

Creating Printed Health Materials for Older Adults

Guidelines for Orange County



WECARE
Working to Enhance Care and Resources for Elders



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Introduction

According to research presented in the County of Orange Office on Aging 2009-2012 Area Plan, “Ethnic/cultural background, literacy, language skills, level of assimilation, and even a preference for informal resources (family, friends, neighbors) rather than ‘official’ government programs, all impact usage (of senior services in Orange County). The most often cited reason seniors and their caregivers fail to access available services is lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need. **Marketing of services is an important component to the reduction of gaps in service delivery due to lack of knowledge about service availability, but frequently does not occur because under-funded providers are hard pressed to accommodate their current client base.**”

In addition, the Office on Aging 2005-2009 Area Plan specified that knowing what services are available is one of the top issues of most concern for seniors based on a county-wide needs assessment. It is clear that print materials are of vital importance in promoting organizations’ services, disseminating health education, and linking people to the appropriate types of care. In an effort to address the needs of senior-serving community organizations in Orange County, AmeriCorps WECARE and Office on Aging have collaborated in developing this guidebook.

Through utilizing WECARE’s corps of trained volunteers, research in community settings on how to create and improve health-related print materials for the older adult population was able to take place at no cost to the community organizations supportive of the project. This guidebook is a consolidated report of results/findings from focus group evaluations, readability tests, informal interviews, and extensive archival research on what works for Orange County older adults.



Focus Group Testing

Focus groups are a means of obtaining opinions, rationale, and reactions to print material and are effective in acquiring relevant feedback because of the involvement of targeted audience members. This type of evaluation is a qualitative way to test health-related concepts and the usability of print materials. Hearing responses directly from intended audience members improves understanding of audience reactions and can better illustrate the need for simple language or the value of a straightforward approach. On average, groups usually consist of 6-10 participants.

Using open-ended questions to facilitate discussion among participants is ideal. While questions asked by the focus group facilitator should vary according to the purpose of the testing, the following topics are listed as a general guideline of what to cover when testing health-related print materials.

Feel free to use and modify the following according to one's evaluation needs.

Design

- Overall look of the material?
- Color - easy to view, attractive?
- Font type, size - read comfortably?
- Layout - what was especially liked/disliked?
- Images (if applicable) - what was especially liked/disliked?
 - Do participants identify with the people in the pictures?

Content

- Interpretation of the purpose/message of the material?
- Who is the material speaking to? Who is the target audience?
- Was the level of detail and amount of information provided in material appropriate?
- Was something new learned from reading the material?

Language & Readability

- Readability of language - was material easy to understand?
 - Was anything confusing?
- Thoughts on tone of the material?

Concluding Thoughts

- Missing concepts that should have been included?
 - How can material be improved or made more helpful?
 - Does material prompt participants to perform the action indicated (i.e. schedule a mammogram, create an emergency kit, call a center for more info)?
 - Why or Why not?
-



Readability Testing

Health literacy, defined as the ability to read, understand, and act upon health information, is a stronger predictor of health status than a number of other factors, including race/ethnicity, income, age, and employment status.¹ More than 5 million Californians, or one in four adults, are “functionally illiterate.”¹ It is no surprise that a mismatch exists between the high literacy levels required to successfully obtain quality health care and the lower literacy levels of those who cannot obtain the care they need.

It is recommended that materials targeting the general public should be written at the 4th to 6th grade level.² The percentage of people age 65 and older in Orange County with less than a 9th grade education is 11%. While another 11% obtained some high school education, the largest group of older adults, at 28%, did not go beyond earning a high school diploma.³

Organizing and presenting information so that it can be easily read benefits both skilled and unskilled readers. In fact, studies show that people with high literacy skills prefer plain language print materials because they save time and can be easily understood when read through only once.² It is important for organizations to know that writing health-related print materials in a clear and simple manner is anything but insulting, juvenile, or unprofessional.

While readability tests give you a general idea of how hard a document is to read based on the words it contains, they do not take into consideration the effects of cultural differences and layout/design elements. Results from the following suggested tests should be used as supplementary information to focus group results in tailoring material for your intended audience.

Flesch Reading Ease

The Flesch Reading Ease test rates text on a 0-100 scale based on the average number of syllables per word and words per sentence. The higher the score, the easier it is to understand the material. The test is easily accessible through popular word processing programs such as Microsoft Office Word.

Standard documents intended for the general public should aim for a score of 60-70. The following table is helpful in evaluating a document’s reading ease score:

90-100 : Very Easy
 80-89 : Easy
 70-79 : Fairly Easy
 60-69 : Standard
 50-59 : Fairly Difficult
 30-49 : Difficult
 0-29 : Very Confusing

Flesch-Kincaid Grade Level

The Flesch-Kincaid Grade Level test rates text at a corresponding U.S. school grade level. A score of 6.2, for example, means that the average sixth grader can understand the text. In other words, the text is written at the 6th grade reading level. The test is easily accessible through popular word processing programs such as Microsoft Office Word.

Fry Readability Test

The Fry method calculates the reading grade level of documents based on the average number of sentences and syllables per hundred words. The averages are plotted onto the Fry Readability Graph to determine the reading level of the material. See Appendix A for the Fry Readability Graph.

The formula for calculating the Fry grade level score is as follows:

1. Randomly select three separate 100 word passages (count every word including proper nouns, initializations, and numerals).
2. Count the number of sentences in each 100 word sample (round to nearest tenth).
3. Count the number of syllables in each 100 word sample.
4. Plot the average sentence length and the average number of syllables on the graph.
5. The area in which it falls is the approximate grade.

Key Informant Interviews

In an effort to better understand the needs and beliefs of older adults of various cultural backgrounds, key informant interviews were conducted with professionals who work closely with different ethnic groups throughout Orange County. These individuals shared their insight on how to make health communication pieces culturally competent and effective in reaching ethnic minority older adults. Because Hispanic/Latino and Asian/Pacific Islander groups have the largest representation among minorities at 11.1% and 11.6% of Orange County's total 60 years and over population, respectively, information presented in this section highlights these cultures.³ Key findings from each interview are presented below. To read the full interviews, please see Appendix C.

Chinese Cultural Findings

Design

- Clearly labeled headings and titles are essential.
- Font size of 12 point or larger.
- Images that have a direct impact and are clearly understood without use of imagination are best.
 - Should convey positive emotions understandable by all cultures.
- Use of bright colors recommended.
 - i.e. Chinese people enjoy the color red and find it very passionate.

Language & Readability

- Having print material in the native language is **the most important** factor to reaching and attracting Chinese older adults.
 - Also the best way to eliminate any existing language barriers.
- Material should be written at the fourth grade level or below to ensure that all audiences are captured.
- It is strongly recommended that fear tactics are avoided to promote a service or disseminate health-related information, as Chinese older adults tend to be fatalistic.
 - Instead, a more encouraging tone should be used.

Concluding Thoughts

- Partnerships with culture-specific community organizations are imperative because building trust with Chinese older adults is essential.
 - Not only are Chinese older adults more inclined to trust and be engaged by an individual or organization of their own ethnicity/culture, but such organizations can also help with the translation of print materials, which is crucial.

Vietnamese Cultural Findings

Design

- All information should be presented in bullet point form, rather than traditional paragraph format.
- Events and important information in bold.
- Font size should be on the larger end.
- Bright, vibrant colors are recommended to draw older adults' attention.

Language & Readability

- It is critical to have print material written in the Vietnamese language as a sign of respect and a way to earn credibility.
 - Very few older adults will read print materials in English, so translating is imperative.
- Writing at the third grade level is recommended in order to capture both literate and low-literacy audiences.
- While older adults are extremely fatalistic, preventative services can be promoted through educating and encouraging them as to why such services are important.
 - Emphasize that engaging in preventative services can give one peace of mind and a better chance of early detection/survival, rather than cause sickness.
 - Use Vietnamese survivors/advocates to promote their success stories and the use of preventative services.

Concluding Thoughts

- The Vietnamese culture highly respects physicians, which can be a potential barrier to quality care.
 - The doctor's word tends to be final, and older adults may feel intimidated to ask questions or actively participate in developing their care plan. Thus, the patient-physician relationship fails to be a partnership, with the patient playing a more submissive role.

Korean Cultural Findings

Design

- Font size of 14 point or larger.
- Older adults enjoy images conveying Korean culture.
 - Korean elders should be pictured when possible.
 - Attractive symbols of their country include traditional Korean dresses (hanbok), traditional Korean drums, and the flag of South Korea (Taegukgi).
- Use of solid primary colors recommended (i.e. yellow, red, blue).
 - Purple, for example, is considered a color that may be found more attractive by the younger generation.

Content

- Being culturally competent through print material means to respect the culture and accept that it will differ from other cultures.
 - Different cultures have different practices that should not be judged. While one is not expected to adopt the practices, it is important to be respectful of them.
- Educate older adults about the facts.
 - i.e. Older adults may be afraid of mammograms because of radiation, even though they do not know exactly what radiation is (without all the facts, they are not making an informed decision).
 - i.e. Older adults may believe that those suffering from mental health problems are “possessed” (they may be unaware of physical causes, such as chemical imbalances of the brain).
 - Try to dispel fear.

Language & Readability

- Print material must be **properly** translated.
 - Materials are often poorly translated such that if disseminated, older adults would have a difficult time understanding what is trying to be said.
 - The definition of translated words may be correct, but too literal.
 - Sometimes a disconnect can occur if second generation Koreans translate material intended for first generation or older adult Koreans.
- In general, even educated and fully assimilated Korean older adults prefer reading material written in Korean.
 - It is more comfortable since the Korean language is part of their culture and identity.
- Use a positive, encouraging tone. Without encouragement, older adults may not want to participate or utilize senior services.
 - When promoting preventative services, involve survivors of the disease.

Concluding Thoughts

- Korean older adults tend to avoid what they interpret as weakness (lack of education, poverty, etc.). This can be a barrier to utilization of healthcare services.
 - There is a lot of denial ("my kids are okay," "we don't need help").
 - There is a tendency to "cast out the unbeliever."
 - One possible solution is to create support groups--safe environments free of judgment where people/families can speak candidly and encourage one another.
 - Understanding the culture is crucial to building trust with Korean older adults.
 - Culture is about beliefs, religion, language, food, clothing, etc.
 - Requires patience.
 - Having an open mind.
 - Respecting differences.
 - Reaching Korean older adults through the Korean community is crucial. There needs to be leadership among the Korean American population to care for Korean elders.
 - It is common for older generation Koreans to have never learned about other cultures or races. They may see only one race, which is their race.
 - Collaboration is key. Through collaboration one can reach more people, share knowledge, and save money.
-

Latino/Hispanic Cultural Findings

Design

- Font size of 14 point or larger.
- Use realistic images depicting Latino older adults when possible.
 - Such images are more identifiable.
 - Cartoon-like images may come off as disrespectful (treating them like children).
 - Latino older adults are very visual.
- Use of bright, vibrant colors recommended.
 - Vibrant colors are part of the culture and Mexican folklore.

Content

- Less is more.
 - Use brief messages.
- Be aware that barriers to utilization of senior services for this particular cultural group are:
 - Fear of deportation.
 - Language barriers.
 - Transportation.

Language & Readability

- Writing materials in Spanish is **key** since many older adults don't read or speak English.
 - Be mindful of possible differences in words for Latinos of different origin (i.e. Mexicans, Guatemalans, Ecuadorians, etc.).
- Language used should be very simple yet comprehensive.
- Tone should be respectful, informative, and fun (when appropriate).

Concluding Thoughts

- Person to person outreach/contact is crucial to building trust and engaging Latino older adults to utilize senior services and be receptive to health education.
 - Organizations are urged to be very proactive with this community—"they will not come to us, we must go find them."
 - As a starting point, organizations need Promotores, people who promote health that know the language, culture, and live in the same community as the clients they are serving.

Common Themes Across Minority Cultures

Design

- Group common ideas under clearly labeled headings/subheadings.
- Bullet point form is preferred (be brief).
- Font size of 12-14 point.
- Images should be realistic and not cartoon-like. Should also include older adults of the same ethnicity as target population.
- Bright colors are typically found more attractive.

Content

- Should consist of facts presented concisely in a respectful and non-judgmental way.

Language & Readability

- Print materials must be written in the native language. The vast majority of minority older adults do not read/speak English, and even if they are able they rarely prefer to do so.
- Proper translation of material is key—make sure your translation is comprehensive and mindful of the target population. Keep in mind:
 - Older generation individuals may prefer reading more formal language.
 - Translation needs to be readable/understandable (avoid being too literal when translating).
 - Certain words vary for Latinos across different origins even though the language used is the same (Spanish).
- Tone needs to be informative and encouraging. Fear tactics never work.
 - Try to dispel fear through the information presented.
 - A successful tactic across cultures is to utilize survivors of disease (who are now advocates) to help educate a group and/or promote some type of preventative service.

Concluding Thoughts

- Need to be more proactive in reaching out to minority older adults.
 - There is a need for collaboration across organizations by means of sharing knowledge, expertise, and resources (especially with organizations that work with specific cultural groups).
 - Individuals of the same culture, who speak the same language, and who live in the same community as the target population need to be utilized in performing outreach and building trust with clientele.
- A common barrier across minority cultures is that older adults do not have all the facts. Misinformation, or a lack of health education, is largely what is creating fear and keeping them from making informed decisions about their health.
 - Again, minority older adults are more comfortable listening/speaking to someone of their own culture and in their own language.

Guidelines for Creating Printed Health Materials for Older Adults

The following is a compilation of guidelines and suggestions for creating effective print material for older adults in Orange County based on archival research, focus group testing, and key informant interviews. A condensed checklist can be found in Appendix B.

Message Content

1. Limit the number of messages.^{4, 5}

- Use a maximum of three to four messages per document or section of your document.
 - Brief messages are easier to understand and remember.
 - Clearly state what you want readers to do.
- Present one idea at a time in a logical sequence.²
 - Group information with titles, if possible.
 - Don't skip back and forth between topics.
- Keep lists short.
 - Limit lists to four or five items.
 - Both skilled and low-literacy readers tend to lose focus and forget items on longer lists. People with cognitive disorders, such as early Alzheimer's disease, retain only about one or two steps at a time. Thus, sticking with a few suggestions rather than listing many will increase the likelihood that your reader will actually perform the recommended action(s).

2. Tell readers how they will benefit from reading your material.

- Draw readers in right away by answering the question, "What's in it for me?"
 - For example, in a brochure about eating more fruits and vegetables, state that the information in the brochure will help readers live longer and healthier lives.

Orange County Findings

County focus group results have shown that important points/messages do not resonate well with readers if they are part of lists that run too long. In addition, skipping back and forth between topics greatly confused participants and detracted from the intended meaning of the material. Single words or descriptive nouns used as titles, headings, or subheadings were very effective in catching the attention of participants and getting the main message of the material across at first glance. For example, many participants were prompted to pick up and read materials due to titles and headings such as "Nutrition" and "Trust."

Language & Readability

1. Keep words and sentences short.

- If possible, use words with 1-2 syllables.
- Sentences should be an average of 8-10 words long.
- Paragraphs should be 3-5 sentences long.
- Avoid using abbreviations and acronyms unless necessary.
 - Even though these help keep things short, too many can be confusing rather than helpful for older adults.
 - When using them, state the abbreviation/acronym first and then spell the words out in parentheses: "Check if you are at a healthy weight by calculating your BMI (body mass index)."

2. Write using a conversational, natural tone.

- Use plain language.
 - Plain language is defined as clear writing that tells the reader exactly what he/she needs to know without unnecessary words or expressions.⁶
 - Use grammatically correct language that includes complete sentence structure and accurate word usage.
 - It helps to imagine that you are talking to a friend as you write.
 - Use personal pronouns such as "we" and "you."
 - Examples:
 - Say "If you eat these bacteria, you could get sick," instead of "Ingesting these bacteria can cause adverse health effects."
 - Say "talk to" instead of "consult."
 - Say "change" instead of "modify."
- Use concrete nouns and active voice.⁵
 - Examples:
 - Say "Get a yearly mammogram to detect breast cancer early," instead of "Following preventative precautions can increase the likelihood of detecting breast cancer onset early on."
 - Say "Quit smoking to reduce your risk for disease," instead of "Quitting smoking has been found effective for reducing risk of disease."
- Use positive statements.
 - Tell your reader what they should do rather than what they should not do.
 - Example:
 - Say "Wear your seatbelt each time you drive your car," instead of "Do not drive your car without wearing your seatbelt."
- Use analogies familiar to your audience.
 - Example:
 - Say "Feel for lumps about the size of a pea," instead of "Feel for lumps about 5-6mm in diameter."

- Avoid jargon.
 - If medical terminology or technical terms cannot be avoided, explain them in language your audience will understand.
 - Examples:
 - Say “birth control” instead of “contraception.”
 - Say “heart attack” instead of “myocardial infarction.”

3. Specify intended meaning of words with multiple definitions and/or connotations.

- Always assume that your audience includes low-literacy readers who cannot figure out the meaning of these words from the given context.
 - “Poor workers” could mean workers with poor performance or workers with limited income.
 - “Store cooked foods above raw foods” could mean placing cooked foods at a higher temperature than raw foods, placing cooked foods in the freezer while placing raw foods in the refrigerator, or placing cooked foods physically above raw foods in the refrigerator.
 - There is a mismatch between the reading level of health information and the reading skills of the public. Only 12% of adults have proficient health literacy according to the National Assessment of Adult Literacy. In other words, nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease.⁷ Thus, it is important to be careful with word choice in order to get your message across effectively.

4. In place of statistics, use words like *most*, *many*, *half*.⁵

- If you must use statistics, place them in parentheses.
 - Example:
 - Say “A survey showed that most people with diabetes (95%) have type 2 diabetes,” instead of “A survey revealed that 95% of people with diabetes have type 2 diabetes.”

5. Avoid relying on symbols to get your message across.

- Contrary to what you may think, defining messages with symbols can complicate rather than simplify things for older adults.
 - If it's a key message of your material, be sure to explain it in words.
 - Example:
 - “If you are pregnant, do not drink alcohol or your baby could be born with a serious health problem called fetal alcohol syndrome,” is better than “Alcohol + Pregnancy = Fetal Alcohol Syndrome.”

6. Avoid “talking down” to your readers.

- Be respectful and professional in trying to get your message across.
 - Try to maintain a positive tone.
 - While threat (or fear) appeals are effective with certain audiences, the elderly population is not one of them. Older adults generally avoid reading and using information that makes them feel bad about their health behavior/situation.⁸
 - By no means is using plain language a method of “dumbing down” or “talking down” to readers.⁶

Orange County Findings

County focus group participants found language used in materials written at higher reading levels (i.e. where multisyllabic words and longer sentences were frequently used) difficult to understand. In addition, medical terminology used without a definition or explanation was rarely understood. Although presenting numerous statistics in one communication piece can be overwhelming for readers, county focus group testing found that the moderate use (1 or 2 per document) of statistics has a strong positive impact on readers and can effectively communicate the gravity of a health epidemic. Statistics were understood and considered relevant even though they were not presented in parentheses or in place of words like *most*, *many*, *half* because they were used in moderation.

Design

1. Color

- Print text with the highest possible contrast.
 - For older adults with age-related vision impairments such as macular degeneration, glaucoma, and cataracts, light ink on dark paper is more readable than dark ink on light paper.⁹ However, organizations are not expected to print entire documents in this format since the traditional dark on light may be more feasible or aesthetically preferable.
 - The most readable color combinations of high contrast for older adults are white or yellow ink on black paper, black ink on pastel yellow paper, and black ink on white paper.²
 - Different color combinations of high contrast (besides black ink on white paper) can be reserved for larger text, such as headlines and titles, to create emphasis.
- Avoid using yellow, blue, and green in close proximity.⁴
 - Older adults have a more difficult time telling these colors apart. Using blue or green ink on yellow paper, or vice versa, can make words blend into the background and difficult to read.
- Older adult health professionals in Orange County have also suggested that:
 - Seniors of Latin descent find bright colors such as yellow, red, and orange more appealing.
 - Light gray, soft rose, or lilac backgrounds are best for seniors with cataracts.

2. Font

- Leading experts are in disagreement about which font family, serif or sans-serif, is best for print materials targeting seniors. Choosing between serif and sans-serif is less important than the font size and contrast. Results from county focus group tests show that older adults can comfortably read fonts from both families.
 - Serif typefaces have tails on the ends of their letters, making it easier for the eyes to follow lines of print across a page. Common serif fonts are Times New Roman, Minion Pro, and Georgia.
 - Standard sans-serif fonts, such as Arial and Tahoma, are proven to be more legible when character size is small relative to the reader's visual acuity.⁹
- Avoid decorative, novelty, or italic fonts such as *Blackadder ITG* or **BAVEUSE**. Older adults find these difficult to read.

- Use upper and lower cases.¹⁰
 - Text in all capital letters is difficult to read.
- Type size of 14 point is good for the general older adult population.
 - Large font is necessary because by age 45, most people begin to experience vision changes due to aging, including difficulty reading, distinguishing colors/contrast, and the need for more light.¹¹
 - Depending on the type of font, size can range from 12-14 point for body text. Some fonts are naturally larger than others—for example, Georgia is larger than Times New Roman even when they are of the same point size.
- Type size of 16-18 point is good specifically for a target audience of visually impaired older adults.⁴

3. Layout

- Leave ample white space around margins of the page and between columns.
 - It is crucial to leave white space on a page to allow for eyes to occasionally relax while navigating through a piece of material. This helps older adults focus their attention while reading, and also makes the material more aesthetically pleasing (looks less cluttered).
- Align text to the left margin and leave right margin jagged.
 - Avoid expanding or justifying text, which is when all lines in a paragraph are made the same length (i.e. newspaper style).
- Headings should be consistent and easily recognizable.
 - It is important for headings to be centered and uniform in font type and size throughout. County focus group participants especially disliked off-centered headings and claimed that they made the document look unorganized.
- Do not wrap text around an image or graphic.

4. Images

- Use only professional, realistic visual images.⁵
 - Not all older adults understand or take cartoon-like images seriously. County focus group participants responded better to realistic-looking and easily recognizable images as opposed to childish or cartoonish ones.
 - It is especially important to avoid cartoon-like images when depicting body parts or other health-related images.
 - Avoid images that are for decorative purposes or that are very abstract. Instead, images used should help emphasize or explain the text.
- Choose the best type of visual for your material.
 - Photographs are best for depicting “real life” events, showing people, and conveying emotions.
 - Simple illustrations or line drawings are best for showing a procedure (proper hand washing), depicting socially sensitive issues (drug addicts), and explaining an invisible or hard-to-see situation (airborne transmission of a disease).
- Show the action you want your readers to take, instead of showing what they should not do.
 - Example:
 - If you are telling readers to eat healthy snacks, an image of fruit would be more effective than an image of donuts with an “X” over it.

- The image of fruit shows readers what to eat and reinforces one's intended message by providing readers with a visual link to the desired action (whereas the image of donuts does not).
- Some cultures do not understand that an "X" through an item means "no."
- Make visuals easy to understand.^{5, 12}
 - Each image should present a single message. If several messages are shown in one visual, readers may miss some or all of the messages.
 - Images should highlight only the most important points made in the text.
 - Place images next to the text to which they refer.
 - Number images when showing a sequence.
 - Write brief captions stating your key message. This is a good technique for reinforcing your message, and also tells readers exactly what the image is trying to convey. For example:



Wear gloves to avoid spreading disease.

- Visuals must be culturally relevant and sensitive.
 - People depicted in visuals should be of the same ethnic or racial group, age, and gender as your target audience. This helps readers to identify with the people in the images and to, ultimately, find your material's message more relevant.
 - Materials targeting diverse audiences should show both genders and people from various ethnic and racial groups.

Orange County Findings

Although colors contribute to the overall appeal of print materials, county focus group testing has shown that materials in black and white are just as effective. The most important factor when it comes to color use is producing the highest possible contrast between background color and text color for legibility purposes. While there is much speculation concerning which type of font family is most legible for older adults, both serif and sans-serif fonts were found to be easily legible in county focus groups. When creating materials specifically for visually impaired older adults, design elements **greatly** affect readability—materials targeting this audience should use simple/basic font types in bold print and in high color contrast. Layout proved to be a critical component in deciding whether or not an older adult would pick-up and proceed to read through a brochure or flyer. Positioning and word choice of headings/titles were particularly important factors. Images depicting real-life events and emotion were most appealing to focus group participants. Most had a strong negative response to cartoon-like images, and claimed that they were difficult to recognize and understand.

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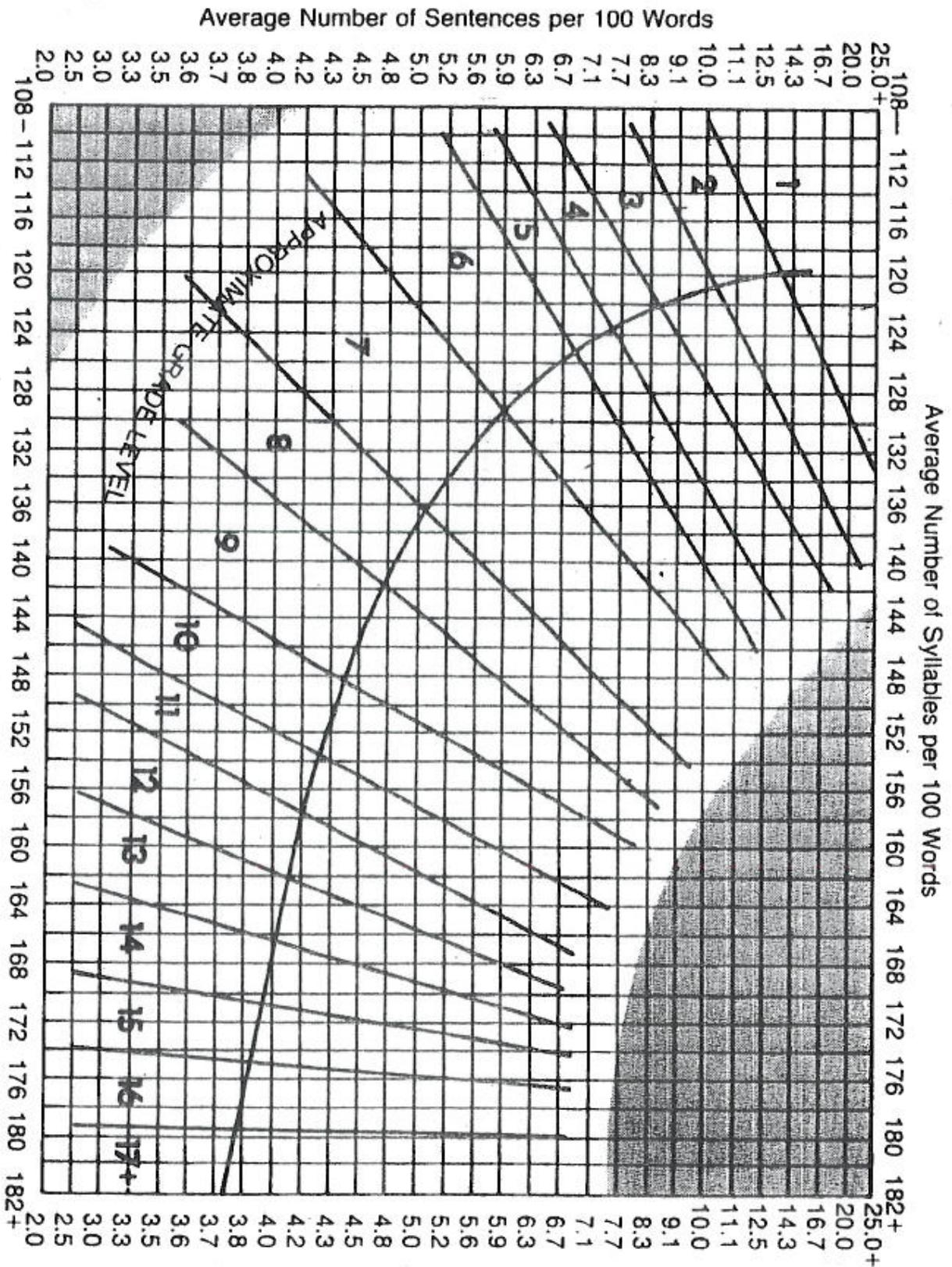
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Appendices



Fry Readability Graph—Extended



Checklist for Creating Print Materials

Message Content

- Maximum of 3-4 messages in document.
- Present one idea at a time in logical sequence, with clearly labeled headings/subheadings.
- Lists are no longer than 5 or 6 items.
- Clearly & briefly tell readers how they will benefit from reading your material.

Language & Readability

- Keep words, sentences, paragraphs short.
- Avoid abbreviations/acronyms, if possible.
- Write in conversational, natural tone.
- Write in active voice.
- Tell readers what they should do rather than what they should not do.
- Avoid jargon, medical terminology, and technical terms. If used, defined in easy-to-understand language.
- Limit statistics to 1 or 2 per document.
- Write in a respectful and professional manner.

Design

- Text printed in highest possible color contrast (i.e. black ink on white paper).
- Avoid using yellow, blue, and green in close proximity.
- Avoid decorative, novelty, or italic fonts.
- Avoid writing in all caps.
- Type size is at least 12-14 point for body text.
- Type size is 16-18 point for visually impaired audience (i.e. older adults with macular degeneration).
- Lots of white space.
- Body text aligned left (not justified).
- Present information in bullet points rather than paragraph format whenever possible.

- Headings are in consistent font/style and easily distinguished.
- Avoid wrapping text around images.
- Use realistic, easy to understand images (avoid cartoon graphics).
- Place images next to text to which they refer.
- Number images when showing a sequence.
- Write brief captions to accompany images conveying an action, if possible (i.e. showing how to properly wash hands).
- Images depict what readers should do instead of what they should not do.
- People depicted in images are of same ethnic/racial group, age, gender as target audience.
- Materials targeting general older adult population depict people from various ethnic/racial groups (not just one).

Full Key Informant Interviews

Donna Lin

Title: Executive Director, Asian American Senior Citizens Service Center (AASCSC)

Ethnic groups she works with: Chinese, Korean, Vietnamese, Cambodian, Filipino, and Japanese.

Years in the field: 10

Interview date & location: November 13, 2009 at AASCSC in Santa Ana, CA

Interviewer: Ivy Lee

Design

IL: Is there anything that works best for Asian older adults in terms of the layout of print materials?

DL: I think the main thing is that it has to be very clear. With this for example (referring to a brochure she did in collaboration with Council on Aging), it has white space in between each section and is very clear. Even if they don't wear glasses, they would be able to identify that this section is for transportation, this is for meals on wheels, this is for Medicare (pointing to each heading separating the different paragraphs). I think the thing is that you have to make your message very clear with headings and titles.

IL: In terms of images or pictures, is there a preference for more cartoonish or more realistic images?

DL: I think more realistic is better, especially if you're using seniors in your pictures.

IL: What would be culturally competent for the Asian older adult population in terms of images?

DL: I think showing positive emotions is most important, rather than making them use their imagination. Don't make them use their imagination, just be very direct. You know like with this, you can clearly tell they are taking care of each other (picture of two smiling seniors holding each other).

IL: Is it better to include Asian people in the pictures?

DL: Oh yes. You know, just give them a very direct impact image. These two hands are holding each other, helping each other (picture of two hands grasping each other). It's a very direct image.

IL: For a brochure that is written in English, would it help to put in a picture of an Asian elder or mention that the organization has Asian-speaking representatives?

DL: Actually, It'd be nice if you had it in their language first. And then, plus, of course, you should picture some Asian elders in there, definitely.

IL: I know that some cultures don't understand that a circle with an "X" through it means "no" or "stop," which is understood in American culture. Is there anything like that particular to the Asian older adult population?

DL: Yeah, that's what I mean. They do have their own culture, and you have to understand that they come from a different background culture-wise, language-wise. There is a big barrier, especially with older Asians. That's why if you use something...a sign they will probably not understand. If you put down "STOP" under the big circle with an X, I think they will understand better. That's what I mean when I say that a more direct explanation is necessary.

Content

IL: We talked about how Asian minority seniors tend to prefer going through their family members and friends rather than more "official" agencies for obtaining health-related information, and how this is a barrier to their healthcare access and use of senior services in this county.

DL: Definitely, yes

IL: How can we overcome that and can anything be done through print material to attract them?

DL: You see, this is the thing! This is why Asian American Senior Citizens Service Center is here. Because with Asian seniors, you have to build trust over the years. I worked with Council on Aging very closely with their friendly visitor program because if you have a White lady ring the doorbell, Asian seniors will look, and then slam the door! It doesn't mean they are rude. You have to build up a trust, you see. So you know, even for print material, it's hard to explain...they don't trust people easily. It doesn't mean they are not friendly.

IL: Of course, it's a cultural thing.

DL: Yes, it's a cultural thing. For instance, in the morning if you walk on the street past a Caucasian person, you can say "hi, good morning!" If you said that to an Asian senior, they would look at you and continue to walk by.

IL: So having said that, how can organizations that are not primarily Asian-based reach out to the Asian community?

DL: It's very important that they use us. For instance, we have Santa Ana Senior Center right here. They have to use us. We will be the reach. They have to go through us, it's just fact. Santa Ana Senior Center will never reach my (Asian) seniors. They give all the information to us, and we will relay the message to our seniors.

IL: Are there any taboo topics that Asian seniors will just not talk about or they don't feel comfortable talking about in terms of health-related stuff?

DL: There are quite a lot. For instance, they don't like to talk about cancer.

IL: Why?

DL: They are fatalistic. And in their culture, they feel if you talk about it more, you're going to get it. That's why we do a lot of education in the community.

IL: So your suggestion for getting them to engage in preventative services is going out into the community, educating them, and in an encouraging way?

DL: Yes.

IL: One purpose of brochures is to get older adults to call for more information or get them to take some sort of action. How can...

DL: You have to understand, Asian seniors are more passive. Even as a preschooler, American kids are like "ME ME ME!!" (eagerly raising hand), and Asian kids are shy and just shy away. It takes time, it takes a lot of patience. It takes some organization and their trust.

IL: So I think one solution that's coming up in this discussion is developing partnerships among community organizations.

DL: Yes, definitely. Partnerships, community coalitions, these things are very, very important. You can't do everything on your own.

Language

IL: In terms of the language used in print material, what suggestions do you have considering possible language barriers?

DL: You have to use their own language. Chinese, Korean, Vietnamese...

IL: Right. But for organizations that do not have those translation resources yet, is there anything that would be helpful in working towards that?

DL: It's hard. I'm just telling you the fact. It is very hard. That is why in the past 10 years I've translated a lot of materials. You know upstairs I can show you, we have a resource center. We did a lot of translation. It's hard. They don't quite understand.

IL: Often in health brochures, a lot of medical or technical language is used.

DL: They don't understand.

IL: Right. What suggestions do you have for that?

DL: You have to use their own language, and the language has to be written at no more than the fourth grade level. You have to use very, very, ordinary, common language.

IL: So plain language is very important.

DL: Yes, it's very, very important. You have to just explain the facts, and very clearly without using any

fancy language.

IL: In terms of the tone, do fear tactics work for the Asian senior community? Or do they prefer a more informative tone? For example, if you're trying to promote breast cancer screenings, mammograms, do you try to scare them into it? Or do you just try to inform them? What tactics work?

DL: No, we don't try to scare them. We try to remind them, and we don't use scary words. We tell them "your life is very precious and you are very precious. The only way to detect breast cancer, the only, there's no second way, is early detection and early prevention."

IL: That's another thing we've learned, is that Asian seniors would rather not hear it if they know that bad news might come out of it.

DL: Yes, they're very fatalistic. That's for sure. Try to encourage them. Try to explain why this thing happened. It's not because you are bad people, it's not because you did something wrong. Tell them early detection and early prevention are very important and let them know that their lives are very precious. Let them know that children, families are counting on them. It's more encouraging.

Concluding Thoughts

IL: Do you recommend any other resources on how to make print material better for Asian older adults?

DL: Well, you came into the right center. You know, even Jewish families come to me for translating purposes. You can't just go like this, "Heyyy, want to come to the seminar" (shoving English flyer in my face)?! They will not accept it.

IL: Do you have translating resources?

DL: I am the translator here.

IL: Can people approach you and ask you to translate?

DL: I help out a lot. I try my best to help them out. Whatever benefits the community is my goal, really. For print material, using the native language is most essential. Everything else is second.

Kathy Nguyen

Title: Operations Manager, Vietnamese Community of Orange County, Inc. (VNCOC)

Ethnic group she works with: Vietnamese

Years in the field: 6-7

Interview date & location: November 16, 2009 at VNCOC Main Office in Santa Ana, CA

Interviewer: Ivy Lee

Introduction

IL: Do you have a lot of experience working with Vietnamese seniors?

KN: Well, we have a senior center here in the back. We also have a community clinic where we see most of the seniors under 65. We actually do see both the Medicare and Medi-Cal people.

IL: Are you primarily working with older seniors? What's the age range?

KN: Most everyone here is 60+. People that come to the ESL class, computer class, and just hang out are usually 60+. We have ages 60 to 90+. I think the oldest person we have here is 92.

Design

IL: In terms of layout, does anything work best for Vietnamese older adults? How can we best organize brochures, for example?

KN: Well, they don't read brochures really. So most brochures and stuff like that, we don't give out because they don't read them. As you can see, we bullet everything (points to VNCOC promotional flyers). That's how they like to read things. We don't write out long sentences, just bullet, bullet, bullet. And everything, of course, is in Vietnamese. All of our flyers are in Vietnamese. Even if we have an English flyer, we translate it into Vietnamese just to make sure they read it.

Content

IL: So we talked about how Vietnamese seniors and other minority seniors tend to prefer going to their friends and family before going through more "official" services when it comes to getting health information and care. What suggestions do you have to overcome that barrier?

KN: Actually, I think Vietnamese seniors don't mind going to their doctors. If it's a female patient, they want to go to a female doctor. With a male patient, they want to go to a male doctor. But you know, for Vietnamese seniors, they think whatever the doctor says is right. Fortunately for us, we have a health center so whenever we have big events we always tell our doctors "hey, talk to your patients about this." For one reason or another, Vietnamese seniors really listen to their religious leader or their doctors. They 100% believe these people.

IL: Right. It's the final say.

KN: Yeah, it's really the final say. Whatever they say goes. They are right. So religious leaders and doctors—the Vietnamese community always holds these people in very high regard to the point where whatever they say, goes.

IL: Are there any taboo topics that Vietnamese seniors will not talk about or do not feel comfortable talking about in terms of health? I know in the VNCOC Harmony in Health Care guide, it says that Vietnamese seniors are very fatalistic and if they feel they are going to hear bad news, they would rather not go to the doctor.

KN: Right, that's how my mom was, too. She would say, "If you don't go to the doctor, then you'll be okay. If you go to the doctor, then you'll get sick because they'll tell you you're sick."

IL: How do we overcome this?

KN: For us in the health industry, we have to do a lot of preventive care. We tell them to engage in preventive services just to make sure, to give them peace of mind that they'll be okay. For years we've been saying, "Hey, you know what, the technology these days is so great that if you detect something early enough, it can be fixed." It also helps to hear it from a survivor. It sends the message that this person caught it at the beginning, early enough, and survived. If you find it early enough, it can be fixed.

IL: It sounds like you're doing a lot of education in the Vietnamese community.

KN: We do. And we do a lot of workshops here at the site because to me, I think that we can't educate them when we're younger because that's how the Vietnamese culture is. According to the seniors, if you're young, you know nothing! You haven't lived through life, you haven't gone through this, you haven't gone through that. You have to be firm with Vietnamese seniors, and you have to show your credibility before they will even listen to you. You really have to earn credit with them.

IL: I know that some of the other barriers to preventative care are that if they're feeling healthy, Vietnamese seniors won't go to screenings. And also, the husband plays a very prominent role in Vietnamese culture according to the Harmony in Health Care guide. He sort of makes all the decisions for the family members and the wife, including healthcare decisions. How do we address these barriers?

KN: It's getting better. I've been in this field for a while now, and I see that it's getting better and people understand preventative care better. I used to work at another community clinic before coming here, and people would literally walk in with their last pill popped in their mouth and say, "this is my last pill!" And these would be diabetes pills, hypertension pills. That's why I think the professionals, the doctors, the providers play such a big role in Vietnamese seniors' health. They have to be the ones to say "Hey, we haven't seen you, and no, you cannot just walk in today. No we cannot just give you pills today." But we've seen that a lot. Providers have to say "No, you do not wait until you are down to your last pill to come in for a refill."

IL: Is that because the doctors are viewed as most credible? They won't really listen to someone else, is that it?

KN: Yes. And so the doctor has to be the one to tell them that they have to make an appointment when they have at least 2-weeks worth of pills left. It depends on who you're talking to, too. A lot of the seniors are not educated. They dropped out of school when they were young to help out on the farm, so when they come here (America) and suddenly have all this stuff, they never feel the need to educate themselves.

IL: So what advice would you give a community organization that's trying to reach all seniors, including Vietnamese seniors, on how to be culturally competent like you're saying with their print material?

KN: I think with all Asians, it's all about respect. Do you respect them, or are you giving them the feeling that they have to beg for your services? You have to be able to show them "No no, we're here for *you*. Whatever you need, we're here for you." And for most Asian communities, that's what it is. You have to be able to show them that you're here for them, for their education, for their health. It's not "Hey we're here, and you need us!" They don't like that. And I think for seniors especially, you have to have things in their language. They don't read English. Or even if they can, they refuse to. There's a really small percentage that will actually take and read English material. We have some, like our ESL class members, who will read English material because they want to learn, but that number is very small. So it has to be in their language if you want them to read it, and even if you don't speak their language, you have to show respect.

IL: So having print material in the native language is the most important point, in your opinion, to being respectful of Vietnamese older adults?

KN: Right.

Language

IL: How else can organizations show respect through a brochure or flyer? What are some tips on how to let this community know that you're being respectful of them? Maybe including pictures of Vietnamese seniors?

KN: Yes, that would be nice if you could include pictures of their own people. Also, there are so many groups out there that are willing to translate into any language. We do a lot here. People call us up and ask us to translate things into Vietnamese all of the time. And the funny thing is that they always think we take money, but we don't. Especially with all the collaborators, especially if we know that it's something that will benefit the Vietnamese community, we'll translate it for free. Whenever we do something in Vietnamese, we have to write in the third grade level to catch everybody. We also have to write in the language that was used prior to 1975, not after 1975 (which is considered communist language). It's totally different. If we ever use a word that they consider to be a communist word...oh my goodness, will they tell you! North and South Vietnam have their own dialects and words. Some places translate stuff into "proper Vietnamese," which is translated word for word (literally). This is not written in a way where we can hand it out to people and they will understand. The wording, it's not the same. This is also something to look out for.

IL: In terms of the language used, I know that it's so important to translate material into the actual Vietnamese language. But if that's not possible, do you have any other suggestions? Are there certain things that help Vietnamese seniors retain information, or is it really just breaking things up into bullet points and keeping sentences/phrases short?

KN: Right, I think so. That is, if it's written in English. But seriously, you need someone to translate. And if you cannot translate the paperwork, if you're doing a presentation for example, you have to have someone there to interpret into Vietnamese. Vietnamese people like to hear information in Vietnamese, especially seniors. Korean, Japanese seniors...they would like to hear information in their own language as well. Look around, how many presentations do you see that actually include *all* Asians? How many seminars include all Asian seniors together? There are none, because no one would show up! Unless they have translators/interpreters there for each language. Then people would come because they can hear information in their own language.

IL: That's a great point. If you're creating flyers or brochures to promote mammograms or some other preventative service, what kind of tone do you use? Obviously fear tactics don't work well for Vietnamese older adults. Do you try to be more informative?

KN: Yeah. I think for the younger Vietnamese generation, we go with data, statistics. That works. But for older adults, it goes back to that family and friends thing. We try to make the point that they must know somebody who is going through this or went through this. They must have a neighbor, they must have a friend, they must have somebody in their family going through it. My mother, for example, refused to go to the doctor after my dad passed away with cancer. She actually got cancer herself, and now she is a survivor and an advocate. She is always telling people "you have to get your colonoscopy at 50!" Before her diagnosis, we would tell her to go to the doctor for years and years, but she would not go. So we try to encourage them to be advocates. We ask a lot of survivors and people who have been affected by an illness to give talks. Vietnamese seniors have to see it, that they can survive an illness, in order to believe it. Another thing we say to the seniors is, "If you can't take care of yourself, you can't take care of others." Vietnamese seniors really care about that. They want to be able to hang out with their grandchildren and take care of them.

IL: It sounds like it's an encouraging tone more than anything.

KN: Yes. "If I can do it, and I'm okay, then you can do it."

Mayra Resto

Title: Cuidar, Puerta a Puerta Program Coordinator, Latino Health Access

Ethnic group she works with: Latino/Hispanic

Years in the field: 7

Interview date & location: January 15, 2010 at Latino Health Access in Santa Ana, CA

Interviewer: Ivy Lee

Introduction

IL: Can you tell me a little bit about what you do here at Latino Health Access?

MR: Well I am the coordinator for various programs. One is called CDPT—Child Development and Parenting Training. We work with families and offer parenting training to people in their homes. I am also the coordinator of the aging program. This program is called Cuidar, Puerta a Puerta in Spanish and in English, Care, Door to Door. With this program, we do outreach in the community door to door. We are looking for seniors 60 years and older. We have an assessment in order to know the needs of that particular older adult. After we've completed the assessment and know the needs of the client, we refer out depending on the needs. The needs range from physical, mental, to environmental. The purpose is to help them improve their quality of life.

IL: Is health promotion and education part of the program?

MR: Oh yes. We also do a health assessment, and depending on those results we know if the person needs diabetes education, etc. We provide that here at the center as well as in people's homes.

Design

IL: In terms of design for health-related print material, what works best for Latino older adults? Are there any specific colors they find most attractive?

MR: I think that material for the Hispanic population needs to be colorful. We usually use lots of red and yellow because the visual is very important for Latinos. It is especially good if you use vibrant colors, because that is their culture. Folklore, especially of the Mexican culture, is very colorful. If you provide health material, you should keep in mind that colorful is more attractive for Latino seniors.

IL: Is there a recommended font type or size?

MR: Yes, we recommend that you use font that's big. For brochures, probably about 14 point size font.

IL: In terms of images used in print material, is there a preference for more realistic or more cartoon-like images?

MR: I think more realistic. They can identify more with reality than cartoons or something like that. If you show them cartoons, the older adults may feel like you are treating them like children.

IL: It might come off as being disrespectful?

MR: Yes.

IL: Is there anything else you want to mention about how we can best depict images in print material to attract Latino older adults?

MR: If you are going to use real images, it would be good to use Latinos, not Caucasians or Asians. You need to use Hispanic people.

Content

IL: For the record, is there a difference between “Hispanic” and “Latino” that Latino Health Access defines or goes by?

MR: There are some differences between Mexicans, Dominicans, Cubans, and Guatemalans. The differences may be very slight, but they exist. But after all, all are Hispanic and the language is the same so there are not too many differences.

IL: So is it okay for an organization to address that general population as Latino/Hispanic? Would that be the most comprehensive?

MR: Yes, that's acceptable. That is respectful.

IL: What works in terms of the level of detail or the amount of information you include in print material?

MR: Less is more, less is more. If you include a lot of information in something, they are not going to read it. You need to include only a brief message.

IL: In your opinion, what does it mean to be culturally competent of Latino older adults?

MR: Well, as a Latino community we are trying to gain respect from other communities, especially from the Caucasian/American community. It's not easy for us, but Latino Health Access promotes respect for the Hispanic community in different ways. We advocate for them, we teach them the importance of education. I think respect for the Hispanic community now compared to ten years ago is more visible. I think education for us is very important, but we do not expect them to come get educated from us. That is why we are trying to go step-by-step and go to their homes, door to door. This way, we can reach more people and educate them. We can't expect that they will come to us—we need to go to them.

IL: You're focusing on reaching out...

MR: Yes, because the Hispanic community has many issues to resolve in order to survive day by day. Sometimes they don't have time to think about pursuing an education when they are trying to survive day by day. There are so many issues in the Hispanic community.

IL: What are things that people should know or do to show that they are being mindful of the Latino community? What do we need to know in order to be sensitive and respectful of the Latino culture?

MR: Well, we need to think that we are all equals. We are all human beings. We also contribute to this nation a lot—the Hispanic community is very hard working. We are trying to improve our quality of life, that's why some cross the border and risk their lives to come here. We want a better life.

IL: A lot of minority seniors in Orange County tend to prefer going to their friends or family members for health education or advice rather than going through more “official” programs or organizations. This is a known barrier and is one of the reasons why Latino seniors are not using senior services in this county. How can we try to overcome this barrier? What can be done?

MR: I think Latino older adults have fear. Remember that the majority of them do not have legal papers. I think there is fear that if they go to a health care agency they will get deported or something like that. So I think the main issue here is fear. That's why they prefer to go to their friends, their uncle, or their aunt—it's because of this existing fear.

IL: How can we work towards overcoming this?

MR: It's not easy. That is why I think this organization is very successful, because we are Promotores. Promotores are people that live in the same community as the older adults they are serving. They know their needs, they know their language, which is another issue. Sometimes the health care agencies or professional agencies don't have translation capabilities. The majority of Latino older adults do not know English. So I think that there are two main issues here: 1. fear (due to their immigration status), and 2. language barriers.

IL: Are there any taboo topics that the older Latino generation does not feel comfortable talking about or seeking help for? For example, with Asian older adults, mental health is very taboo and it's hard for them to admit that they have a problem.

MR: I think mental health is also taboo with Latino older adults because of misinformation, lack of information, not knowing that they have a problem, lack of education, and fear of being judged. As a community, illegal immigration is also very important. So are language barriers and a lack of transportation. Sometimes they don't have transportation to go to the clinic or to the senior centers. Health insurance is another big thing because a lot of times they do not have insurance. I think it's very important to be personal with the community you are serving. You need a staff that knows the culture, knows the language, and knows the community. These are very key points. Ideally, your staff should include professional Latino people who know the language. It's okay to be at your desk waiting for calls, but that does not work with the Latino community. You need to reach out. You need to go to the health fairs, the community centers, and the senior centers to look for them. You can't expect them to come to you, you need to go to them.

IL: How can we help Latino seniors find help for some of the touchy topics you mentioned, such as mental health and illegal immigration?

MR: That is why I mentioned that the person needs to be Hispanic. It's not the same if someone of a different culture approaches them. That is why the Promotores of this agency are very successful. They are Hispanic, they are at the same level as the clients they serve, they know the language, and they live in their community. I think the person that gives the client information needs to be Hispanic, needs to know the language, and know the culture. This is very, very important. If you send an Asian person or a Caucasian person, they will associate that person with a social worker or someone from the county. And I mentioned the fear earlier—the fear is there.

Language

IL: Oftentimes, organizations may resort to using print material as a form of outreach because this may be the only means available to them (due to being understaffed, having a limited budget, etc.). How can we make print material the most effective in reaching out to Latino elders? Is it really about putting their faces on the material and making the language simple?

MR: Yes, I think that would be good. The print material needs to display Hispanic people if you choose to use images, and should be colorful and simple. And also, the spelling and grammar need to be correct.

IL: In English or in Spanish?

MR: Spanish. I recommend that everything be written in Spanish. It's important to use the correct words because as I mentioned earlier, the Spanish of Mexico is different from the Spanish of Guatemala. Some words are different. So you really need to know what population you want to reach. If you are going to reach Santa Ana, they are mostly from Mexico. But if you reach other cities, you may find that people are from Guatemala and Ecuador.

IL: Are there generally a lot of differences in origin among the cities in Orange County?

MR: Not too much. Mostly they are Mexican, so you need to know some words that Mexicans use more.

IL: I know you mentioned that not many Latino seniors in Orange County know how to read and speak English.

MR: Yes, some of them don't know how to read.

IL: So do you think it's completely useless to hand out print material written in English? Or can something be done to the pieces written in English to make them a littler more helpful or understandable to Latino seniors?

MR: They have to be written in Spanish. And as I said earlier, some of them do not know how to read or write. What I've seen are some health-related "soap opera" booklets that use images of real people. Those are very helpful. Not cartoons, but real people.

IL: Do you know what those are formally called or who produces them?

MR: No, but I have seen them.

IL: And do they have written captions at all, or are they just pictures?

MR: Yes, they use very short sentences.

IL: What helps Latino seniors retain information?

MR: Using very short messages, using repetition, being very visual, and using a lot of color. It's important that the language used is very, very simple, but at the same time, very comprehensive. I think that you should not use complicated words. Also as a health professional, you need to know the background and culture of the population you are serving. To communicate, you need to be culturally sensitive.

IL: A lot of times, more technical or formal language is used in health-related material in order to explain a disease or health concept. Any advice on how to make this better?

MR: I think that we need to be very simple. We can't explain some disease or some health-related thing in a complicated way. We need to be very, very simple. If we are explaining Osteoporosis, for example, we will use the word and then provide an easy-to-understand definition.

IL: What type of tone or approach works for the Latino community when it comes to health?

MR: We use a tone that is very respectful, and the purpose is not to scare them into action or instill fear. We use a very informative tone.

IL: So you really leave the choice up to them.

MR: Yes.

Concluding Thoughts

IL: What would help engage Latino older adults through print material and prompt them to take action?

MR: We use many, many tactics to try to get them to come to us. We use fun all the time to remind them of appointments or to come into the center. We need to be very, very proactive with them with the phone calls and home visits to remind them of their appointments or to engage them. Even then you'll have people say "yes, yes I'll go" and they won't come. It's very difficult to reach people and try to convince them that they need to do something.

IL: So outreach is very important.

MR: Yes, it is extremely important. Latino Health Access does outreach everywhere—door to door, health fairs, churches. Door to door is the main type of outreach that we do because person to person is what matters.

IL: For organizations that do not have the resources to do all that direct door to door outreach, what can be done to maximize the effectiveness of print material as a tool for outreach? How can we use what we

have, which is paper, to be the most helpful and reach the most people?

MR: It is very difficult. It is very, very difficult.

IL: Are there any other barriers that you want to mention that keep Latino seniors from using senior services in our county? I know you already touched upon a lot—transportation, fear, language barriers. Is there anything else we're missing?

MR: I think those are the main and the most important issues.

IL: Lastly, is there anything else you want Orange County to know about Latino elders or the Latino culture?

MR: I think that there are a lot of Hispanic older adults here in Orange County and they are not informed of all the services available to them, which is why the Cuidar, Puerta a Puerta program exists. The older adult Hispanic community wants to receive these services, but a lack of information, fear, and all those things I mentioned are why they are not receiving these services. We need to be more proactive as professionals to reach that community because there are so many needs among older adults.

IL: Can you elaborate on what you mean by being proactive?

MR: Sure. To go out, reach out door to door, to go to health fairs, to go to churches. There is a great concentration of Latino older adults in the churches because they are very religious. If you go to the churches on Sunday, wow, you will see many, many, many older adults.

IL: Is it just among the older adults, or is the entire culture very religious?

MR: The whole family, but especially the older adults. As professionals, we need to involve ourselves more in the community, person to person, face to face, and not just by phone because we can't expect older adults to reach us in this way.

IL: Do you have any solutions in mind for organizations that do not have the resources you've mentioned, such as Promotores or Latino employees? Is the bottom line really just that you need a Latino employee or someone who can do outreach?

MR: I think so. I think that will be a beginning, a starting point, because it's not easy...for us, as a Latino organization, it is not easy. You need to do follow-up day by day by phone, but the first contact needs to be in person in my opinion.

Rosie Galvan

Title: Seniors Program Director, Delhi Community Center

Ethnic group she works with: Latino/Hispanic

Years in the field: 15

Interview date & location: December 10, 2009 at Delhi Community Center in Santa Ana, CA

Interviewer: Ivy Lee

Design

IL: For health education print material, what works best in terms of layout?

RG: Breaking topics apart within one document, or even setting them up in little boxes so that they stand out more, or making sure that the major points are in bold or put out in a different box so that they can easily refer to them. I think we've even had a little cut out in the bottom that said "keep this by your fridge." Things like that have worked. I think just organizing a document, making the titles stand out in bold, and answering the question "What do you guys want me to get out of this, because I'm not going to take the time to read all of it. What do I need to know?"

IL: How can we best depict images that will attract the older adult Latino community? What types of images would make the most impact?

RG: I think depicting a lot of people participating in whatever service you are promoting—that's what really is most attractive about our images, the fact that so many people are shown in the pictures actually doing the activities. You need to use people they can identify with. If they see another Hispanic older person they might think "oh, they're doing it, maybe I can join too."

IL: Do you recommend using cartoon-like images at all?

RG: I don't think we've ever used cartoonish images with our seniors. Like I said, the photographs have always worked really well with them. I don't think cartoonish images would be good.

IL: Why?

RG: I don't know, just going back to the question "are they relatable, are they real?" If you're trying to get someone to get a mammogram, I don't know...the seriousness gets taken away. I think it's very important that they can relate to the material. Use big, bold print. Make everything very clear—less is more.

Content

IL: In your opinion, what does it mean to be culturally competent of Latino elders?

RG: It means maybe not understanding, but accepting their culture. Understanding money situations, knowing that many of them live alone, have a limited income, don't have jobs, the pain that they're going through whether it be emotional or physical, the types of abuse, where they live. It's just so sensitive. For

a lot of the seniors, this is really their only social interaction with others. Being culturally competent means being aware and being really open and receptive and non-judgmental—absolutely non-judgmental about where they're coming from. You don't really need to understand everything, but just be open to it.

IL: Are there any taboo health topics that Latino older adults don't feel comfortable talking about or just won't respond to?

RG: Abortion, because that ties into the religious aspect of the culture. Most Latino older adults are Catholic. Condom use, that kind of thing. Driving's big too.

Language

IL: Do you think that individuals doing outreach to this particular population have to be Latino? Do you think that makes a difference?

RG: Sure, sure. You need to have the language. It's so funny, I'm a therapist and when I go into sessions with clients and sit down as a "therapist" and I'm dressed up and I sit with my portfolio in front of me so formally, they're very standoffish, versus when I come into a room like, "Hey, what's going on" in Spanish. If somebody is younger, then you have a different way of communicating to them, so it's the same idea. The seniors are going to know how to communicate or express those ideas better to someone they identify with or feel more comfortable with. Obviously someone who looks like them would probably fit best, but even if it was a younger person, probably someone Latino. If someone is from your own culture, you identify with them better.

IL: Do fear tactics work?

RG: No. It's more like, "Come, it's for you! Come get help, or come get social."

IL: For serious topics like breast cancer and getting mammograms to prevent it, for example, what is your approach? Do you keep the serious tone in advertising those screenings?

RG: Sure, I think we do. I think a lot of what happens with those kinds of groups is that if you say you need to go get this screening because my mom has breast cancer or something like that, it's more relatable. They'll begin sharing stories amongst themselves, which gives them more encouragement to go and get it checked out.

Concluding Thoughts

IL: Do you feel like building trust is a big thing with Latino elders?

RG: Yes, definitely. Our program has been here for years and they've really come to depend on it. They understand that this is a regular ongoing thing, that this is somewhere they can come and it'll always be here. So yes, that's part of trust I guess in making sure something's going to be consistent for them. Change is hard for seniors. Change is very, very hard. They like to make sure that things stay stable.

IL: What do you think keeps Latino seniors from getting health care?

RG: It's transportation, and not having enough money for the co-pay.

IL: Is it common for Latino elders to not get health care until they see an imminent need? Until they're visibly sick?

RG: Sure. They absolutely skip prevention. It also has to do with whether or not they are working, how many kids are in their household, whether or not they can afford the co-pay, who can watch the grandkids while they're at the doctor...these are just some of the issues that can come up.

IL: What about the cultural aspects that might prompt them to skip prevention?

RG: The fear of finding something out, that you're sick. Men don't like to go to the doctor because of male pride. You know, "I'm strong, I'm macho. I don't need to go to the doctor."

By request, Wendy Yoo's interview on Korean older adults will not be published in its entirety. Wendy is the Executive Director of the Orange County Korean American Health Information and Education Center and has worked in the aging field for 21 years.



WECARE

Working to Enhance Care and Resources for Elders

WECARE - Working to Enhance Care and Resources for Elders - is an intergenerational, multicultural corps of experienced and trained volunteers that work in community locations throughout Orange County. The mission of WECARE is to meet the needs of the elderly through a community engagement model that develops and supports a corps of trained and experienced peer volunteers who build the capacity of senior-serving organizations to help ensure safe, healthy, and independent living for older adults.

Utilizing AmeriCorps resources as well as resources from Cal State Fullerton and the program's 20 community partners, WECARE contributes to the county's safety net for seniors by facilitating access to healthcare and/or social services (care navigation), providing information and referral, conducting evidence-based classes in chronic disease self-management and fall prevention, providing transportation training and escort services, and developing volunteers to strengthen community partner organizations. WECARE members also provide older adults with employment services through job opportunity identification and assistance with the application process.

For more information or to volunteer, call Adrienne Stokols at 657-278-3827 or email astokols.wecare@fullerton.edu.

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Advocacy. Action. Answers on Aging.

Orange County's Office on Aging, a division of OC Community Resources, serves as the lead advocate for 400,000 older adults residing in the county, with a specific focus on low-income minorities. The Office on Aging is responsible for understanding the needs of Orange County's older adults with the mission to ensure that they experience a high quality of life characterized by independence, safety, health, transportation, affordable housing, appropriate nutrition, and social activity. The department takes a proactive view to help those in the senior services industry, public and private, plan for the future needs of older adults.

The Office on Aging offers free referrals for Orange County resources and services on the Information and Assistance line at 1-800-510-2020.

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