
Section 1

Background

Information

What is in this guide?

There are three sections to this guide.

Section 1: Background Information, outlines the things to consider before you produce a health education resource.

Section 2: Stages to Producing Health Education Resources describes the eight stages to work through as you develop a health education resource. These stages demonstrate best practice and are designed to ensure the resources you produce are effective. You may not need to follow all of the activities suggested for each stage, or you may wish to add other activities to the process. This will depend on what suits the context, audience and resource you are producing. The activities in Section 2 can be downloaded and adapted to suit your organisation's requirements and the resources you are producing. Section 2 also helps you decide whether a new health education resource is needed and what type of resource to develop.

Section 3: Appendices contains additional checklists and references to support you as you develop your health education resources.

This guide emphasises the importance of getting to know the audience for a health education resource and reflecting their needs, preferences and goals in the resource. This includes building the health literacy skills people need in order to manage the health issue that the resource describes.

What are health education resources?

There are many types of health education resources, for example: pamphlets, billboards, posters, booklets, DVDs, television or radio campaigns, online tools and social marketing (that is, using marketing and other techniques to bring about a change in behaviour for the benefit of society such as reducing tobacco smoking nationally).

Health education resources aim to build the knowledge and skills of their audience and help the audience manage and improve their health. The resources often explain a health issue and provide information that can help an audience understand what they need to do to manage their health or support the health of others.

An effective health education resource has a clear purpose and meets the needs of the audience.

Every health education resource needs a clear purpose.

Health education resources need to:

- > be easily understood by the main audience
- > encourage improved health outcomes for the main audience
- > provide the right information, at the right time, in the right place, using the right format for the main audience
- > build the health literacy of the main audience.

Remember: it's all about the audience!



Guiding principles

There are a few guiding principles that will help you develop a successful health education resource.

1

Be prepared

Spend time and effort gathering evidence and information and building an understanding of your audience **before** you start writing or producing your resources. It is much easier and more cost effective to change an idea or concept than to change a resource that has already been produced.

2

Be clear

Make sure that you have clearly defined your audience and that the messages in your resources are clearly stated for that audience. Having clearly defined audience(s) and message(s) will help you select the material to include and types of resource to produce. Your resources also need to have clear goals, preferably ones you can measure.

3

Be open

Ask for, explore and be willing to take on board ideas that are completely new or different from your own. Make sure you get open and honest feedback as you work through the resource development process.

4

Be relationship focused

Involve the audience, stakeholders, colleagues and experts in developing resources. Encourage and respect their participation. Having a close and ongoing relationship with the audience and stakeholders will make it easier to get ideas and regular feedback. Work in a team if possible, since resources often benefit from a mix of expertise. This may require more time but will likely result in better resources.

5

Be accountable

Keep track of the feedback, discussions, information and ideas you gather, the decisions you make and the reasons for those decisions. This will help you be accountable to your audience, funder(s) and other stakeholders. It will also be very useful when you come to review the processes and the resources and want to use what you have learned to develop other resources.

6

Test, test and test again

Keep testing ideas and resources with your audience and stakeholders. If possible, check the resources' effect on behaviour (or the outcomes you are seeking) by running a test or trial.

Improving health literacy

If a person has good health literacy, they are able to find, understand and evaluate health information and services easily in order to make effective health decisions. Health literacy includes sending and receiving oral and written communication, numeracy skills, understanding important health points, and using critical thinking and problem solving to improve health choices.

There is a strong relationship between a person's health literacy and their health status. Research

indicates that health literacy is a stronger indicator of health status than educational achievement level, ethnicity, gender, or socioeconomic status (Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs and American Medical Association 1999).

Health literacy is determined by **two** broad factors: the literacy skills and knowledge of the health consumer and the complexity of the literacy demands that the consumer faces.

1

The literacy skills and knowledge of the consumer (reading, writing, speaking, listening, numeracy ability, and thinking critically) along with things that affect the use of their skills, such as: familiarity with the health topic and system, the stress the consumer is under, the time and resources available to them and their confidence, attitudes, values and beliefs.

2

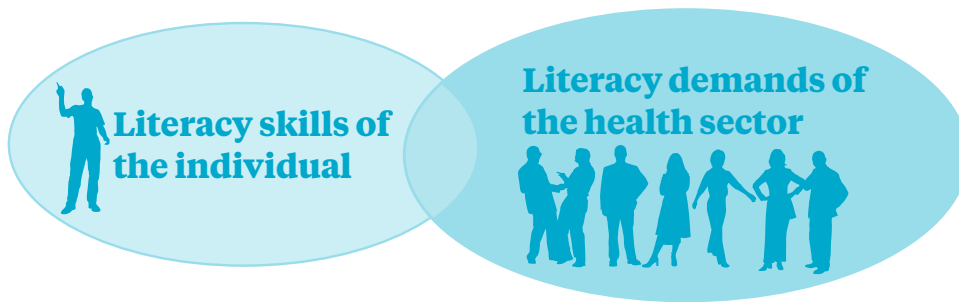
The complexity of the literacy demands that the consumer faces created by: the design of the health system, the health organisations' processes, funding systems, the complexity of a health issue or topic, the communication skills of the health workforce, the complexity of resources given to the consumer (eg, forms, letters, publications, websites, labels, instructions), and media messages.

The health literacy demands of the health sector keep increasing because:

- > people are living longer and managing a wider range of health issues
- > people are expected to manage their own health, stay informed about health matters and be responsible for their health decisions
- > the health system is continually changing
- > new technologies are being introduced to the health sector
- > more health information is available than ever before.

Information about the health literacy skills and knowledge of the New Zealand adult population can be found in *Kōrero Mārama* (Ministry of Health 2010). Overall, the New Zealand population has poor health literacy regardless of employment status, educational achievement or ethnicity. Some population groups in New Zealand have particularly poor health literacy skills. Often, these are the groups we are most interested in supporting with health education resources.

In most health settings, there is a significant mismatch between a consumer's health literacy skills and health sector demands.



Improving the match

There are two ways to improve the match between health literacy skills and health sector demands:

1

Develop the health literacy skills of consumers

2

Reduce the health literacy demands of the health sector.

It is important to look for opportunities to do **both** of these things – be careful not to assume that health literacy must focus solely on developing consumers' skills.

Developing health literacy skills

Health education resources provide an opportunity to develop consumers' health literacy skills. For example, resources can:

- > build understanding of essential written and spoken health terminology
- > build understanding of the events in a health process and what to expect
- > build understanding of who to approach for support and advice
- > explain and demonstrate conversation and questioning techniques for communicating with health professionals
- > explain how to read labels, medication cards and instructions
- > explain and demonstrate how to fill in forms
- > build numeracy skills, such as working out dosage amounts and timing of medications.

Health education resources can also be used to improve the communication skills of the health workforce.

Reducing health literacy demands

Reducing the health literacy demands within the health sector is not about 'dumbing down' or reducing the amount of information available. It is about improving the responsiveness of the health sector and health system and taking a patient-centred approach to sharing information. This may mean sharing more rather than less information with consumers.

Health literacy demands can be reduced through changes such as:

- > allowing more time for health conversations and consumer questions
- > encouraging whānau involvement
- > providing interpreters for consumers whose first language is not English, and for consumers with hearing/visual impairments
- > training health professionals to be culturally competent communicators
- > making health services easier for the consumer to navigate
- > redesigning health resources, letters and forms so they are more understandable from a consumer's perspective.

Resource development and health literacy

Developing health education resources involves addressing health literacy in two ways.

1

Make sure your audience can understand the resources and messages you develop.

- > Use clear, plain language that reflects the audience's own common language; this may include communicating in multiple languages.
- > Use presenter(s) in face-to-face discussions, DVDs or online video, to explain and demonstrate a message.
- > Provide photographs or other images to explain complex issues.

2

Make sure your resources help the audience develop the health literacy skills they need to understand and manage a health issue. For example, a person who has recently been diagnosed with high cholesterol may need a resource to help them:

- > understand vocabulary that relates specifically to cholesterol and how to pronounce that vocabulary (definitions and guidance about how to pronounce new words could be provided in writing and orally)
- > build enough knowledge about cholesterol so they can understand what health professionals are asking them to do and why (this could include providing the consumer with a framework of headings, such as: *What do I need to do? When do I need to do it? Why do I need to do it?*, and encouraging the consumer or their health professional to write notes under these headings)
- > plan questions to ask their health professional, and build their confidence to ask these questions (this could include providing the consumer with a list of possible questions and an outline of how to prepare for appointments, including writing out and rehearsing the questions they wish to ask)
- > work out ways to enlist whānau or community support to help a consumer manage their condition and navigate the health system, such as making sure they have regular blood tests.

Most health information and resources are written in plain language but this is not enough in itself. Developing people's health literacy skills means resources also have to include activities that build on their existing knowledge by introducing new concepts, vocabulary and information.

(Workbase 2011)

In order to work out what health literacy to build within a resource, you will need to identify the literacy demands of the health issue and the literacy skills of your main audience. You will then be in a position to decide how your resource can be developed to help bridge the gap between the skills people have and the skills they need. This is called carrying out a health literacy review.

Health literacy review

Identify the literacy skills of the main audience

- > What health literacy skills and knowledge are people likely to have? Refer to *Kōrero Mārama* (Ministry of Health 2010).
- > Ask the audience how they find out about health issues and get advice. It may be useful to use existing communication channels.
- > Ask the audience to review existing or test new resources. Would the audience look at these resources? What messages do they get from these resources? What is clear or confusing and why?



Identify the literacy demands of the health issue

- > Identify all of the activities and tasks associated with the health issue (What do people need to understand? Who do they talk to or communicate with? What parts of the health sector will they encounter? What processes do they need to follow? What do they need to do themselves? How do they prepare for health interventions? etc).
- > Analyse the literacy demands within each activity/task. (What do people need to read, write, speak about, listen to, calculate, decide, evaluate and problem solve for each activity/task?)

Make decisions

- > Where are the gaps between literacy demands and literacy skills?
- > How can the literacy demands be reduced?
- > What types of resources will work with the audience's skills?
- > What health literacy do we need to build within the resources?

Taking a plain language approach

Plain language is a way of communicating so that an audience can find information easily and understand that information the first time they read or hear it. Audiences want clear, precise and easy-to-follow information. If a resource seems dense, boring or difficult to understand, it is likely that people will ignore it.

Many plain language checklists and guides are available online, or your organisation may have guidelines that they require you to follow. A detailed Plain Language Checklist is provided in Appendix 1.

If you are new to resource development, you could use a readability test or formula such as Flesch-Kincaid or SMOG (Simple Measure of Gobbledygook) to help guide your writing (Kincaid et al 1975; McLaughlin 1969). However, readability tests are not always suitable for health education resources as they have some notable limitations. In particular,

readability tests focus on sentence and word length (number of syllables) as the main indicators of how difficult a text is and cannot measure meaning, tone or logical flow. Nor do readability tests take into account the importance of design and graphics in assisting (or reducing) understanding.

A resource writer can use readability tests to help them reduce the number of multi-syllabic words in order to reduce one aspect of the reading difficulty of a text. However, health resource writers often need to include essential health terminology (often multi-syllabic) and technical information in order to build the audience's health literacy. You will be able to develop more effective resources that will work well for your audience if you use clear and simple explanations for technical concepts and terminology, and engage your audience in developing and testing draft resources.

Types of resources

As mentioned earlier, there are many types of health education resources. When deciding which type of resource to develop, it pays to work closely with your audience to see what suits their needs best. Although you will often be faced with budget constraints, it is useful to build in some form of trialling (either by mocking up some examples or finding similar existing resources) and feedback. These actions will allow you to assess the usefulness of your resource. Such commitment up front can save greater expenses down the track.

Resources need to be well designed to encourage the audience to engage. You also need to consider how the audience will want to access and use the resource, and whether it can be produced in large numbers and will reach enough of the audience. In other words, resources need to be both accessible and scalable.

If producing web-based resources such as websites or video campaigns, you will have purpose and structure considerations to work through that differ from hard copy resources. Some advice for producing resources for the web can be found at the end of Appendix 1. It is also a good idea to seek expert advice on web design and writing.

If you produce hard copy resources and then make them available online as downloadable documents (for an audience to print at home), you will need to consider the file size and printing requirements of the resources to ensure that they will be easy to open and can be effectively reproduced in black and white. This may mean producing a different version of the resource for the internet.

Getting to know the main audience

This guide generally uses the term ‘main audience’ to describe the group of people you are writing or designing for, that is, the people you want using your resource. Organisations may use a number of different terms for this audience, for example, ‘priority group’, ‘community’, ‘whānau’, ‘patients’, ‘clients’, ‘consumers’ or ‘target group’.

Reading is a voluntary activity – the first challenge is making people want to read beyond the cover by making a resource seem useful and interesting.

A resource needs to work for the main audience by providing relevant, meaningful messages in a way that appeals to this group. Keep this audience in mind in every decision you make about your health education resource. The more clearly you define your main audience, the easier you will find it to work out what images and information the audience will find useful and how the information should be presented. The best situation is having a close and ongoing relationship with your audience so that it is easy to discuss with them what might work and to get regular feedback.

You are trying to interest and convince your readers. Do what works for them. This means you need to get to know your audience and involve them in resource development.

The main audience affects:

- > the tone, look and feel of a resource
- > the purpose and key messages
- > what information is sensitive, interesting or necessary
- > what you suggest or ask the reader to do
- > the language you use and the terms that need to be explained
- > how much you write
- > the type of resource that will work.

A health education resource might be written for a large national audience, for example, the parents of all preschoolers. Within this audience there will be a main audience, the core group you are seeking to inform and influence, and secondary audiences. For example, if the purpose of your resource is to inform the parents of preschool children about the importance of oral health, then your main audience is likely to be those parents whose children statistically have poor oral health.

Your secondary audiences may be all parents and possibly grandparents of preschool children.

It can be difficult to produce a single resource that appeals to a large, diverse audience, for example, adults visiting a general practitioner (GP). If you have more than one main or important audience, it may be worth considering writing separate resources to cater to each. For example, a pictorial resource might be appropriate for people with intellectual disabilities, while a Braille resource might be appropriate for a visually impaired audience. Alternatively, you may decide that a single resource could include multiple messages appealing to each separate audience.

Māori audiences

People follow particular social, economic and cultural practices throughout their everyday lives. It helps to recognise this and involve those practices of your main audience as much as possible when developing a resource.

As a population group, Māori share a number of values, beliefs and practices but also have a diverse range of realities and health education needs. It would be difficult to find one health education resource that meets the needs of all Māori.

A resource is likely to be more effective for Māori if the resource:

- > clearly identifies the main audience (for example, specific age, gender and locality)
- > is designed with input from the local Māori community, individuals and whānau right from the start
- > uses language and images that fit the expectations and learning level of the main audience group (for example, this could mean using te reo Māori)
- > reflects Māori concepts and values, tikanga (customs) and wairua (spirituality)
- > takes into account the social determinants of health related to the main audience (for example, housing, education, income and environmental safety)
- > presents and promotes accurate information and clear messages.

As with all resource development, it is also important to ensure that there is:

- > funding available to produce the resource
- > a way of measuring the effectiveness of the resource.

Models of health

There are a number of Māori health models available that provide useful frameworks for building an understanding of Māori health perspectives and that can be used to support resource development. Te Whare Tapa Whā, Te Wheke and Te Pae Mahutonga are three Māori models of health that are explained in more detail on the Health Promotion Forum of New Zealand website www.hpforum.org.nz. More information on developing resources for Māori and one Māori model of health are also included in Appendix 2.

Pacific models of health, the Fonofale model and the Fonua Model, are also available on the Health Promotion Forum of New Zealand website. The Fonofale model is also described in Appendix 3.

While these models are useful frameworks, they are not a replacement for engaging with the audience. For more information on running hui, fono, public meetings and focus groups, visit the following page from the Office for the Community & Voluntary Sector website: www.goodpracticeparticipate.govt.nz/techniques/getting-people-together.html

Language and translating resources

The language and the design of resources should work together to communicate messages effectively to the main audience.

Health education resources need to use inclusive language and be free of sexism, racism, ageism and other forms of discriminatory language. Resources should reflect any diversity that exists within the main audience. If all New Zealanders are the audience for a resource, the language, messages and images within that resource should reflect the cultural, ethnic and disability diversity found in New Zealand.

There are many groups of bilingual people in New Zealand and you will need to consider the degree of multi-lingualism that is possible in your resource. A well designed and illustrated plain language version in English and Māori (or another language) may be appropriate.

When the resource has already been conceptualised or developed in one language, you could consider translating or producing different versions of the same resource (known as reversioning) to suit other audiences. Reversioning a resource provides an opportunity to reframe how a topic is discussed and what content is relevant and appropriate for a particular audience. Direct translations alone may not be effective for a number of reasons. For example:

- > equivalent words or phrases may not exist in every language
- > the vocabulary that is used may be so unfamiliar to the audience that the resource becomes complex and confusing.

Once again, it is a good idea to work with the intended audience to produce a version of a resource that will be effective for them. It is important to ensure that a reversioned or translated resource is technically accurate and communicates key messages successfully.

To keep costs down, it may be appropriate to have other language versions of a resource available online rather than as printed resources. The appropriateness of this strategy will depend on whether the audience has access to the internet.

Accessibility of resources

One in every five New Zealanders reports some level of long-term disability. There are strong communication, policy and legislative reasons for ensuring that your resources are available to everyone, including people with disabilities. It makes good sense to ensure people with disabilities can access the resources you provide because:

- > they and their whānau will be better informed about important health issues
- > you will be showing a commitment to the intentions of the New Zealand Disability Strategy (Minister for Disability Issues 2001) and the United Nations' Convention on the Rights of Persons with Disabilities (United Nations General Assembly 2007), which New Zealand ratified in 2008
- > your health message will reach a greater number of people
- > when you provide accessible resources, you help to create a positive response to the health issue.

More information on using inclusive language and developing accessible resources can be found in Appendix 1.

