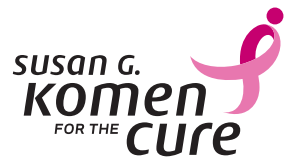


LESBIANS AND WOMEN WHO PARTNER WITH WOMEN

Developing Effective Cancer
Education Print Materials





*Lesbians and Women who Partner with Women:
Developing Effective Cancer Education Print Materials*
is a publication of the Susan G. Komen for the Cure.

Breast Care Helpline:
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Match the format to the product's intended use.

Use graphics that capture the reader's attention.

Avoid misleading connotations in graphics.

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Position graphic elements with purpose.

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Check cost feasibility.

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Foreword

Susan G. Komen for the Cure, credited as the nation's leading catalyst in the fight against breast cancer, has long been committed to research and education. Its mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening and treatment. With this goal in mind, the Komen's Affiliates raise millions of dollars each year for local education and screening programs and for major national research fellowships and grants.

In its efforts to provide breast health information for all women, Komen commissioned the production of guidelines for culturally relevant educational materials designed for medically underserved audiences. To develop these guidelines, we identified and enlisted the aid of prominent authorities among each of the underserved populations targeted. Experts on the panel contributed valuable information and insight to this project.

Breast cancer, the most common form of cancer among women in the United States, is second only to lung cancer in cancer deaths among women. It is generally accepted that widespread adoption of screening behaviors (regular mammograms, clinical breast exams, and breast self-exams) can significantly reduce breast cancer mortality and suffering. Efforts of Komen and other organizations have increased knowledge of screening activities and their benefits among many Americans. Unfortunately, this message still has not reached some significant segments of women in our country.

The purpose of these guidelines is to assist organizations in tailoring cancer education print materials to specific audiences that have received insufficient or inadequate information in the past. It is certainly not our intention to publish a comprehensive set of principles that would apply to every American woman, or even to all women in a particular racial, ethnic or cultural group. Moreover, it is our expectation that these guidelines will be used in conjunction with other publications available through public and private sources to produce culturally sensitive and appropriate materials and to highlight the importance of breast health to all women.

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

Introduction

This Guide and the Underserved Lesbian Audience

About the Guide

Purpose: This guide is intended to provide, in a concise and clear manner, key principles for tailoring cancer education print materials to Lesbian readers. While these guidelines are not comprehensive, they are easy to follow and address specific health needs of medically underserved Lesbian audiences.

Development: In preparing this guide, a panel of experts reviewed samples of existing public health print products aimed at Lesbians. Their assessments identified aspects of the materials that influence print-product effectiveness among Lesbian readers. In addition, this advisory committee made significant contributions to the material included in this guide. The support and direction of this expert panel made this effort possible.

Intended Audience: Anyone engaged in producing print materials for medically underserved audiences will likely find this guide helpful. This includes program officers, educators, writers, designers, information disseminators and others collaborating on health education and promotion projects. These guidelines should further sensitize individuals and organizations to the rigors of creating effective educational materials. The guidelines are based on the following assumptions:

- That appropriate materials do not exist, so new materials need to be created.
- That you are able to access those with the skills necessary to develop the product.
- That not all education materials are meant to be widely distributed or last forever.

It is expected that other resources, such as the National Institutes of Health (NIH) publication *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers* located on the web at <http://www.cancer.gov/cancerinformation/clearandsimple>, will be consulted for more detailed guidance in producing quality, user-friendly print products. While the NIH publication focuses on general principles, this guide builds upon these concepts to help customize materials for a more specific audience: the underserved Lesbian community.

The Diverse Nature of this Population

In approaching the subject of Lesbians, we must be ever mindful that this is not a homogeneous population. To develop breast health materials for a particular Lesbian audience, be aware of the diversity within this population. Examples of the range of lifestyles of women you may be attempting to reach with your message are Lesbian professionals, Lesbian mothers, bisexual college students, older Lesbians, Latina Lesbians and Lesbians with nipple piercings or tattoos.

It is also helpful to remember that the purpose of these guidelines is to assist in tailoring breast health materials for women who are medically underserved. This segment of the population — regardless of cultural, ethnic or other distinctions — may reflect very different values, circumstances, education levels and belief systems.

Defining Lesbians

Obviously, the Lesbian population defies precise description. We have no definitive demographic data, nor do we have anything approaching an accurate population total. Disagreement even exists as to a definition of the term “Lesbian.” Indeed, a proportion of women who are sexually active with women do not identify themselves as Lesbians. For the purpose of this guide, we adhere to the National Gay and Lesbian Task Force Policy Institute definition, in which the word “Lesbian” is used in reference to “women whose emotional, social and sexual relationships are primarily with other women, regardless of their public identity.”

Paucity of Health Care Data on Lesbians

Accompanying the imprecision of Lesbian demographics is the overall lack of data regarding this population’s health issues. For example, very limited Lesbian cancer risk studies have been reported. However, epidemiologic studies suggest a higher risk of breast cancer among women who have not borne children and women who have never breastfed. In addition, surveys suggest that, in comparison with heterosexual women, some Lesbian populations may smoke more, use and/or abuse alcohol more, have higher body mass, and be less likely to receive clinical breast exams, mammograms and perform breast self-exams.^{1,2,3,4,5,6,7,8} If accurate, all of these tendencies would indicate that Lesbians run a higher risk of developing breast cancer than heterosexual women. Such assumptions logically suggest that increased screening participation would be of particular benefit to the Lesbian population.

Health Care Barriers of Lesbians

Lesbians face numerous barriers to health care and cancer screening. These often revolve around the issue of trust. Many Lesbians have had negative experiences with healthcare providers, even suffering outright abuse and hostility. Some women have been subjected to degrading remarks or looks by physicians and staffs. In addition, gynecological forms may contain language pertinent only to heterosexual women. These and other embarrassing and often harassing experiences can lead to a reluctance to seek health care, including routine screening exams. Many Lesbians avoid or put off needed health care for lack of a “safe” referral to sensitive providers who guarantee confidentiality and are not homophobic. Other major challenges result from limited economic resources, lack of health insurance and inability to share partner health benefits.

Communicating Health Information to Lesbians

Studies have shown that one of the most effective and efficient ways to communicate breast health information to medically underserved groups, such as specific Lesbian audiences, is through low-cost, sensitive, concise and easily understood educational materials. Several members of the expert panel that contributed to these guidelines agreed that materials produced locally would be more effective than those developed regionally or nationally. However, if financial and staff resources are not available to produce a quality product, consider other sources of materials. Also, if the possibility exists that publications you develop locally may find a wider usage, seek national advisory input at the outset.

The panel also noted that, depending on your community, a single brochure may not be sufficient to reach your audience. It may be necessary to produce alternative print materials: one for women who are open about their identity as Lesbians and another for those who are “in the closet” or who have sex with women but who don’t identify as Lesbian.

In the final analysis, materials must be produced with the reader in mind. For example, sensitivity to format and size is important because fewer Lesbians carry purses; alternatively, some use backpacks, fanny packs and brief cases. If Lesbians in your community consider the size of a brochure inconvenient, they may not take the materials home. If mailed, printed materials should never include anything on the envelope that would violate the receiver’s confidentiality.

The intended reader must be pulled in by specifics — in wording, visuals and design — that apply to her as an individual. These elements should be culturally specific, reflecting any ethnic, racial or linguistic diversity represented within the group. Careful attention to these details is the key to producing materials that the audience will find relevant and, ultimately, will prove effective in achieving the desired objectives.

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Step 1: Identifying Your Intended Audience

Define the Lesbian population you want to reach.

It would be a mistake to make generalizations about the Lesbian population of the United States. As with any other group of people, diversity is a hallmark of this community. The Lesbian population represents the full spectrum in terms of age, race, ethnicity, occupations, and education and income levels. These differences extend to their values, beliefs, behaviors, attitudes and opinions, as well.

So how do you define the audience you intend to reach with your message? By learning as much as possible about the special characteristics of that particular Lesbian community. The more you know about your audience, the better you will be able to customize your materials.

Tailor your materials.

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

What is the role of this sensitivity in selecting and developing print materials? It is recognizing the range of characteristics inherent to Lesbians, and then using familiar language, sensitive graphics and appropriate situations to acknowledge those distinctions. If the audience you are trying to reach is extremely diverse, you may need to develop more than one set of materials.

Any discussion of health topics is very personal; an awareness of your Lesbian audience's unique perspective will make readers more at ease with the subject and more receptive to your message.

Step 2: Researching Your Audience

Check existing sources of information.

The more you know about the people you are trying to reach, the easier it will be to design educational materials that communicate the appropriate message. For example, it is important to research cancer-related statistical data specific to Lesbians. First, locate sources that already have useful information, such as:

- Libraries, Internet databases (i.e., U.S. Census, Cancer Registries, National Library of Medicine)
- Government agencies (i.e., National Cancer Institute, Centers for Disease Control and Prevention, Health Research Services Administration, Office of Minority Health Resource Center)
- Health statistics from hospitals and health clinics
- Local health departments and state agencies
- Non-profit organizations or local cancer centers (e.g., local Komen Affiliate)
- Health science centers, medical schools, schools of public health
- Local American Cancer Society (ACS) units or state divisions
- Community-based organizations serving Lesbians

Pay special attention to discussions regarding your audience's perceptions of the severity of breast cancer, their sense of personal risk of developing breast cancer, the barriers that prevent them from reducing their risk and the benefits identified by those who have reduced their risk.

Also, revise and update the information you find, using the following guidelines to make it appropriate for your audience. This will save both time and money. Keep in mind that there are limitations to all information resources. You may find little or no information on the group you're trying to reach. At that point you must decide what resources or strategies are available to conduct your own research.

The more you know about the people you're trying to reach, the better your educational materials will be at delivering your message.

Conduct your own research.

After locating as much existing research as possible on the Lesbian community, it's time to launch your own search for additional — and much more specific — information. Start by taking a close look at the needs of the readers to ensure that the materials you develop are appropriate. For example, you may find that materials for Lesbians should give information about partner participation in screening, such as partners encouraging

mammograms and/or clinical breast exams or partners attending breast self-examination classes together and helping each other learn.

You may need to conduct audience interviews and surveys to refine collected information about the experiences, attitudes and behaviors of the Lesbian population. Other useful information regarding the content and/or visual appearance of your materials can be obtained by studying existing health-promotion, consumer-oriented and other print products aimed at Lesbians. These can be found in Lesbian/Gay bookstores and newspapers.

Work with other groups.

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

- Private and non-profit foundation
- Breast health organizations and coalitions
- Lesbian organizations and coalitions
- Federal and state government agencies
- Religious organizations
- Public health departments, community clinics and public hospitals

**A listing of specific groups and organizations can be found in the Breast Health Resource section of this guide.

In communicating with other organizations, you should learn about both their long-term and short-term goals. It's also helpful to determine the nature of their interest in breast health. This could improve your own strategic planning and prevent unnecessary duplication of resources. Joint efforts may lead to larger goals of social change.

Before collaborating, be sure that your intended audiences are indeed similar; this will help guarantee the appropriateness of your materials. Be aware of differences among subpopulations of Lesbian women (i.e., "out" Lesbians vs. "closeted" Lesbians) and differences in lifestyle behaviors (i.e., cultural/ethnic, generational, regional, economic, political and other factors). Clearly define your goals and be sure you understand the goals of your collaboration.

Collaborate with experts.

Networking will be necessary to find people who have experience and expertise in communicating and interacting with Lesbian populations. Some of these may be individuals with technical expertise, such as physicians and other health professionals. Others may have specialized expertise in the key characteristics, preferences and practices of your audience. Search for experts through feminist groups, Gay

organizations and/or Lesbian and Gay community centers. Also, look to the growing number of experts who have written about Lesbian health.

Bridges to this population must be based on trust. As you find people who can assist you, consult with them as you plan the project and prepare your materials.

Ask for help in researching existing materials and customizing them for Lesbian populations, as well as help in conducting new research. Members of the Lesbian community can review the materials and compare them to an evaluation checklist, such as the one included in these guidelines.

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

Use focus groups.

Focus groups are vital to the development of effective educational materials. The various focus group techniques and considerations are numerous. However, this guide presents only general information. An excellent resource for more information is *Listening to Your Audience*. This is a free publication from the Centers for Disease Control and Prevention and the AMC Cancer Research Center (see References) and is located on the web at <http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcliste.pdf>. This in-depth and practical guide describes in a step-by-step fashion how to organize and conduct a focus group and how to select participants.

Typically, focus groups are small groups of individuals from your intended audience — in this case, Lesbians — who can discuss and evaluate samples of your materials. The reactions and evaluations of focus groups are frequently used in the process of developing new products, advertising and political campaigns.

Gay and Lesbian community centers may be good places to start in assembling your focus groups. Keep in mind, however, that the women reached through organized Lesbian/Gay groups may or may not be representative of the overall Lesbian population. Friendship networks and key informants from less “out” — and less visible — populations are very important. Gay and Lesbian centers may have addresses or telephone referral numbers to less-accessible (i.e., ethnically diverse) Lesbian groups. Also, seek out Lesbians who are already using your organization’s services.

When using focus groups, make it clear at the outset that you want participants' honest opinions, even criticism. Create an atmosphere that fosters this honesty and assures confidentiality. Otherwise, the results may be less than accurate and, therefore, less than useful to you. Again, *Listening to Your Audience* is an excellent resource for focus group information and can be found on the web at <http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcliste.pdf>.

Use the Internet.

The Internet is an excellent, low-cost avenue to information. There are many websites that offer information on breast health and, in some cases, your intended audience. Of course, finding this information requires access to the Internet. If you don't have use of a home or business computer, you can usually access the Internet at your local public library.

Next, you'll need to learn how to seek information on the Internet. Search engines are quite easy to use and navigate to find out what you're looking for. Many search engines have online help programs that explain research techniques and strategies. You can find more information on Internet use at your local library. See the Breast Health Resources section to get started.

Step 3: Determining the Objective of Your Educational Materials

Focus on the message.

You've conducted your research, consulted with other groups or individuals and conducted preliminary focus groups. Your next step is to clearly define what you want your materials to say, and how you want your readers to respond to that information.

What key information points are the most important? When presenting main points, keep them to 3-5 main points. A list of risk factors or possible symptoms are two examples. What then should the reader do? Performing a breast self-examination, scheduling a doctor's appointment, seeking more information — these are examples of desired actions.

Determine the overall objective of your educational materials, and plan the most effective and appropriate method of presentation to achieve that goal. An underlying objective of materials designed for a Lesbian audience should be to reinforce the basic concept that Lesbian health is important and has components that vary from general women's health issues — a message many feel is often lost or missing from health-promotion campaigns.

Use themes relevant to the lives of your readers.

Each Lesbian audience has specific issues and concerns, and these should be considered in the content of your material. Examples include:

- Gay-friendly health care (clinics, centers, HMOs, etc.)
- Safety with health care providers, who guarantee confidentiality and are not homophobic
- Fear of discrimination
- Affordability of service
- Access barriers (i.e., location, transportation, hours of operation, child care)

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

Again, the diversity of this population is such that more than one set of materials may be required to ensure the special sensitivity necessary to reach major segments of your audience. If this is a consideration and resources are available for more than one print product, it is advisable to again seek the counsel of your advisory group before proceeding. You may be able to tailor materials by using different images and graphics with essentially the same copy in materials targeting different subpopulations.

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

Present medical information clearly.

Clear and understandable background information on your subject is the foundation for your product and the most reliable route to achieving your objectives. Although some readers will be familiar with common terms, it is safer to assume that most have minimal knowledge of the topic; this will help avoid confusion and alienation. Referring to breast self-examinations or mammograms, for example, may result in various reactions, depending on education levels and other factors.

Use medical terminology only when necessary and always provide clear and uncomplicated definitions. Give your readers enough simple, comprehensible facts and figures without frustrating or overwhelming them. A glossary should always be included to define technical terms and abbreviations.

Use accurate medical material.

The credibility and effectiveness of your product will depend greatly on the accuracy of the medical background provided. Readers need to know that they can trust you and your information. Are the facts correct, current and specific to your intended audience?

Information found in existing health promotion materials must be updated and revised. Consult with medical experts who understand and are sensitive to Lesbian issues to review your final draft and verify the accuracy of your material. Contact local health departments, medical schools, research centers or teaching hospitals to help you identify potential experts.

Check with Lesbian organizations to see what additional information they may have. For example, are there barriers to health care that apply to Lesbians more than other women? Research the latest medical advances and findings. The more specific these are to the Lesbian population, the better.

Involve your readers.

Your readers should see themselves as active participants in your product. Your message should include a call to action that is clearly within their capabilities. Rather than simply listing risk factors, for example, encourage appropriate screenings or tests. And emphasize why the information or action is important to the Lesbian reader.

Write from the readers' perspective. Think about what kind of questions the reader has and would like answered. Use practical and lifestyle-appropriate "how to" advice to engage readers in achieving the desired behavioral objectives, whether it's calling a free and confidential information line or encouraging them to ask questions of their physicians. Offer interesting and helpful suggestions. Examples include:

- Getting more information at a "safe" place (i.e., a Lesbian health center or clinic) from sensitive caregivers
- "Breast friends" programs (friend/partner approach)
- Number to call for referral to Lesbian-sensitive providers
- Cost-accessible resources
- Contact information from the Breast and Cervical Cancer Early Detection Program (Centers for Disease Control and Prevention-funded mammograms and Pap smears)

Many Lesbians avoid care for lack of a "safe" referral. Supply information about local contacts, such as:

- A free/sliding fee Lesbian gynecology clinic
- Lesbian cancer support groups
- Educational events that welcome Lesbians

Since it may be difficult for rural organizations to make referrals and suggestions, materials intended for nonurban audiences should provide more information, (i.e., specific questions and concerns) that women could use in a doctor's office. In addition, include a national contact number to enable the reader to obtain more information.

If your material is not interactive — that is, if the reader feels disconnected or not “pulled in” by your message — she is likely to believe that your message is not important or pertinent to her. The reader needs to believe that you are talking to Lesbian women rather than “straight” women.

Step 4: Developing the Content

Organize the content in a logical manner.

For effective print materials, ideas offered in any one piece should be limited to the main theme and presented to the reader in a logical sequence. Keep main points to 3-5 maximum. Begin and end with the most important and impressive facts. You can provide additional information in any of the following ways:

- Numerical order (steps 1, 2, 3...)
- Chronological order (time of day, month or year)
- Topical order (headlines and subheads)

Materials are least effective when:

- Ideas are presented in no particular order.
- The information is disorganized, or wordy.
- You assume that your reader already has considerable knowledge about the subject.

Choose words carefully.

Using clear and precise language is key to developing effective and sensitive materials. To avoid confusion or potentially insulting language, be aware of what certain words or phrases may represent to your Lesbian audience. Examples include:

- “Homosexual” (too clinical and cold, and has negative connotations)
- Any slang terms in materials that weren't produced by members of that group (i.e., dyke, queer)
- If using the term “sexually active,” be sure to add “with women”

A word can have multiple meanings or connotations. Be sure that the words you choose cannot be interpreted as offensive or non-inclusive. Problems often arise when using jargon that is regionally acceptable but may not have the same meaning when used in other locales. Also, when using examples of behavior, be sure they are relevant and appropriate to your readers' experiences.

To ensure that the language you use is clear, appropriate and sensitive, consult with members of the Lesbian community you are trying to reach. Focus groups are an efficient way to pretest your material's comprehensibility with your intended audience. When feedback suggests some difficulty with comprehension or terminology, or if focus group testing reveals words and examples that are more realistic and applicable, always reconsider your choice of words or language and keep modifying your text until it is acceptable.

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

Maintain an appropriate vocabulary level.

Most materials that try to reach all audiences don't reach any of them adequately. It is critical that you characterize your audience by education level, degree of literacy and primary language.

In most health communications, medical terminology is unavoidable. However, excessive technical jargon can obscure your message and objectives. Among lower-literacy audiences, the use of four or more technical terms per page may be excessive. Materials that are copy-heavy or that use small type also may pose a problem for these readers. Additionally, failing to provide simple definitions of technical terms or using many polysyllabic words when shorter ones would do can render your print materials practically unreadable. It is important to explain terms, such as "screening" or "mammography," so that readers understand the word or procedure before they visit a doctor or clinic.

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

Keep it simple.

Because you are working with medical information and terminology, the most effective sentences and paragraphs are simple, short and direct. Use shorter words and shorter sentences (10-15 words per sentence). Use the active voice ("consult your healthcare provider"), rather than the passive voice ("your healthcare provider should be consulted"). Using the active voice boosts your language's effectiveness and engages the reader. Avoid run-on sentences and long, complicated paragraphs.

Keep it positive.

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

Avoid overuse of commanding (“don’t do the following”) or condescending wording (“you shouldn’t...”). Materials should not come across as patronizing. Since the aim is to engage reader participation, the reader must feel that she will participate in all follow-up actions and decisions to be made. In addition, address the issues and values that are significant to your audience, taking great care to avoid perpetuating assumptions or stereotypes which negatively impact Lesbians. Remember that negative beliefs about Lesbians may vary by culture and region. Characteristics that one group perceives as negative may be acceptable to another. In particular, it is necessary to separate the beliefs, stereotypes and images that the general population holds about Lesbians from those that Lesbians hold about themselves.

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

Use headlines and other titles to organize the content.

Good organization provides ideas and information to your reader in a smooth, continuous flow. Use headlines (“headers”), subheads or other advance organizers to carry the reader from one topic to the next. This breaks up long copy blocks and helps highlight particularly important facts.

Headers should be kept short, simple and close to the relevant text. Use headers to divide categories, introduce a change of topics, organize advice or accentuate a call to action.

Review and summarize your major ideas.

Your readers have been introduced to numerous ideas, facts and suggestions connected with health information — some familiar to them, some not. A summary is fundamental in conveying that information. Reviewing and reinforcing essential facts and courses of action help ensure that the message reaches your audience. For the most effective communication:

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

Step 5: Developing the Visuals

Match the format to the product's intended use.

The format is the physical appearance and construction of your material, and it should always match the objectives of the educational content. How will the materials be used? Will they be placed in a pocket or backpack, posted on a wall, or on a door?

How will your materials be distributed? Will they be displayed in a clinic waiting room or community center, mailed or handed out at shopping malls? Will a presentation accompany them, or will they have to stand on their own?

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

Effective formats include:

- Business-card-size information, with telephone numbers and addresses of contacts
- Laminated products for use in the shower or bath

Things to avoid:

- Large, book-like formats
- Any outward display of Lesbian words or images in mailed materials (to preserve confidentiality of the recipient)
- Formats designed for placement in a purse or handbag (many Lesbians don't use them); instead, format for wallet, fanny pack, backpack or pocket.

Use graphics that capture the reader's attention.

Each day thousands of images compete for the eye of your reader. Educational materials, particularly on health topics, must stand out to catch the attention of the intended audience. Avoid gloomy colors, such as gray. Instead, incorporate colors such as purple or lavender (both symbolic to the Gay movement) or appropriate colors for ethnic groups (i.e., red/green/black for African-American Lesbian audiences). Use active photographs or bold visuals, precise illustrations and colorful graphics.

Depict familiar scenes and situations drawn from the lives of the Lesbian audience, such as diverse groups of women (i.e., age and ethnicity). Incorporate Lesbian symbolism, such as inverted triangles, female images and double-women symbols, in icons, logos and other graphic elements.

Avoid misleading connotations in graphics.

With Lesbian materials, special attention must be paid to illustrations and other graphics. Misleading stereotypes can be conveyed by pictures as well as with words, and an

inappropriate illustration or photo can have an especially undesirable impact. This is the place to focus on the audience you're attempting to reach, and incorporate photos and graphics that reflect the varying lifestyles of that audience. Remember that no single "look" will represent everyone. Again, bear in mind the diversity — from "ultra femme" to "butch" and those in between — and include those images to which your audience will relate. Then check it out with your advisory group or in a focus group to ensure that you are not perpetuating stereotypes that your audience will find offensive.

Address sensitive topics directly but tastefully. It is always best to pretest your materials with the intended audience. For example, this would confirm their feelings about seeing an actual picture of breasts versus a less-detailed illustration. Also, avoid themes that may conflict with the values, beliefs, lifestyles, attitudes and activities of your intended Lesbian audience, such as male pronouns or images of doctors or other clinicians as male.

Organize the material to maximize visual appeal.

Although you want your graphics to stand out, it is equally important to refrain from cluttering your materials with too many images. Effective illustrations and photographs are those which are direct, well-composed and free from being too busy.

If used, charts and diagrams should be simple and clearly illustrate one central point. Complicated charts that are difficult to decipher and photos that contain too many elements detract from the core message.

Be realistic concerning budgets for writing, photography, illustration, production, printing and distribution.

Position graphic elements with purpose.

How words and graphics are arranged on the page has a strong effect on the reader's comprehension of the message. High-quality graphics contribute to the material by reinforcing information and improving understanding. Keep the following in mind:

- Each visual should relate directly and explicitly to one message.
- In most cases, each illustration should have a caption.
- Tables, charts and diagrams should be simple and placed near their corresponding text.
- Avoid using graphics simply for decoration.
- Balance words and graphics with ample "white space" on the page.
- Use reverse print sparingly (white or light print on a dark background).
- Again, check that your illustrations fit the lifestyle of your audience.

Choose a user-friendly type style.

Materials that are visually difficult to read will not be read. There are thousands of available fonts; be careful in making your selection. Serif typeface (i.e., Times, Bookman, Garamond) is generally easier to read for print materials; Sans-Serif (i.e., Arial) works best for titles and headers as well as on-line materials. As with language and graphics, simpler is usually safer. Unadorned type styles in a dark print may seem mundane, but they are usually the best choice. Italic type and ALL CAPITAL LETTERS are both hard to read.

Watch for any font characteristics that may make reading your text an unpleasant chore:

- *This scriptwriting font is hard to read.*
- **This font is too academic.**
- This font is too light and condensed.
- This font is clear, simple and easy to read.

Avoid too-small type, which can be frustrating, especially for older readers or others with poor vision. Type that is at least 12 point is usually effective, with 16 point preferred for an older or visually impaired audience. Here are examples of various type sizes:

- 16 point type
- 14 point type
- 12 point type
- 10 point type

As a general rule, use all capital letters sparingly, if at all, and avoid inappropriate capitalization of everyday words. Notice the difference:

- ALL CAPITAL LETTERS ARE MORE DIFFICULT TO READ.
- A mixture of upper- and lower-case letters is easier to read.

Organize and emphasize text with typographic markers.

Use typographic markers such as underlining, bulleting and boldface type to emphasize important terminology, questions or summary information. Other graphic elements, such as circles, boxes, arrows and icons, can highlight key points and help break up text for easier reading.

Use visual elements that have meaning to your specific audience. For example, in literature targeting Lesbians, use down-pointing triangles as bullets to reinforce to the Lesbian reader that this is for her.

Check cost feasibility.

Expensive materials don't always have higher appeal among your intended audience. Even when they do, the materials may be too costly to mass produce or to be reproduced by others who wish to use your product.

Be realistic concerning budgets for writing, photography, illustration, production, printing and distribution. Think about future uses of your materials and recognize that production budgets may be smaller when the time comes to reprint materials. Also, consider the ease of revisions or updates as new information becomes available.

When researching existing material, look for products that can be easily reproduced without copyright infringement. When designing your own materials, those that are easy to photocopy help ensure widespread and effective distribution.

Check for accuracy.

When your materials have reached a finished stage with both text and visuals, enlist the help of a professional editor, proofreader or competent volunteer who can check for accuracy in grammar, syntax, punctuation and spelling. Awkward sentence construction, misspelled words, incorrect grammar and typographical errors will distract the reader from the message and diminish the credibility and effectiveness of the piece.

Step 6: Testing Your Materials

Always pretest.

Obtaining feedback prior to printing is essential for culturally-sensitive materials. This will measure your Lesbian audience's response and evaluate your product's effectiveness.

Did you meet your objectives? Did your product tell your readers what they need to know and do? These questions can be answered by the Lesbians for whom this product is intended. It is also helpful to receive input from health care experts who work with the Lesbian population.

When pretesting ask these four questions: Are the materials:

- Attractive to the Lesbian audience?
- Comprehensible to this audience?
- Acceptable and appropriate to this audience?
- Relevant to their daily lives?

If not, this is the time to find out — and make necessary revisions.

Use focus groups throughout the process.

Just as you may have used focus groups in the earlier stages of material research, development and testing, you should use them to evaluate your finished draft. In asking the following types of questions, remember that some cultures may find direct queries imposing. In these cases, a useful technique may be to phrase questions in the third person (i.e., Is there anything about these materials that a person similar to yourself may not understand?). Ask these types of questions:

- Is there anything you don't understand? (If so, what and why?)
- Is there anything that we have overlooked or that you would like to change? (If so, what and why?)
- What do you like most about this product?
- What do you like least about this product?
- Is this something you would pick up and read? (If so, why; if not, why not?)
- Would you recommend it or pass it to other women like yourself?
- Would this product cause you to take action or change your behavior? How? When? Why?
- Is there anything that you don't trust or don't believe?
- Are there any other things that you would like to tell us (questions, comments)?

Review the responses and suggestions with your production team and make necessary changes. If numerous alterations were suggested, pretest the materials again after your next draft. Continue this process until your audience provides few or only minor revision suggestions.

Focus groups, while highly effective for learning about your audience's perceptions, are not the only way to test for effectiveness. Other methods for obtaining feedback include:

- **Bounce-back cards.** These are usually pre-addressed, pre-paid postcards included with the publication that ask readers to answer several questions about the materials and then mail the cards back.
- **Intercept interviews.** These are brief one-on-one interviews usually conducted in high-traffic areas, such as shopping malls, churches and grocery stores.
- **Web-based questionnaires.** These questionnaires, along with your materials, would be posted on a Website.

For more information on the various ways to gather feedback from your audience, refer to *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers* located on the web at <http://www.cancer.gov/cancerinformation/clearandsimple>.

Use the checklist on the inside back cover of this booklet.

The checklist included in this booklet is a convenient way to guide the development and production of your materials. Encourage others to use or reproduce the checklist when developing materials for Lesbians.

References for Information on Materials Development

Beyond the Brochure: Alternative Approaches to Effective Health Communication, 1994. AMC Cancer Research Center and the Centers for Disease Control Prevention. <http://www.cdc.gov/cancer/nbccedp/bccpdfs/amcbeyon.pdf>

Clear and Simple: Developing Effective Print Materials for Low-Literate Readers, National Institutes of Health, National Cancer Institute, 1994. <http://www.cancer.gov/cancerinformation/clearandsimple>

Listening to Your Audience: Using Focus Groups to Plan Breast and Cervical Cancer Public Education Programs, 1994. Centers for Disease Control and Prevention. www.cdc.gov/cancer/nbccedp/bccpdfs/amcliste.pdf

Making Health Communication Programs Work: A Planner's Guide, National Institutes of Health, National Cancer Institute, 2002. <http://cancer.gov/pinkbook>

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

Breast Health Resources

Lesbian and Women who Partner with Women and Gay Organizations

Atlanta Lesbian Cancer Initiative

1530 DeKalb Avenue NE, Suite A
Atlanta, GA 30307
404-688-2524 phone
404-688-2638 fax
www.alci.org

The Atlanta Lesbian Cancer Initiative has developed breast cancer programs and breast health materials for lesbians.

Gay and Lesbian Medical Association

459 Fulton Street, Suite 107
San Francisco, CA 94102
415-255-4547 phone
415-255-4784 fax
www.glma.org

The GLMA is a professional organization of physicians that offers conferences, publications, advocacy, education and referrals to Lesbian and Gay physician members in the U.S. and Canada.

Lesbian Services Program

Whitman-Walker Clinic, Inc.
1407 S St. NW
Washington, D.C. 20009
202-797-3500 phone
202-797-3504 fax
www.wwc.org

The Lesbian Services Program focuses on community outreach as well as providing comprehensive OB/GYN exams to lesbian women.

Mautner Project for Lesbians with Cancer

1707 L St. NW, Suite 230
Washington, D.C. 20036
202-332-5536 phone
www.mautnerproject.org

This initiative offers information, education, support, advocacy and direct services for Lesbians with cancer and their loved ones.

National Center for Lesbian Rights

870 Market Street, Suite 370
San Francisco, CA 94102
415-392-6257 phone
415-392-8442.fax
www.nclrights.org

The center offers publications, legal information and referral, parenting rights, health policy and community programs.

National Gay and Lesbian Task Force

1325 Massachusetts Ave., NW
Suite 600
Washington, D.C. 20005
202-393-5177 phone
202-393-2241 fax
www.nglftf.org

The task force offers grassroots organizing and skill-building, information, publications, resources on many issues, conferences and trainings.

National Latino/Latina Lesbian and Gay Organization (LLEGO)

1420 K Street, NW, Suite 400
Washington, D.C. 20005
202-408-5380 phone
202-408-8478 fax
www.llego.org

LLEGO offers information, education and advocacy for issues affecting Lesbian, Gay, bisexual and transgendered Latinos/as, and is active in HIV/AIDS outreach, education and prevention.

National Women's Health Network

514 10th Street NW, Suite 400
Washington D.C. 20004
202-347-1140 phone
202-347-1168 fax
www.womenshealthnetwork.org

Federal Government Contacts

The Office of Minority Health (OMH)

P.O. Box 37337
Washington D.C. 20013-7337
800-444-6472 phone
301-251-2160 fax
www.omhrc.gov

The OMH maintains comprehensive databases on minority health issues and resources. It also identifies links to other organizations which serve minorities. OMH offers many of its publications without charge. For free customized service, contact the Resource Center OMH.

Some of the materials available through OMH:

For a complete list, please call The Office of Minority Health (OMH) at 800-444-6472.

Other Sources

Another source for minority health information is the Minority Health Project (www.minority.unc.edu) which is maintained by the University of North Carolina Department of Biostatistics in collaboration with the National Center for Health Statistics and the Association of Schools of Public Health. Among other resources available at that site are The Minority Health Research Catalog, consisting of an annotated bibliography of studies relevant to the health of racial and ethnic populations, and The Minority Health Database Catalog which contains information about existing data sets that contain information on the health of racial and ethnic minorities. The project is sponsored by The National Center for Health Statistics, a component of Centers for Disease Control and Prevention.

OMH also provides a page of Federal Register Notices compiled from its reviews of the Federal Register on a periodic basis to identify general items of interest to racial/ethnic communities.

Other Federal Contacts

Cancer Information Service (CIS)

National Cancer Institute (NCI)

NCI Public Inquiries Office

Suite 3036A

6116 Executive Blvd. MSC 8322

Bethesda, MD 20892-8322

800-4-CANCER or 800-422-6237

www.cancer.gov

The Cancer Information Service provides accurate, up-to-date information on cancer to patients and their families, health professionals and the general public. This service provides the latest information on cancer treatments, clinical trials, tips on how to detect cancer early, tips on how to reduce your risk of cancer and community services for patients and their families. Your questions about cancer are always welcome, and all calls are confidential. Spanish-speaking staff members are also available to help you. Free booklets on cancer can be ordered.

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road

Atlanta, GA 30333

404-639-3311 phone

www.cdc.gov/cancer

Food and Drug Administration (FDA)

5600 Fishers Lane

Rockville, MD 20857-0001

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

www.fda.gov

National Center for Health Statistics (NCHS)

Division of Data Services

3311 Toledo Road

Hyattsville, MD 20782

301-458-4000 phone

www.cdc.gov/nchs

National Health Information Center

P.O. Box 1133

Washington, D.C. 20013-1133

800-336-4797 phone

www.health.gov/nhic

National Library of Medicine

8600 Rockville Pike
Bethesda, MD 20894
888-346-3656 phone
301-402-1384 fax
www.nlm.nih.gov

Office of Disease Prevention and Health Promotion

1101 Wootton Parkway, Suite LL100
Rockville, MD 20852
240-453-8280 phone
240-453-8282 fax
<http://odphp.osophs.dhhs.gov>

Non-Profit Agencies and Research Centers

American Association of Retired Persons (AARP)

601 E St. NW
Washington, D.C. 20049
888-687-2277 phone
202-434-6406 fax
www.aarp.org

American Cancer Society (ACS)

1599 Clifton Road NE
Atlanta, GA 30329
800-ACS-2345 phone
www.cancer.org

The ACS is a national organization with local offices throughout the U.S. It provides information and referrals to numerous local and community support services as well as maintaining a library of cancer education publications available to the public.

AMC Cancer Research Center

1600 Pierce Street
Denver, CO 80214
800-321-1557 phone
303-239-3400 fax
www.amc.org

The AMC Cancer Research Center provides information on symptoms, diagnosis, treatment, psychosocial issues, support groups and other valuable resources, such as financial aid and transportation services.

Intercultural Cancer Council

6655 Travis, Suite 322
Houston, TX 77030-1312
713-798-6222 phone
713-798-3990 fax
www.iccnetwork.org

The Intercultural Cancer Council is comprised of a number of national minority and non-minority organizations. The mission of the ICC is to develop policies and programs that address the high incidence rates of cancer among minority populations.

National Breast Cancer Coalition

1101 17th Street, NW, Suite 1300
Washington, D.C. 20036
202-296-7477 phone
202-265-6854 fax
www.natlbcc.org

The coalition advocates increased funding for breast cancer research, improved access to high-quality breast cancer screening, diagnosis and treatment, particularly for the underserved and underinsured.

National Women's Health Network

514 10th St. NW, Suite 400
Washington, D.C. 20004
202-347-1140 phone
202-347-1168 fax
www.womenshealthnetwork.org

The network provides newsletters and position papers on women's health issues and concerns.

Self-Help for Women with Breast or Ovarian Cancer (SHARE)

1501 Broadway, Suite 740A
New York, NY 10036
866-891-2392 phone
212-869-3431 fax
www.sharecancersupport.org

Susan G. Komen for the Cure

5005 LBJ Freeway, Suite 250
Dallas, TX 75244
1-800 I'M AWARE (1-800-462-9273)
9 a.m. to 4:30 p.m. CST, Monday - Friday.
972-855-1600 phone
www.komen.org

Komen provides a Breast Care Helpline that is answered by trained, caring volunteers whose lives have been personally touched by breast cancer. They can provide the latest breast health information. *Se habla español.* TDD is also available.

YWCA Encore Plus Program

1015 18th Street NW, Suite 1100
Washington, D.C. 20036
202-467-0801 phone
202-467-0802 fax
www.ywca.org

Encore Plus is a breast and cervical cancer outreach and screening program for women over 50.

Y-ME

212 West Van Buren St., Suite 1100
Chicago, IL 60607-3908
800-221-2141
800-986-9505 (Spanish)
312-294-8597 fax
www.y-me.org

Y-ME provides peer support and information to women and men who have or who suspect they have breast cancer.

Checklist for Developing Effective Cancer Education Print Materials

Content

- Is the content relevant to the practices or lives of your Lesbian readers?
- Is the content organized in a logical, easy-to-follow sequence?
- Are all major ideas summarized or reviewed to reinforce key concepts?
- Is the material medically accurate?
- Is the material interactive, promoting audience involvement?
- Is the tone positive and encouraging?

Comprehension

- Is word choice appropriate for your Lesbian audience?
- Are sentences and paragraphs short, simple and written in the active voice?
- Is the vocabulary level appropriate for your Lesbian audience?

Design

- Does the material use advance organizers (i.e., icons, headers or subtitles) that are related to the text?
- Are underlining, bulleting and bolding of type used for emphasis and organization?
- Are type style and size easy to read?
- Is the material well-organized to enhance visual appeal?

Graphics

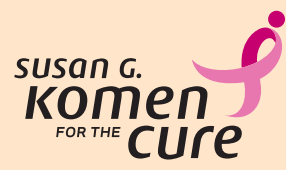
- Are visual elements colorful and eye-catching?
- Do photographs, illustrations and other graphic elements relate to the text?
- Do photographs, illustrations and other graphic elements relate to your Lesbian audience?
- Are Lesbian stereotypes avoided in your content and visuals?

Format

- Is the format appropriate for the intended use of the materials?

Cost

- Is the cost of the print product feasible?



1-800 I'M AWARE www.komen.org

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