

NATIVE AMERICANS

Developing Effective Cancer
Education Print Materials





Native Americans: 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's 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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Acknowledgments

This document was made possible through support from the Susan G. Komen for the Cure, Dallas, Texas. Key developers and contributors to this effort included:

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

Introduction

This Guide and the Underserved Native American 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 Native American readers. While these guidelines are not comprehensive, they are easy to follow and address specific health needs of medically underserved Native American audiences.

Development: In preparing this guide, a panel of experts reviewed samples of existing public health print products aimed at Native Americans. Their assessments identified aspects of the materials that influence print-product effectiveness among Native American 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 Native American community.

Diversity of the Native American Population

In approaching the subject of Native Americans, we must be ever mindful that this is not a homogeneous population. Differences in lifestyle, philosophy, attitude, behavior, culture, education, income — indeed, the full spectrum of life experience — are represented under the umbrella term “Native American.” In addition, geographic location and rural/urban residency strongly influence this country’s various Native American population groups. To develop breast health materials for a particular Native American 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 geographic or other distinctions — may reflect very different values, circumstances, cultural influences, belief systems and education levels. Obviously, it is important that all Native American 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 Native American women, who have traditionally been provided insufficient or inadequate breast health information.

General Demographics

Native Americans comprise the smallest racial group identified by the U.S. Census. With a population of a little over 2 million, Native Americans are found in all 50 states and in more than 560 federally recognized tribes, as well as hundreds recognized by individual states.^{1,2,3} Demographic data from the 2000 U.S. Census reveal that, in comparison with Caucasians, the Native American population is considerably younger and poorer.³ For purposes of this guide, the term “Native American” is used to identify both American Indians (living in the continental United States) and Alaska Natives.

Breast Cancer Prevalence among Native Americans

A century ago, the occurrence of cancer in Native Americans was rare. However, the last two decades have seen substantial increases in both incidence and mortality rates, and cancer now is recognized as a leading cause of death among Native American women. Documented studies demonstrate significant regional differences in cancer mortality among Native Americans.⁴ Breast cancer incidence (58 per 100,000) and mortality rates (14.9 per 100,000) are lower for women in most Native American tribes than for Caucasians.⁵ Indeed, the five-year breast cancer relative survival rate for American Indian women is reportedly the lowest of any racial or ethnic group in the country.¹ Lack of access to and use of early-detection services is believed to be a major contributor to this poor breast cancer survival.¹ Without doubt, greater awareness and utilization of mammography, clinical breast exam and breast self-exam screening methods could significantly reduce the mortality of breast cancer among Native Americans.

To be effective, programs encouraging health promotion and screening compliance must consider the many barriers to health care faced by underserved populations in general as well as issues specific to Native Americans. Cultural beliefs and customs have an influence on Native American attitudes about modern medical theory and treatment. Traditional healing techniques involving folk practitioners and herbal medicines are employed to varying degrees. In addition, among mainstream medical services, there is a shortage of Native American health care workers as well as a lack of cultural knowledge and understanding by providers overall. Underserved Native Americans also face barriers to health care similar to those of other disadvantaged groups. High unemployment, lack of health insurance and inability to afford health care, transportation and child care pose significant challenges.

While the Indian Health Service (IHS) has the primary responsibility for providing health care to American Indians, most of its facilities are located on or near reservations. However, IHS facilities are not geographically accessible to many Native Americans, a substantial majority of whom live outside reservation land. A significant proportion of Native Americans reside in rural areas where the availability of physicians and services is lower than for the general population. Many others live in urban areas in which IHS-supported urban Indian clinics may offer very limited services. Indeed, the overall lack of mammography services among IHS facilities makes access to screening a major issue.

Communicating Health Information to Native Americans

Studies have shown that one of the most effective and efficient ways to communicate breast health information to underserved groups, such as specific Native American audiences, is through low-cost, culturally sensitive, concise and easily understood educational materials. Several members of the expert panel that contributed to these guidelines agreed that such materials produced locally would be more effective than those developed regionally or nationally. Those experts also believed that visual appeal and readability were among the most significant ingredients in the likelihood of print materials being used by Native Americans.

In producing health promotion materials for underserved Native Americans, relatively low education and literacy levels, as well as divergent socio-cultural beliefs about disease and healing, must be taken into account. Materials developed for a mainstream American audience are likely to prove ineffective among Native Americans. In addition, materials produced for one tribe or geographic location may be inappropriate for other groups. Audience-specific print products, tailored through appropriate language, design and graphics, and sensitive to Native American issues, are the key to meeting program objectives.

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Step 1: Identifying Your Intended Audience

Define the Native American population you want to reach.

Native Americans represent hundreds of different tribes. The diversity that exists among these tribes is enormous. To define the audience you hope to reach with your message requires learning as much about that particular tribe of Native Americans as possible.

What characteristics and traits do they share? Start with physical and demographic factors, such as age, geographic location, occupation, education and income levels. Also, examine such characteristics as values, beliefs, attitudes, behaviors, opinions, lifestyles, acculturation and media exposure. Defining your audience is the first and most important step in developing effective materials.

Tailor your materials.

For your print materials to achieve optimal effectiveness, each reader will feel that your product was developed with her and her family in mind. For this reason, cultural and lifestyle sensitivity should be a guiding factor behind any materials you produce for Native Americans.

What is the role of this sensitivity in selecting and developing print materials? It is recognizing the range of characteristics inherent to Native Americans, and then using familiar language, sensitive and respectful graphics, and appropriate situations to acknowledge those distinctions.

Any discussion of health topics is very personal; an awareness of your Native American 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 relevant, 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 Native Americans. 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 Native Americans

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 Native American community, it’s time to launch your own search for additional — and much more specific — information. Start by taking a close look at the needs of your target audience to ensure that the materials you develop are appropriate. Try to avoid using generic, non-Native-specific information. For example, for many Native American women the concept of “choosing” a physician does not exist; they have neither a choice nor the luxury of a second opinion.

Other examples include:

- Initiatives to enroll public assistance clients in HMOs mean patients are given no choice about where to go for health care.
- Patients often have to constantly restate their problems and medical history to multiple short-term doctors.
- Women may have very limited access to a mammography unit.

You will probably need to conduct interviews or surveys with your audience to refine collected information about the experiences, attitudes and behaviors of the Native American tribe. 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 Native Americans. Even if these materials aren't well-produced, they may be useful as comparisons for what to avoid. They should also be reviewed by audience members to help guide the development of your own materials.

Work with other groups.

While conducting your own research, keep in mind other groups or organizations whose goals might coincide with yours. Combining forces on a joint project saves time and money. Such organizations include:

- Private and non-profit foundation
- Breast health organizations and coalitions
- Native American organizations and coalitions
- Federal and state government agencies
- 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.

Also, in communicating with other organizations you should learn about both their long- 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, be sure that your intended audiences are indeed similar; this will help guarantee the appropriateness of your materials. Be aware of differences in Native American lifestyle behaviors (i.e., tribal customs). Clearly define your goals and be sure you understand the goals of your collaborators.

Collaborate with experts.

Seek out people who have experience and expertise in communicating and interacting with the Native American community. Some of these may be individuals with technical expertise, such as physicians and other health professionals. Others may have specialized marketing and educational expertise in key characteristics, preferences and practices of your audience.

Community members themselves can offer useful information. Look for individuals who are knowledgeable of, active in and representative of your audience. Consult with them as you plan the project and prepare your materials.

Seek help in researching existing materials and customizing them for the Native American population, as well as help in conducting new research. Members of the Native American 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.

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

Use focus groups to learn about your audience.

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 Native American 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, especially the World Wide Web, 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 out 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 and used preliminary focus groups. 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, limit them to 3-5 main points. A list of risk factors or possible symptoms are two examples. What then should the reader do? Performing breast self-examination, scheduling 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.

Each Native American tribe has specific values, issues and concerns, and these should be considered in developing the content of your material. Examples include:

- Cultural views on health care and sexuality (i.e., modesty)
- Respect and deference to elders
- Not saying the word “cancer” to avoid bringing it upon oneself
- The family orientation of many women
- Sense of community

If the material does not reflect common themes, philosophies, practices or life situations — or worse, ignores or stereotypes Native American behaviors — your message and objectives will be ineffective and potentially offensive to your readers. Above all, respect personal, cultural and lifestyle differences when addressing the Native American population.

Present medical information clearly.

Clear and understandable background information on your subject and cultural relevance to your audience are 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. For example, the use of the term “breast cancer” should be avoided and replaced with “breast health.”

As another example, referring to breast self-examinations or mammograms may result in various reactions, depending on education levels, cultural factors, assimilation and other influences. Some traditional tribal women may hesitate to obtain annual female examinations because of their age, the private nature of their sexuality or the degree of discomfort the procedures may cause. It is very important to be sensitive to the needs of these women.

Don't confuse lengthy or complicated medical jargon with background information. Give your readers enough simple, comprehensible facts and figures without frustrating or overwhelming them.

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.

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

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 identify potential experts.

Check with your tribal advisors and Native American organizations to see what additional information they may have. Risk factors, barriers to health care and services available will vary from tribe to tribe. For example, health care demonstration projects in some locations may include guidelines that influence breast health care for women in those areas. Also, be aware of the small number of female health care providers working in Indian Health Service facilities.

Involve your readers.

Your readers should see themselves as active participants in the 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 women to participate in total breast health care — that is, breast self-examination, clinical breast exams, mammograms and, when appropriate, diagnosis, treatment and after-care. Before promoting your materials, however, learn what services are available to your audience, and be aware of local limitations.

Write from the readers' perspective. Think about what kind of questions the reader has and would like answered. Use practical and culturally sensitive “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. Examples of questions women may need answered include:

- Why am I at risk?
- How often do I need screening?
- Is child care available?
- Are female health care providers available?
- How will I learn about test results?
- Who do I call if I have more questions?

Supply information about local contacts (for example, nearby clinics and other health care facilities), including phone numbers. If your material is interactive — that is, if the reader feels connected to your message and is able to follow a realistic course of action — your objectives will likely be met.

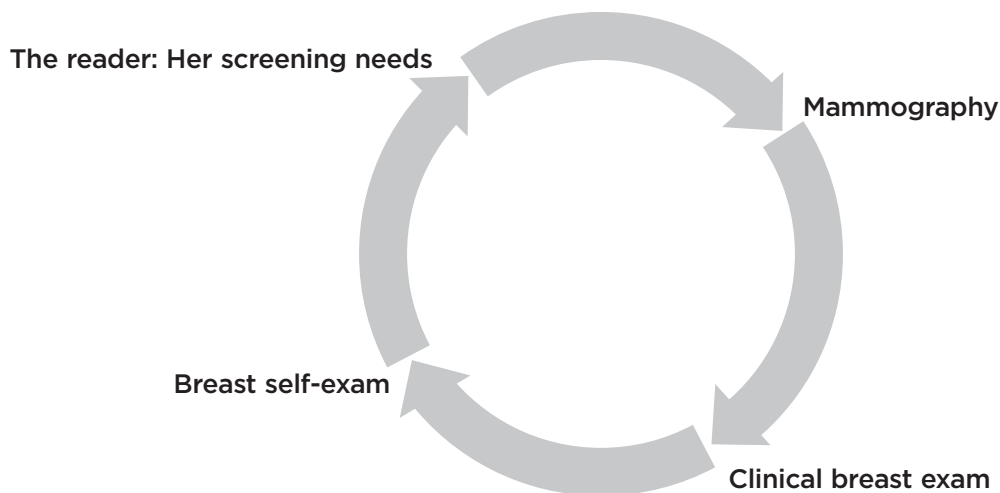
Step 4: Developing the Content

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 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)

With your Native American audience, the logical sequence may be presented in a circular rather than linear fashion. This is true regardless of whether you provide information in numerical, chronological or topical order. For example, a circular presentation could look like this:



Materials are least effective when:

- Ideas are presented in no particular order.
- The information is disorganized or confusing.
- You assume that your reader already has considerable knowledge about the subject.
- The literacy level of your reader is lower than anticipated.

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 (such as “cancer”) or phrases may represent to your Native American 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 Native American 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 communicating your message, it is helpful to remember the diversity of your audience and that these guidelines are designed with the underserved segments of the Native American population in mind. Don't assume that the literacy skills of your readers are high. Indeed, you may even find that some members of your intended audience are unable to read and understand English.

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. After your copy is written, check it with a literacy formula such as the SMOG, FOG and Fry tests to determine the level of readability and comprehension. Such formulas are available for select languages, such as English. See *Clear & Simple: Developing Effective Print Materials for Low-Literate Readers* in the reference section or view online at <http://www.cancer.gov/cancerinformation/clearandsimple>.

In any health communication, medical terminology is unavoidable. However, excessive technical jargon can obscure your message and objectives. Among most audiences, particularly those of lower literacy, the use of four or more technical terms per page may be excessive. It is important to explain terms, such as "screening" or "mammography," so that readers understand the word or procedure before they visit a doctor or clinic.

Additionally, failing to provide definitions or using many polysyllabic words when shorter ones would do can render your print materials practically unreadable. If your audience possesses very limited reading skills or if English is not the primary language, your materials may need to reflect a more pictorial/illustrative approach with minimal use of words. This step requires time and multiple revisions, so be patient.

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

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). Use the active voice (“consult your healthcare provider”), rather than the passive voice (“your healthcare provider should be consulted”). Using the active voice boosts your language’s effectiveness and engages the reader. Avoid run-on sentences and long, complicated paragraphs.

Keep it positive.

Language that is positive, supportive and encouraging produces the best results. Invite your audience to try a new behavior while pointing out the benefits to them. Playing heavily on readers’ fears can have a counterproductive effect by scaring your audience away from reading your materials. Present positive statistics and outcomes whenever possible.

Avoid overuse of commanding (“don’t do the following”) or condescending wording (“you shouldn’t...”). In addition, always try to build on the values that are significant to Native Americans, taking great care to avoid perpetuating negative or offensive stereotypes. For example, encourage women to care for their health not only for their sake, but for their family. Remind them that this also sets a good example for their children and grandchildren.

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

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 topics, organize advice or accentuate a call to action.

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 they will learn.
- Next, provide the facts.
- Then, encourage a course of action.
- Finally, restate the essential points or take-home messages.

Again, with your Native American audience, it may be helpful to outline these summary points in a circular rather than linear fashion.

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 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 Native American reader are unlikely to be used or remembered.

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. Covers, especially, should be bright and eye-catching. Avoid gloomy colors, such as gray. Instead, incorporate colors your Native American audience may be more used to (e.g., turquoise and earth tones). Use active photographs, precise illustrations and colorful graphics.

Use Native Americans in photographs and illustrations, and depict familiar scenes and situations they can relate to. Try to include photos that show women of different ages and generations, and in a positive light. In pictures, feature health care providers — as well as patients — who are Native American, if possible. However, just putting Native American faces on materials that are basically mainstream will offend your audience.

Tailor the visuals to your audience.

The use of visuals is very important to Native American audiences. In design elements, incorporate visuals that are culturally identifiable to most Native Americans in icons, logos and other graphics. Examples include bead patterns, basket weaving, circles, “powwow” scenes and other Native American designs and symbols. Be careful, however, not to use concepts or visuals that appear out of place and are an obvious attempt to “Indianize” your materials.

With culturally appropriate materials, special attention must be paid to graphic representations. Negative stereotypes can be conveyed by pictures as well as with words, and an inappropriate illustration or photo can have an especially harsh impact. For example, be sensitive to the stereotypes associated with Native Americans. Avoid themes that may conflict with the values, beliefs, lifestyles, attitudes and activities of the Native American community.

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.

Remember that charts, tables, graphs and diagrams usually have little appeal for many lay audiences. If used at all, they 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.

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. High-quality 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.
- Balance words and graphics with ample “white space” on the page.
- Use reverse print sparingly (white or light print on a dark background).
- Again, check that your illustrations fit the culture and lifestyle of your Native American audience (i.e., powwow scenes or family scenes)

Choose a user-friendly type style.

Materials that are visually 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) generally is 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:

- *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 symbols and other visual elements that have meaning to the Native American audience (i.e., native blanket designs or medicine wheels), reinforcing the message that your materials were designed with the specific reader in mind. As with any graphic technique, however, don't overdo it; avoid overuse of such visual elements.

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 materials, 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.

It's a good idea to ask members of your intended audience to review the materials after these changes have been made. Often, an editor unfamiliar with local language nuances will reword a phrase that is commonly used and recognized by your Native American audience.

Step 6: Testing Your Materials

Always pretest.

Obtaining feedback prior to printing is essential for culturally-sensitive materials. This will measure your Native American 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 Native Americans for whom this product is intended. It is also helpful to receive input from Native American health professionals and other health care experts who work with the Native American population.

When pretesting, ask these questions: Are the materials:

- Attractive to the Native American 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:

- 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?
- Does this need to be changed to help your grandmother feel comfortable reading it? (If so, how?)
- 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 believe or don't trust?
- 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 revision suggestions.

Many Native American communities customarily have an internal publication review and approval process which must also be observed. A multi-step approach to product development involving audience input and tribal council review should be continued until the quality and content of the materials are acceptable to all.

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*. This resource is located on the web 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 Native Americans.

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
<http://cancer.gov/pinkbook>

Making Health Communication Programs Work: A Planner's Guide, National Institutes of Health, National Cancer Institute, 2002.

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

Breast Health Resources

Native American Organizations

Association of American Indian Physicians

1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108
405-946-7072 phone
405-946-7651 fax
www.aaip.com

California Rural Indian Health Board

4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
916-929-9761 phone
916-929-7246 fax
www.crihb.org

The California Rural Indian Health Board is responsible for planning, advocacy, funding, training, coordinating, educating and developing policies and programs for Indian healthcare issues in California.

Indian Health Services

The Reyes Building
801 Thompson Avenue
Suite 400
Rockville, MD 20852-1627
www.ihs.gov

National Congress of American Indians (NCAI)

1301 Connecticut Ave., NW, Suite 200
Washington, D.C. 20036
202-466-7767 phone
202-466-7797 fax
www.ncai.org

The National Congress of American Indians helps to enhance Indian healthcare, including the prevention of major diseases.

National Indian Council on Aging (NICOA)

10501 Montgomery Blvd. NE
Suite 210
Albuquerque, NM 87111-3846
505-292-2001 phone
www.nicoa.org

The National Indian Council on Aging strives to better the lives of the Native American's indigenous seniors through advocacy and dissemination of information, including health issues.

National Indian Health Board (NIHB)

101 Constitution Ave., NW
Suite 8-B09
Washington, DC 20001
202-742-4262 phone
202-742-4615 fax
www.nihb.org

The National Indian Health Board is actively engaged and involved in Indian health care issues.

Native American Cancer Research

3022 S. Nova Road
Pine, CO 80470-7830
303-838-9359 phone
303-838-7629 fax
www.natamcancer.org

The NACI mission is to implement culturally competent Native American education, service and research initiatives which are designed to reduce cancer incidence and mortality, and improve quality and quantity of life after being diagnosed with cancer.

Native American Women's Health Education Resource Center

P.O. Box 572

Lake Andes, SD 57356-0572

605-487-7072 phone

605-487-7964 fax

www.nativeshop.org

The center provides a variety of health programs and services, including breast cancer awareness programs and a clearinghouse for health education materials for Native American audiences.

Native C.I.R.C.L.E

The American Indian/Alaska Native Cancer Information Resource Center and Learning Exchange

Charton 6, Room 282

200 First Street SW

Rochester, MN 55905

877-372-1617 phone

507-538-0504 fax

www.mayoresearch.mayo.edu

The Native C.I.R.C.L.E is a resource center that provides cancer-related materials to healthcare professionals and lay people involved in education, care and treatment of American Indians and Alaska Natives.

Northwest Portland Area Indian Health Board

527 SW Hall, Suite 300

Portland, OR 97201

503-228-4185 phone

503-228-8182 fax

www.npaihb.org

The Northwest Portland Area Indian Health Board has developed a variety of programs that include the Women's Health Promotion Program and the Cancer Control Project.

South Central Foundation

Alaska Native Women's Wellness Project

4501 Diplomacy Drive, Suite 200

Anchorage, AK 99508

907-265-4900 phone

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.

Food and Drug Administration (FDA)

5600 Fishers Lane

Rockville, MD 20857-0001

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

www.fda.gov

National Breast and Cervical Cancer Early detection Program

4770 Buford Highway, NE, 17S K-64

Atlanta, GA 30341-3724

888-842-6355 phone

770-488-4760 fax

www.cdc.gov

National Center for Health Statistics (NCHS)

Division of Data Services

3311 Toledo

Hyattsville, MD 20782

301-458-4636 phone

301-426-6668 fax

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
713-798-3990 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 Steet, NW, Suite1300
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),
9:00 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 Native American 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 Native American audience?
- Are sentences and paragraphs short, simple and written in the active voice?
- Is the vocabulary level appropriate for your Native American 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

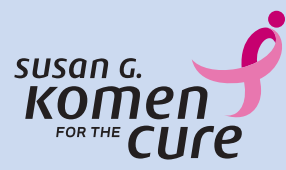
- Are visual elements colorful and eye-catching?
- Do photographs, illustrations and other graphic elements relate to the text?
- Do photographs, illustrations and other graphic elements relate to your Native American audience?
- Are Native American stereotypes avoided in your content and visuals?

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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