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# Section 3 Appendices

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# Appendix 1:

## Plain Language Checklist

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### Hard copy/paper resources guide/checklist

#### Vocabulary

Use simple, familiar words that reflect the intended audience's common language.

Use simple, familiar words to explain technical words or concepts.

Give examples or analogies for new or difficult concepts.

Do not use abbreviations or acronyms unless they are explained clearly at the point of use.

Use key terms consistently.

#### Sentences

Keep all sentences short (15–20 words).

Discuss one point per sentence.

Use the active voice (the subject is doing something, for example, 'See your doctor if you feel ill') rather than the passive voice (something is acting on the subject, for example, 'A doctor should be seen if a person is feeling ill').

#### Paragraphs

State the main message in the first sentence.

Have one message per paragraph.

Keep paragraphs short (3–4 sentences).

Use bullets and simple tables to set out key points and information.

#### Organisation

Ensure that the text follows a clear, logical sequence.

Subheadings should follow a logical sequence, be clear and concise, and allow the reader to scan the resource easily to find information.

Summarise or emphasise key points where appropriate.

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## Tone

Use positive statements and images – avoid negative suggestions.

Use inclusive language ('we', 'you').

Respect your audience's values.

Use friendly/conversational language to engage your audience.

## Inclusive language and accessible resources

It may be important to produce your resource in alternative accessible formats, such as large print, Braille, audiotape, DVD, simplified or pictorial versions.

Resources should reflect the main audience. If all New Zealanders are the intended audience, the resource should reflect the cultural, ethnic and disability diversity found throughout New Zealand.

Use neutral language or words that are inclusive of both sexes (eg, 'adult', 'chairperson', 'artificial' rather than 'manmade', 'staffed' rather than 'manned').

Avoid clumsy constructions such as 'he/she' or 'his/hers' by using collective terms such as 'they' or 'their'.

Use terms of equal weight for both sexes (eg, 'women' and 'men' or 'girls' and 'boys' not 'girls' and 'men').

Use examples and images that show both sexes, different ethnicities, people with disabilities and people of different ages where appropriate.

Use appropriate terms for people with physical, sensory (sight, hearing) and/or learning disabilities, such as 'disabled people', 'people with disabilities', or 'people with impairments'. (For people with a sensory disability, it is appropriate to use the word 'impairment', eg, 'adult with a hearing/visual impairment' rather than 'adult who is deaf/blind'). Check with your audience beforehand to confirm which term they use.

When specifying a type of disability, put the person first (eg, 'children with autism' rather than 'autistic children', or 'an adult with a learning disability' rather than 'a learning disabled adult'). Check with your audience beforehand to confirm which term they prefer you to use.

New Zealand Sign Language (NZSL) may be the first language of a deaf and hearing-impaired audience (rather than written English). If producing visual or video resources, include NZSL and captions.



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## Design

If possible, use a qualified designer (or a design company) whose work you are familiar with to help you develop your resource. Design skills are highly specialised, and a good design is essential for communicating health education messages effectively.

### Design concept

Ensure that the design is appropriate to the audience and the topic (eg, type of resource, size, length, colour, images, layout).

Use design features consistently across related resources/sets.

### Font

All text must be sharp and easily readable.

Generally use sans serif fonts for printed material (plain fonts such as Arial or Verdana). However, other fonts may be preferable for particular audiences, such as children.

Make sure the font is an appropriate weight (eg, medium, regular or black rather than light or italics, which could be difficult to read).

Use a larger point size for body text (eg, 12 pt).

Limit the variety of fonts used in one resource (2 maximum).

### Typeface

Use full capital letters (or upper case) sparingly as this is considered to be 'shouting' in text form and can also be difficult to read.

Avoid using italics and underlining as these features are hard for people with visual impairments to read.

Use bold to help highlight headings and subheadings.

### Space

Keep line lengths short with wide margins to ensure pages do not look overfull.

Provide plenty of space between lines.

Provide plenty of white space around text blocks.

Keep text blocks with text ranged 'ragged right' (uneven or unjustified right margin) to ensure that words are spaced evenly across each line and are not stretched to fill the line, which can be difficult to read.

### Colour and finish

Use only one or two colours in text.

Ensure there is a strong colour contrast between text and any backgrounds.

Have text on plain colour (not patterned or pictorial) backgrounds.

Use colour as a link or guide (eg, to mark different heading levels).

Use low-glare, non-glossy paper or card.

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## Graphics

Provide a high-impact title and engaging cover art that will be relevant to your main audience.

Ensure that all graphics and colour contrasts will still be effective when photocopied in black and white (if this is likely).

Include relevant, realistic images (eg, photographs or drawings/line art that reflect the audience and appropriate age ranges and genders).

Avoid using too many images as these can clutter a resource and make it confusing.

Avoid visual triggers and unintentional visual messages (eg, avoid pictures of the behaviour your resource is seeking to stop).

All images used need to be sensitive and appropriate to the topic and the main audience.

Avoid humorous images as they can be misleading and confusing for people from other cultures or people with intellectual disabilities.

Images can include captions.

Images should be placed near the text to which they relate.

Provide plenty of space around images, and don't ever put text on top of images.

Do not use images where the topic is particularly sensitive.

Use simple, clearly labelled charts, graphs and diagrams as needed.

Use other graphic devices (eg, borders) sparingly.

## Using images, photographs and visuals appropriately

Images can involve particular sensitivities. For example, for some audiences:

- > the sharing of food is special – do not show people sitting on tables or food mats, do not show people using both hands to put food in their mouths
- > body parts should be shown in the context of the whole body
- > the head is sacred and should not be cropped in photographs or overprinted.

There are domestic and international photograph libraries that offer suitable images. A list of photograph libraries can be found online. If you use photographs from libraries, check where and how the photographs have been used in other campaigns to be sure they have not been used for anything inappropriate.

If you set up a photo shoot, make sure you get multiple-use permission from the models and the photographer for the photographs generated. The Advertising and Illustrative Photographers Association website provides forms that can be downloaded to seek permission to use photographs.

**Avoid using photographs that show commercial brands on clothing or other products as this can imply endorsement or be an inappropriate use of registered trademarks.**

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## Online resources guide/checklist

In addition to the standard points discussed in the Hard Copy/Paper Resources Guide/Checklist above, there are some considerations specific to developing resources for the web. Most of these relate to how people search, view, listen to and read online information. If possible, seek expert advice when preparing online resources.

It is harder to read text on a screen than on paper. People read online information in a different way to paper resources. They tend to be less patient, read only key words, and scan a screen for the information they want rather than reading through a piece of text from beginning to end. They search for familiar terms to find the exact piece of information they want. People also expect easy, logical navigation.

### Vocabulary, sentences and paragraphs

Use screen-friendly fonts such as Verdana, Trebuchet MS and Georgia.	
Be direct and succinct. Use fewer words and shorter sentences than you would in written resources, and keep paragraphs short (1–3 sentences),	
Use familiar words – especially in headings and subheadings to assist with searching.	
Use web language – (eg, tabs, ‘help’ function, ‘about us’).	
Do not use abbreviations or acronyms unless you explain them on each new screen or page.	
Write all instructions in the affirmative (eg, ‘click here’, rather than ‘avoid using the back button’).	

### General organisation

Make sure there is plenty of empty space on each page.	
Limit text on each page to fit in a web window, where practical.	
Avoid having a lot of text on navigation pages (eg, home pages).	
Provide a good visual contrast between text and background.	
Do not use red or green text, as this is hard for readers who are visually impaired.	
Headings and subheadings will be the main pathway for navigating the resource and should be clear and logical in this role.	
Steps and processes need to follow a clear and obvious sequence (from a user perspective) to assist searching and navigation.	
Put the most important links on the front page/home page.	
Include an audio option (which allows the reader to convert all text to spoken words) and a font size option (which allows the reader to change font sizes across the website).	
Make sure the resource appears credible and trustworthy. Avoid exaggeration, unsubstantiated claims or opinion and errors. Keep checking that the resource is accessible and up to date.	
Ensure graphics work (eg, appropriate size on screen and software as required).	

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## Downloadable attachments and files

Avoid Word 2007 (docx) and PowerPoint files as many users won't have access to this software on home computers.

Keep PDF files under 500 kilobytes (KB) or they become too large for users to be able to open.

Make sure resources print well in black and white.

Look for a host website/provider for the resource.



## Appendix 2:

# A Māori Model of Health

Māori perceive health in a holistic way where good health is dependent on a balance of factors affecting wellbeing. Wairua (the spiritual), hinengaro (mental), tinana (physical), te reo rangatira (language) and whānau (family) elements interact to produce actual wellbeing. The wellbeing of te ao tūroa (environment) contributes also. This approach requires that Māori health be understood in the context of the social, economic and cultural position of Māori.

*He Tātai I te Ara* (Ministry of Health 1996).

It is important for resource developers to think about the benefits any resource may deliver to Māori. Therefore developers need to ask the following questions and show how they will answer each one.

- > How are the values of Māori recognised and provided for?
- > How is this resource relevant to whānau, hapū and iwi?
- > How will this resource benefit Māori and reflect their aspirations for their wellbeing?
- > Can Māori see themselves reflected in the resource?

The following Māori model of health has been taken from *He Tātai i te Ara* (Ministry of Health 1996).



Dimension	Definition
Te Taha Wairua	<b>The spiritual wellbeing of a person</b> This dimension determines one's identity. It provides a direct link with one's tupuna and whānau group and strengthens the taonga and tikanga values of one's cultural system (Durie 1994).
Te Taha Hinengaro	<b>The mental and emotional wellbeing of a person</b> The concept of life; confidence and self-esteem are important for good health (Durie 1994).
Te Taha Tinana	<b>The physical health of a person</b> The physical wellbeing of a person cannot be dealt with separately from the whānau, wairua, hinengaro, te reo rangatira and te ao tūroa of Māori (Durie1994).
Te Taha Whānau	<b>Family health</b> This dimension involves acknowledging the importance of the whānau in providing sustenance, support and an environment that is important to good health (Durie 1994).
Te Ao Tūroa	<b>The environment</b> The relationship between Māori and te ao tūroa is one of tiakitanga (stewardship). It is the continuous flow of life source. The wellbeing of te ao tūroa is linked with mana Māori. It is an essential element in the identity and integrity of the people. Without the natural environment, the people cease to exist as Māori (Royal Commission on Social Policy 1988).
Te Reo Rangatira	<b>The importance of language</b> This dimension is an essential part of Māori culture. It is a taonga. It expresses the values and beliefs of the people and a focus of identity. The root of Māori culture is the language, a gift from our ancestors.

If these six dimensions of health are reflected in resource development for, and with, Māori, a health education resource is likely to be more effective. The resource is likely to contribute to improved health for Māori because the main audience can see themselves reflected and addressed in the resource. This means that the audience is more likely to retain the key message and information delivered by the resource.

This Māori model of health considers the whole person, in the context of family, and does not isolate single dimensions of that person.

For more information on models of Māori health, visit the Māori Health Models page of the Health Promotion Forum of New Zealand website at: [www.hpforum.org.nz](http://www.hpforum.org.nz)



# Appendix 3:

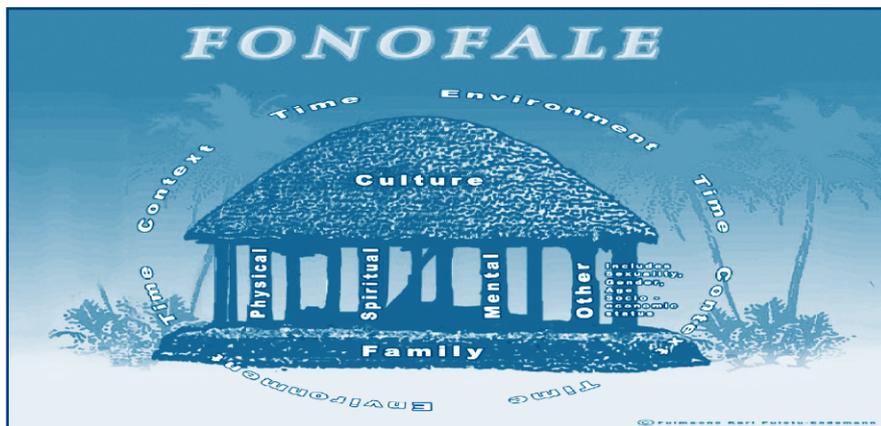
## The Fonofale Model

The Fonofale model has been developed by Pacific peoples. This model provides a framework for engaging with Pacific communities and a basis for developing effective health education resources that reflect a Pacific world view.

In the Fonofale model, the fale (house) represents the whole person. The physical, spiritual, mental and 'other' dimensions (variables that can affect health, such as sexuality, gender, age, socioeconomic status) are the crucial pillars that keep the house upright. The foundation (for all Pacific cultures) is the immediate or extended family. Culture is the roof that shelters individual and family life.

The Fonofale stands in a circle comprising three elements:

- > Environment – the relationship with a particular physical setting (eg, rural, urban)
- > Time – the specific period in history and that period's impact on Pacific peoples
- > Context – a frame of reference and what it might mean to the individuals involved, for example, being island born but living in New Zealand or being born and raised in a Pacific community in New Zealand.



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