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A guide to developing health education resources in New Zealand

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Preface

This guide provides best practice advice and guidance for the development of health education resources. It replaces the 2002 publication, a National Guideline for Health Education Resource Development in New Zealand.

All New Zealanders have the right to receive 'effective communication in a form, language, and manner that enables the consumer to understand the information provided' (Right 5) and 'to be fully informed' (Right 6) under the Code of Health and Disability Services Consumers Rights Regulation 1996.

This guide has been produced because the Ministry of Health is responsible for ensuring the health education resources it funds are accurate and support Government health policy. Resources also need to be socially and culturally inclusive and developed through research and consultation with intended audiences.

Resource developers who work directly for, including those contracted to, the Ministry of Health are required to follow the advice in this guide.

Contents

Section 1
Background Information

What is in this guide?

There are three sections to this guide.

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

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

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

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

What are health education resources?

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

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

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

> Every health education resource needs a clear purpose.

Health education resources need to:

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

> Remember:
> it's all about the audience!

Guiding principles

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

1

Be prepared

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

2

Be clear

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

3

Be open

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

4

Be relationship focused

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

5

Be accountable

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

6

Test, test and test again

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

Improving health literacy

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

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

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

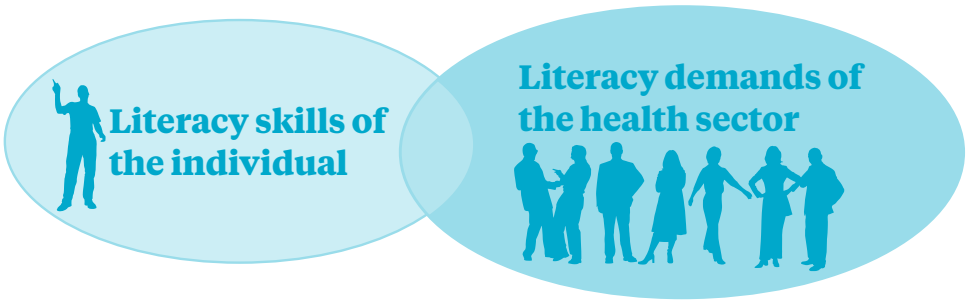
1	The literacy skills and knowledge of the consumer (reading, writing, speaking, listening, numeracy ability, and thinking critically) along with things that affect the use of their skills, such as: familiarity with the health topic and system, the stress the consumer is under, the time and resources available to them and their confidence, attitudes, values and beliefs.
2	The complexity of the literacy demands that the consumer faces created by: the design of the health system, the health organisations' processes, funding systems, the complexity of a health issue or topic, the communication skills of the health workforce, the complexity of resources given to the consumer (eg, forms, letters, publications, websites, labels, instructions), and media messages.

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

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

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

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



Improving the match

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

1	Develop the health literacy skills of consumers
2	Reduce the health literacy demands of the health sector.

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

Developing health literacy skills

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

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

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

Reducing health literacy demands

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

Health literacy demands can be reduced through changes such as:

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

Resource development and health literacy

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

1

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

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

2

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

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

> Most health information and resources are written in plain language but this is not enough in itself. Developing people's health literacy skills means resources also have to include activities that build on their existing knowledge by introducing new concepts, vocabulary and information.
>
> (Workbase 2011)

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

Health literacy review

Identify the literacy skills of the main audience

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

Identify the literacy demands of the health issue

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

Make decisions

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

Taking a plain language approach

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

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

If you are new to resource development, you could use a readability test or formula such as Flesch-Kincaid or SMOG (Simple Measure of Gobbledygook) to help guide your writing (Kincaid et al 1975; McLaughlin 1969). However, readability tests are not always suitable for health education resources as they have some notable limitations. In particular, readability tests focus on sentence and word length (number of syllables) as the main indicators of how difficult a text is and cannot measure meaning, tone or logical flow. Nor do readability tests take into account the importance of design and graphics in assisting (or reducing) understanding.

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

Types of resources

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

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

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

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

Getting to know the main audience

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

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

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

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

The main audience affects:

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

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

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

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

Māori audiences

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

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

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

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

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

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

Models of health

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

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

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

Language and translating resources

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

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

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

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

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

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

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

Accessibility of resources

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

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

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

Section 2
Stages to Producing Health Education Resources

The stages of developing health education resources

This section outlines the stages and activities that demonstrate best practice in developing health education resources. You can download the tables on the following pages and adapt the activities to suit your organisation and the resource you are producing.

The eight stages involved in producing a health education resource

Stage 1: Need

Work out what your resource is for

- Confirm that a new resource or an update of an existing resource is needed by:
  - checking with relevant organisations and public health teams at DHBs as well as HealthEd, the online searchable catalogue of health resources www.healthed.govt.nz for existing relevant resources
  - researching best practice information and international resources and research
  - carrying out a literature review.
- Work out what the new resource would try to do (eg, build knowledge and awareness or change behaviour).
- Look at resources that have been developed for other issues that have worked for your main audience and think about why those resources have worked well.
- Talk to health professionals and other people who know the issue and the audience (such as refugee and migrant services or teachers) about the new resource. You may also need to talk with a medical officer of health or public health organisation.

Gather content for your resource

- Pull together information from existing resources that will be useful for your resource.
- Work out what information is missing and how you will get this information.

Learn about your main audience

- Work out the age, gender, ethnicity, location, and common health issues or disabililties of your main and any secondary audiences.
- Look through *Kōrero Mārama* (Ministry of Health 2010) for information on the health literacy of your audience. (The Education Counts website www.educationcounts.govt.nz includes useful information about New Zealanders' literacy and numeracy.)
- Talk with colleagues and community to find out about any past consultation or focus group activities with the main audience and research existing reports that relate to your main audience – these might contain audience feedback that could be relevant to your topic and resource.
- Identify key people who can help you make contact with and understand your main audience. Check if there could be anything sensitive that you need to be aware of, such as cultural practices when dealing with your audience(s).

Work out if you need the input and support of a reference group

- If your resources is complex, contentious or very important, you might need to set up a reference group that includes people from your main audience, other stakeholders, issue and communication experts.
- Make sure that everyone in the group understands the purpose of the group and their role.
  - You might need their advice to develop the purpose, goals, content, language, cultural appropriateness, and form of your resource.
  - They might review draft versions of the resource.
  - They might help you develop key success indicators that will show whether your resource is effective for your main audience.

Stage 2: Audience

Talk to your main audience(s)

- Develop a consultation plan that will help you involve your main audience as you develop your resource. Your plan should:
  - include a description of what you are doing
  - explain why you are developing this resource
  - answer questions about the topic, health system and your organisation.

  Your consultation plan could take the form of a survey, focus group, regional meetings or individual interviews. The way you consult needs to be appropriate for your audience, for example:
  - face-to-face meetings
  - online or text messaging (SMS) surveys for some groups, for example, university students
  - using New Zealand Sign Language interpreters or hearing loops for people with hearing impairments.

  For more guidance on running consultation meetings, visit the Office for the Community and Voluntary Sector Good Practice Participate website at: www.goodpracticeparticipate.govt.nz/techniques/getting-people-together.html
- Prepare questions to ask your audience that will help you understand what you should include in your new resource, for example:
  - What do you like or dislike about existing health resources or media and why?
  - What do you already know, feel and believe about the topic of this new resource? What have you already experienced?
  - What would you like to know about the topic and why (and what can be left out)?
  - What do you read, watch, listen to?
  - What type of health resource would you find useful?

- How do you access resources and information (eg, who do you talk to about the issue or seek advice from – or why don't you talk about the issue)?
- Is there any way you might be involved in the development process?
- What are some appropriate cultural examples and information (and anything we need to avoid)?

- Take notes about the language the audience uses when talking about the issue and their experiences and use the same kind of language in your resource.
- Identify the types of resources that will work for your main audience. These could include pictorial resources, videos etc.
- **Keep a detailed record of people you have consulted and what they said. You will need this information as you develop your resource.**

Consult with other stakeholders

- Talk with other stakeholders (eg, community partners, interest and clinical groups, associations or funders involved with the issue or the audience) and work out:
  - how much and how they will be involved in the resource development process
  - what they think about the health issue, the audience and what has or hasn't worked and why.
- If you are developing a national resource that contains te reo Māori, find out how the Māori Language Commission might support your resource's development.
- **Keep a record of all discussions with stakeholders.**

Develop a distribution and communication strategy

- Plan how the main audience will find out about the resource (eg, advertising, word of mouth, or conference).
- Plan how the resource will be sent out to the audience (eg, initial delivery, ongoing supply and warehousing).
- If health professionals or health groups are going to help with the distribution, think about what training these people might need.

Stage 3: Health literacy

Work out what health literacy skills your audience need

- Work out what people need to do and know about the health issue that your resource will deal with. This includes:
  - what processes or procedures people need to work through
  - what actions people need to take
  - what parts of the health sector people need to interact with
  - who people need to meet with/talk to
  - what people need to talk about and remember
  - how people will know if they're doing the correct things.
- Work out what literacy skills and knowledge people need in order to complete all the activities and tasks for this health issue. Some examples are:
  - reading
  - writing
  - speaking and listening
  - numeracy
  - decision making
  - problem solving
  - evaluation and critical thinking.
- Compare what you already know about your audience's current health literacy skills (from the research you did in stages 1 and 2) with the skills they need.

Stage 4: Resource scope

Prepare a plan for developing your resource

- Describe the main audience and any secondary audiences.
- Summarise the resource's purpose and goals (eg, increasing audience knowledge, changing audience behaviour or asking the audience to take action).
- Summarise the information that the audience wants and needs ('must haves').
- Identify the health literacy skills that your resource will develop and how they will be developed.
- Identify the team to be involved in developing the resource (from writing to checking content).
- Describe the form, size and tone of the resource.
- Finalise the key success indicators for your resource and decide how the resource will be evaluated. List the statistics, research, surveys, interviews or consultation you will undertake when you are evaluating your resource's effectiveness.
- Finalise the distribution and communication plan.
- Finalise budget and timeline requirements – make sure you leave enough time for testing and redrafting!
- Obtain sign-off on your resource scope/description (including evaluation, distribution and communication plan), for example, from the client, management team or reference group as per your contract.

Stage 5: Draft and test

Develop a draft resource

- Develop the structure, key messages, and content of your resource that is appropriate to your audience's needs (see the Plain Language Checklist in Appendix 1 for more advice). Use expert input where appropriate (eg, content experts for technical information, writing/presentation experts for communication advice, education experts for learning approaches, health literacy experts for embedded health literacy requirements).
- Include basic design and graphic elements for testing but, unless you are producing a pictorial resource, don't provide too much design at this stage as audience feedback may suggest a completely different approach.
- Accurately reference any material or sources you are using and seek permission to use others' material.

Pre-check

- Check the draft to make sure that it is easy to understand and fits the audience's needs.
- Have topic experts check the content of the draft.
- Make sure that the draft follows national and local policies and meets current advertising standards where necessary (see the Advertising Standards Authority website www.asa.co.nz for more information).
- Check the draft with the reference group, local iwi or stakeholders, and the Māori Language Commission where appropriate.

Pre-test

- Prepare a feedback survey. This may be a formal questionnaire or questions that a facilitator could work through with members of the audience. Below are some examples of questions you might include in your feedback survey.
  - Does the resource make you want to read/watch/listen to it?
  - Do you like the design (look, feel, colour, images, size, text style)?
  - Does the resource contain the information you want (is it useful and why, is anything missing, is there anything you don't need)?
  - Can you understand the resource (if not, which parts are hard to understand and why)?
  - Is it easy to find what you need in this resource?
  - What messages do you get from the resource?
  - What would you do as a result of reading/watching/listening to the resource?
  - Pre-test concepts (messages and design) and images, as well as samples of your draft resource with representatives from your audience and independent experts, checking that the resource is appropriate for the audience's culture, region, gender, etc.

Redraft

- Study your feedback and work out what feedback you can/should include in your resource.
- Depending on your contract requirements, make sure that the reference group or the client agree with any suggested changes to your resource.
- Have experts help with any rewriting or checking as required.
- **Repeat the pre-test activities for further drafts as appropriate.**

Content and design approval

- Edit and proofread the final draft of your resource.
- Obtain content sign-off (eg, as per contract or Resource Scope, Stage 4).
- Add final design features and graphics.
- Obtain design and final sign-off (eg, as per contract or Resource Scope, Stage 4).

Final quality assurance

- Make sure that you follow the quality assurance processes of your organisation and contractual requirements.
- Proofread the final draft of your resource before you publish it. Use at least two people who have not seen the resource before to complete this final 'fresh eye' proofread.

Stage 6: Publish and distribute

Add publication information

- Finalise any publication details that need to appear on the published resource (eg, the publisher's imprint, the date of publication, acknowledgments, an ISBN, any code (unique identifier) required by the client or the Ministry of Health, contact details, etc).
- Make sure that all copyright and privacy requirements and advertising standards have been met (keep copies of all supporting documentation).
  - Health education resources should not contain visual presentations or descriptions of dangerous or illegal practices or situations that encourage unsafe practices.
  - Information must be truthful, decent, non-offensive and from an identifiable source.
  - The resource must not promote fear, violence, denigration or social unrest.
    The codes can be reviewed on the Advertising Standards Authority website www.asa.co.nz
- Complete any client or management sign-off (other than that described in Draft and Test, Stage 5) that may be required before the resource can be published.

Manage the publication process

- If you are producing the resource, consider contracting professional help to manage production, initial distribution, and warehousing (ongoing supply).
- Carefully check the printer's proofs against the final design file. Show these proofs to the client where appropriate.
- Make sure you leave enough time at the printer's proof stage – rushing now can end in costly mistakes.

Market and distribute

- Send one copy of the resource to the national resource provider, Learning Media Ltd healthed@learningmedia.co.nz
- Distribute and market according to the plan you developed at Stage 2, Audience above.
- Lodge two copies of your resource with the National Library Legal Deposit. For information on what's required go to www.natlib.govt.nz/services

Stage 7: Evaluate

Use success indicators to evaluate the resource's effectiveness with your main audience

- Identify when the resource will be evaluated (eg, six months after release).
- Record all feedback so it can be used in evaluation.
- Evaluate the resource against its purpose and goals. Some sample check questions to include in your evaluation include:
  - How widely has the resource been distributed or accessed?
  - What has been the response from the main audience?
  - What impact has the resource had on audience awareness, understanding and behaviour?
  - What change has there been in the audience's health literacy?
- Involve the audience, stakeholders, client and reference group in the evaluation.
- Determine how you will celebrate the success of the resource with your audience, the wider community and stakeholders.

Stage 8: Learn

Identify what went well, what you learned and what you would do differently next time

- Discuss what happened during the development of the resource, at each stage, including mistakes made, lessons learned and evaluation results.
- Prepare a summary for internal use and to be included in reports to your client or funder(s) according to contractual requirements. Make sure this information is saved where other people in your organisation can easily find it.
- Suggest a timeframe for the next version or review of the resource.

Section 3
Appendices

Appendix 1: Plain Language Checklist

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.	

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.	

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.	

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.

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).	

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	**The spiritual wellbeing of a person** 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	**The mental and emotional wellbeing of a person** The concept of life; confidence and self-esteem are important for good health (Durie 1994).
Te Taha Tinana	**The physical health of a person** 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	**Family health** 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	**The environment** 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	**The importance of language** 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

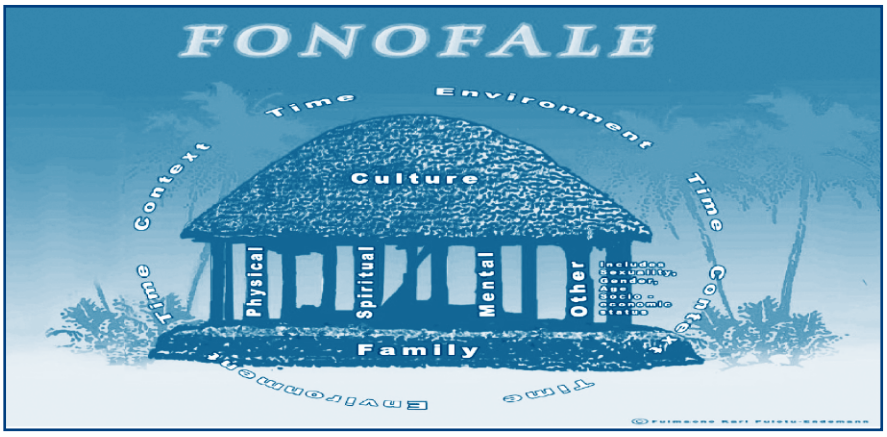
Appendix 3: The Fonofale Model

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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