefully (a subtle illustration of a woman's breasts, for example, rather than a stark frontal photo). Avoid themes that may conflict with the cultural values, beliefs, attitudes and activities of the Asian or Pacific Islander population. Pretesting your materials with your audience is the best way to ensure sensitivity to local customs and conditions.

Organize the material to maximize visual appeal.

Although you want your graphics to stand out, it is equally important to refrain from cluttering your materials with too many images. Effective illustrations and photographs are those which are direct, well-composed and free from being too busy.

If used, charts and diagrams should be simple and clearly illustrate one central point. Complicated charts that are difficult to decipher and photos that contain too many elements detract from the core message. Again, pretesting can help determine if these elements are necessary to achieve the desired healthy behavior from the reader.

Position graphic elements with purpose.

How words and graphics are arranged on the page has a strong effect on the reader's comprehension of the message. Clear, precise graphics contribute to the material by reinforcing information and improving understanding. Keep the following in mind:

- Each visual should relate directly and explicitly to one message.
- In most cases, each illustration should have a caption.
- Tables, charts and diagrams should be simple and placed near their corresponding text.
- Avoid using graphics simply for decoration. (This can be distracting for the low-literacy reader.)
- Balance words and graphics with ample "white space" on the page.
- Use reverse print sparingly (white or light print on a dark background).
- Again, pretest to ensure that the visual elements fit the culture and lifestyle of your Asian or Pacific Islander reader.

Choose a user-friendly type style.

Materials that are difficult to read will not be read. There are thousands of available fonts; be careful in making your selection. Serif typeface (i.e., Times, Bookman, Garamond) is generally easier to read for print materials; Sans-Serif typeface (i.e., Arial) works best for titles and headers as well as on-line materials. As with language and graphics, simpler is usually safer. Unadorned type styles in a dark print may seem mundane, but they are usually the best choice. Italic type and ALL CAPITAL LETTERS are both hard to read.

Watch for any font characteristics that may make reading your text an unpleasant chore. For most readers a serif font is easier to read than a sans-serif type face.

- *This scriptwriting font is hard to read.*
- **This font is too academic.**
- This font is too light and condensed.
- This font is clear, simple and easy to read.

Avoid too-small type, which can be frustrating, especially for older readers or others with poor vision. Type that is at least 12 point is usually effective, with 16 point preferred for an older or visually impaired audience. Here are examples of various type sizes:

- 16 point type
- 14 point type
- 12 point type
- 10 point type

As a general rule, use all capital letters sparingly, if at all, and avoid inappropriate capitalization of everyday words. Notice the difference:

- ALL CAPITAL LETTERS ARE MORE DIFFICULT TO READ.
- A mixture of upper- and lower-case letters is easier to read.

Organize and emphasize text with typographic markers.

Use typographic markers, such as underlining, bulleting and boldface type, to emphasize important terminology, questions or summary information. Other graphic elements, such as circles, boxes, arrows and icons, can highlight key points and help break up text for easier reading.

Use visual elements that have meaning to your specific audience. For instance, since there is no capitalization in Chinese characters, it is good to use different fonts and boldface to emphasize level of importance. This reinforces to your Asian or Pacific Islander reader that this is for him or her.

Check cost feasibility.

Expensive materials don't always have higher appeal among your intended audience. Even when they do, the materials may be too expensive to mass produce or to be reproduced by others who wish to use your product.

Be realistic concerning budgets for writing, photography, illustration, production, printing and distribution. Think about future uses of your materials and recognize that production budgets may be smaller when the time comes to reprint materials.

When researching existing material, look for products that can be easily reproduced without copyright infringement. When designing your own materials, those that are easy to photocopy help ensure widespread and effective distribution.

Be realistic concerning budgets for writing, photography, illustration, production, printing and distribution.

Check for accuracy.

When your materials have reached a finished stage with both text and visuals, enlist the help of a professional editor, proofreader or competent volunteer who can check for accuracy in grammar, syntax, punctuation and spelling. Awkward sentence construction, misspelled words, incorrect grammar and typographical errors will distract the reader from the message and diminish the credibility and effectiveness of the piece.

Step 6: Testing Your Materials

Always pretest.

Obtaining feedback at all stages prior to printing is essential for culturally-sensitive materials. This will measure your Asian or Pacific Islander audience's response and evaluate your product's effectiveness.

Did you meet your objectives? Did your product tell your readers what they need to know and do? These questions can be answered by the Asians or Pacific Islanders for whom this product is intended. It is also helpful to receive input from health care experts who work with the Asian or Pacific Islander population.

When pretesting ask these four questions: Are your materials:

- Attractive to the Asian or Pacific Islander audience?
- Comprehensible to this audience?
- Acceptable and appropriate to this audience?
- Relevant to their daily lives?

If not, this is the time to find out — and make necessary revisions.

Use focus groups throughout the process.

Just as you may have used focus groups in the earlier stages of material research, development and testing, you should use them to evaluate your finished draft. In asking the following types of questions, remember that some cultures may find direct queries imposing. In these cases, a useful technique may be to phrase questions in the third person (i.e., Is there anything about these materials that a person similar to yourself may not understand?). Ask these types of questions:

- In your own words, what is this product's message?
- Is there anything you don't understand? (If so, what and why?)
- Is there anything you would like to change? (If so, what and why?)
- What do you like most about this product?
- What do you like least about this product?
- Is this something you would pick up and read?
- Would you recommend it or pass it to other individuals like yourself?
- Would this product cause you to take action or change your behavior? How? When? Why?
- Is there anything you don't trust or believe?
- Are there any other things that you would like to tell us (questions, comments)?

Review the responses and suggestions with your production team and make necessary changes. If numerous alterations were suggested, pretest the materials again after your next draft. Continue this process until your audience provides few or only minor revisions. Check drafts with your audience as many times as necessary.

Focus groups, while highly effective for learning about your audience's perceptions, are not the only way to test for effectiveness. Other methods for obtaining feedback include:

- **Bounce-back cards.** These are usually pre-addressed, pre-paid postcards included with the publication that ask readers to answer several questions about the materials and then mail the cards back.
- **Intercept interviews.** These are brief one-on-one interviews usually conducted in high-traffic areas, such as shopping malls, churches and grocery stores.
- **Web-based questionnaires.** These questionnaires, along with your materials, would be posted on a Website.

For more information on the various ways to gather feedback from your audience, refer to *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers*. The online resource is located at <http://www.cancer.gov/cancerinformation/clearandsimple>.

Use the checklist on the inside back cover of this booklet.

The checklist included in this booklet is a convenient way to guide the development and production of your materials. Encourage others to use and reproduce the checklist when developing materials for Asian or Pacific Islanders.

References for Information on Materials Development

Beyond the Brochure: Alternative Approaches to Effective Health Communication, 1994. AMC Cancer Research Center and the Centers for Disease Control Prevention.
<http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcbeyon.pdf>

Clear and Simple: Developing Effective Print Materials for Low-Literate Readers. National Institutes of Health, National Cancer Institute, 1994.
<http://www.cancer.gov/cancerinformation/clearandsimple>

Listening to Your Audience: Using Focus Groups to Plan Breast and Cervical Cancer Public Education Programs, 1994. Centers for Disease Control and Prevention.
www.cdc.gov/cancer/nbccedp/bccpdfs/amcliste.pdf

Making Health Communication Programs Work: A Planner's Guide, National Institutes of Health, National Cancer Institute, 2002.
<http://cancer.gov/pinkbook>

Multilingual Health Resource Guide 2nd Edition. 1998. Center for Applied Linguistics, Washington, D.C.

Theory at a Glance. National Institutes of Health, National Cancer Institute, 1997.
www.cancer.gov/cancerinformation/theory-at-a-glance

Breast Health Resources

Asian or Pacific Islander Resources

Asian Health Project

T.H.E. Clinic
3860 W. Martin Luther King Blvd.
Los Angeles, CA 90008
323-295-6571 phone

This program offers primary care services and health education, including breast cancer prevention information, to various Asian populations.

Asian Health Services

818 Webster Street
Oakland, CA 94607
510-986-6830 phone
www.ahschc.org

Asian Pacific Health Care Venture, Inc.

1530 Hillhurst Avenue, Suite 200
Los Angeles, CA 90027
323-644-3880 phone
323-644-3892 fax
<http://www.aphcv.org>

Asian and Pacific Islander American Health Forum Inc. (APIAHF)

450 Sutter Street, Suite 600
San Francisco, CA 94108
415-954-9988 phone
415-954-9999 fax
www.apiahf.org

The mission of APIAHF is to promote the improvement in the health status of all Asian and Pacific Islander Americans.

Asian Pacific Islanders Women's Health

www.apanet.org/~fdala

Association of Asian/Pacific Community Health Organizations (AAPCHO)

439-23rd Street
Oakland, CA 94612
510-272-9536 phone
510-272-0817 fax
www.aapcho.org

AAPCHO is a national network of community health centers that serve the Asian Pacific populations. The primary objective of AAPCHO is to promote advocacy, collaboration and leadership to improve the health status of Asian Americans and Pacific Islanders.

Immigrant and Refugee Community Organization (IRCO)

10301 Northeast Glisan Street
Portland, OR 97220
503-234-1541 phone
503-234-1259 fax
www.irco.org

National Asian Pacific Center on Aging (NAPCA)

1511 Third Ave. #914
Seattle, WA 98101
206-624-1221 phone
206-624-1023 fax
www.napca.org

The goal of NAPCA is to serve as a national advocacy organization committed to the dignity, well-being and quality of life of the aging Asian Pacific Americans.

National Asian Women's Health Organization (NAWHO)

One Embarcadero Center, Suite 500
San Francisco, CA 94111
415-773-2838 phone
415-773-2872 fax
www.nawho.org

NAWHO, a non-profit agency, is a community-based health advocacy organization committed to improving the overall health status of Asian women and girls.

Papa Ola Lokahi
894 Queen St.
Honolulu, HI 96813
808-597-6550 phone
808-597-6551 fax
<http://papaolalokahi.org>

Federal Government Contacts

The Office of Minority Health (OMH)

P.O. Box 37337
Washington D.C. 20013-7337
800-444-6472 phone
301-251-2160 fax
www.omhrc.gov

The OMH maintains comprehensive databases on minority health issues and resources. It also identifies links to other organizations which serve minorities. OMH offers many of its publications without charge. For free customized service, contact the Resource Center OMH.

Some of the materials available through OMH:

For a complete list, please call The Office of Minority Health (OMH) at 800-444-6472.

Other Sources

Another source for minority health information is the Minority Health Project (www.minority.unc.edu) which is maintained by the University of North Carolina Department of Biostatistics in collaboration with the National Center for Health Statistics and the Association of Schools of Public Health. Among other resources available at that site are The Minority Health Research Catalog, consisting of an annotated bibliography of studies relevant to the health of racial and ethnic populations, and The Minority Health Database Catalog which contains information about existing data sets that contain information on the health of racial and ethnic minorities. The project is sponsored by The National Center for Health Statistics, a component of Centers for Disease Control and Prevention.

OMH also provides a page of Federal Register Notices compiled from its reviews of the Federal Register on a periodic basis to identify general items of interest to racial/ethnic communities.

Other Federal Contacts

Cancer Information Service (CIS)

National Cancer Institute (NCI)

NCI Public Inquiries Office

Suite 3036A

6116 Executive Blvd. MSC 8322

Bethesda, MD 20892-8322

800-4-CANCER or 800-422-6237

www.cancer.gov

The Cancer Information Service provides accurate, up-to-date information on cancer to patients and their families, health professionals and the general public. This service provides the latest information on cancer treatments, clinical trials, tips on how to detect cancer early, tips on how to reduce your risk of cancer and community services for patients and their families. Your questions about cancer are always welcome, and all calls are confidential. Spanish-speaking staff members are also available to help you. Free booklets on cancer can be ordered.

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road

Atlanta, GA 30333

404-639-3311 phone

www.cdc.gov/cancer

Food and Drug Administration (FDA)

5600 Fishers Lane

Rockville, MD 20857-0001

888-INFO-FDA (888-463-6332) phone

www.fda.gov

National Center for Health Statistics (NCHS)

Division of Data Services

3311 Toledo Road

Hyattsville, MD 20782

301-458-4000 phone

www.cdc.gov/nchs

National Health Information Center

P.O. Box 1133

Washington, D.C. 20013-1133

800-336-4797 phone

www.health.gov/nhic

National Library of Medicine

8600 Rockville Pike
Bethesda, MD 20894
888-346-3656 phone
301-402-1384 fax
www.nlm.nih.gov

Office of Disease Prevention and Health Promotion

1101 Wootton Parkway, Suite LL100
Rockville, MD 20852
240-453-8280 phone
240-453-8282 fax
<http://odphp.osophs.dhhs.gov>

Non-Profit Agencies and Research Centers

American Association of Retired Persons (AARP)

601 E St. NW
Washington, D.C. 20049
888-687-2277 phone
www.aarp.org

American Cancer Society (ACS)

1599 Clifton Road NE
Atlanta, GA 30329
800-ACS-2345 phone
www.cancer.org

The ACS is a national organization with local offices throughout the U.S. It provides information and referrals to numerous local and community support services as well as maintaining a library of cancer education publications available to the public.

AMC Cancer Research Center

1600 Pierce Street
Denver, CO 80214
800-321-1557 phone
303-239-3400 fax
www.amc.org

The AMC Cancer Research Center provides information on symptoms, diagnosis, treatment, psychosocial issues, support groups and other valuable resources, such as financial aid and transportation services.

Intercultural Cancer Council (ICC)

6655 Travis
Suite 322
Houston, TX 77030-1312
713-798-4617 phone
713-798-6222 fax
www.iccnetwork.org

The Intercultural Cancer Council is comprised of a number of national minority and non-minority organizations. The mission of the ICC is to develop policies and programs that address the high incidence rates of cancer among minority populations.

National Breast Cancer Coalition

1101 17th Street, NW, Suite 1300
Washington, D.C. 20036
202-296-7477 phone
202-265-6854 fax
www.natlbcc.org

The coalition advocates increased funding for breast cancer research, improved access to high-quality breast cancer screening, diagnosis and treatment, particularly for the underserved and underinsured.

National Women's Health Network

514 10th St. NW, Suite 400
Washington, D.C. 20004
202-347-1140 phone
202-347-1168 fax
www.womenshealthnetwork.org

The network provides newsletters and position papers on women's health issues and concerns.

Self-Help for Women with Breast or Ovarian Cancer (SHARE)

1501 Broadway, Suite 740A
New York, NY 10036
866-891-2392 phone
212-869-3431 fax
www.sharecancersupport.org

Susan G. Komen for the Cure

5005 LBJ Freeway, Suite 250
Dallas, TX 75244
1-800 I'M AWARE (1-800-462-9273),
9 a.m. to 4:30 p.m. CST, Monday - Friday.
972-855-1600 phone
www.komen.org

Komen provides a Breast Care Helpline that is answered by trained, caring volunteers whose lives have been personally touched by breast cancer. They can provide the latest breast health information. *Se habla español*. TDD is also available.

YWCA Encore Plus Program

1015 18th Street, NW, Suite 1100
Washington, D.C. 20036
202-467-0801 phone
202-467-0802 fax
www.ywca.org

Encore Plus is a breast and cervical cancer outreach and screening program for women over 50.

Y-ME

212 West Van Buren St., Suite 1100
Chicago, IL 60607-3908
800-221-2141 phone
800-986-9505 (Spanish)
312-294-8597 fax
www.y-me.org

Y-ME provides peer support and information to women and men who have or who suspect they have breast cancer.

Checklist for Developing Effective Cancer Education Print Materials

Content

- Is the content relevant to the practices or lives of your Asian or Pacific Islander readers?
- Is the content organized in a logical, easy-to-follow sequence?
- Are all major ideas summarized or reviewed to reinforce key concepts?
- Is the material medically accurate?
- Is the material interactive, promoting audience involvement?
- Is the tone positive and encouraging?

Comprehension

- Is word choice appropriate for your Asian or Pacific Islander audience?
- Are sentences and paragraphs short, simple and written in the active voice?
- Is the vocabulary level appropriate for your Asian or Pacific Islander audience?

Design

- Does the material use advance organizers (i.e., icons, headers or subtitles) that are related to the text?
- Are underlining, bulleting and bolding of type used for emphasis and organization?
- Are type style and size easy to read?
- Is the material well-organized to enhance visual appeal?

Graphics

- Are visual elements colorful and eye-catching?
- Do photographs, illustrations and other graphic elements relate to the text?
- Do photographs, illustrations and other graphic elements relate to your Asian or Pacific Islander audience?
- Are Asian or Pacific Islander stereotypes avoided in your content and visuals?

Format

- Is the format appropriate for the intended use of the materials?

Cost

- Is the cost of the print product feasible?



1-800 I'M AWARE www.komen.org

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