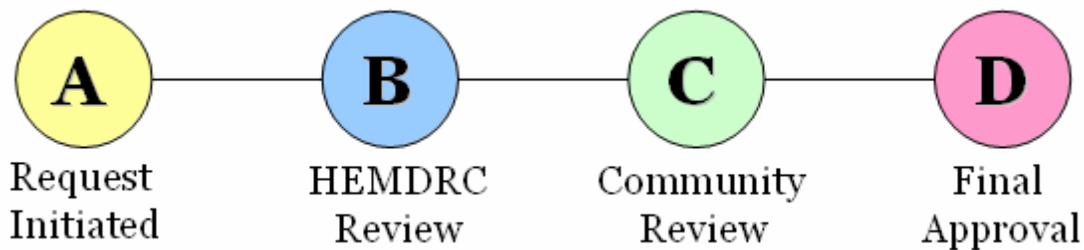


Draft

Health Education Materials Development & Review Manual

*An Evidence Based Guide for
Developing and Reviewing
Print Health Education Materials*



Developed by the Health Education Materials Development & Review Committee (HEMDRC)
Revised February 28, 2008

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To: Public Health Colleagues

From: Jackie Valenzuela
Acting Director
Health Education Administration

Re: Implementation of Health Education Materials Review Process Starting March 2008

Health Education Administration (HEA) is pleased to announce that the implementation of a health education materials review process will begin March 2008. This binder includes evidence based guidelines for creating health education print materials, introduces the Health Education Materials Development & Review Committee (HEMDRC), describes HEMDRC's review criteria and process, and provides contact information to help your program or SPA get needed services.

TABLE OF CONTENTS

1. CREATING	4
A. INTRODUCTION TO <i>SIMPLY PUT</i>	5
B. SUGGESTED RESOURCES TO USE FOR DEVELOPING HEALTH EDUCATION MATERIALS.....	6
2. REVIEWING	7
A. WHAT IS HEMDRC?.....	8
B. WHAT IS THE PROCESS FOR GETTING A HEALTH EDUCATION PRINT MATERIAL REVIEWED?	9
C. HOW DO I GET MY HEALTH EDUCATION PRINT MATERIAL REVIEWED?	15
D. WHAT CRITERIA WILL BE USED TO REVIEW MY MATERIAL?	17
E. HOW WILL HEMDRC CALCULATE THE READABILITY OF MY PRINT MATERIAL?	23
F. HOW CAN I BE SURE I APPROVE OF REVISIONS MADE TO MY MATERIAL BY HEMDRC?	27
G. WHAT CRITERIA WILL BE USED FOR THE COMMUNITY TO REVIEW MY MATERIAL?.....	29
H. HOW CAN I BE SURE I APPROVE OF THE FINAL DRAFT OF MY MATERIAL?	31
I. ACKNOWLEDGEMENTS	33

1. CREATING

A. Introduction to *Simply Put*

As public health practitioners, we are tasked with translating complex, scientific information into manageable, appropriate messages for our communities. Utilizing scientifically sound methods or “best practices” in the development and review of health education materials is important to ensure effective communication with our target populations. When developing health education materials, culture, language, and literacy level should help shape the content, format and overall appeal of the material. But how do you do this?

To answer this question, Health Education Administration (HEA) analyzed academic and professional literature and conversed with health education and health communication experts from across the field. At the conclusion of our research, there was overwhelming consensus on one document considered the “gold standard” in the field: the Centers for Disease Control and Prevention’s (CDC) *Simply Put*. This book provides an in-depth yet simplified process for developing high quality, effective health education materials that are appropriate for diverse, low literacy audiences.

The Department of Public Health’s Quality Improvement Division and External Communications program recognize this document as an invaluable tool. By utilizing the steps detailed in *Simply Put*, your program or SPA will develop better, more community appropriate health education materials.

Happy creating!

A handwritten signature in black ink that reads "Kimberly Kisler". The signature is written in a cursive, flowing style.

Kimberly Kisler, M.P.H., C.H.E.S.
Co-Chair of the Health Education Materials Review and Development Committee (HEMDRC)
Health Educator
Health Education Administration

B. Suggested Resources to Use for Developing Health Education Materials

Trustworthy and accurate sources of information should be used when developing health education materials. The following is a list of recommended credible sources to aid you during the development process.

Agency for Healthcare Research and Quality (AHRQ)	www.ahrq.gov
American Academy of Pediatrics (AAP)	www.aap.org
American Association of Family Physicians (AAFP)	www.aafp.org
American Cancer Society	www.cancer.org
American Diabetes Association	www.diabetes.org
American Heart Association	www.americanheart.org
American Lung Association	www.lungusa.org
American Medical Association (AMA)	www.ama-assn.org
Asthma and Allergy Foundation of America	www.aafa.org
California Department of Public Health (CDPH)	www.cdph.ca.gov
Centers for Disease Control and Prevention (CDC)	www.cdc.gov
National Institutes of Health (NIH)	www.nih.gov
United States Preventive Services Task Force (USPSTF)	www.ahrq.gov/clinic/uspstfix.htm

Source: Adapted from Community Health Plan's Health Education *Policy HE 07: Patient Education Handouts*, developed by Shobha Naimpally, MD MPH

2. REVIEWING

A. What is HEMDRC?

In 2007, five focus groups were conducted with over 20 Public Health and Clinic Nurses within the Service Planning Areas (SPA). The purpose of these groups was to identify nurses' health education materials-related needs. These groups revealed that nurses oftentimes utilize the health education materials posted on the Public Health Nursing Administration (PHN Admin) website. Most common uses included using materials to: (1) give to patients to read while visiting the clinic; (2) leave with their patients during home visits; or (3) give themselves a review of key points prior to providing patient consultation. Further discussion revealed that these materials were easy to understand, but were outdated, did not cite sources, and did not have a common look or feel. In response, HEA and PHN Admin got together and created what is now referred to as Health Education Materials Development & Review Committee (HEMDRC).

HEMDRC is comprised of SPA and program health educators and public health nurses, both at administrative and direct service levels. Collaboratively, group members conceived HEMDRC's Vision and Mission.

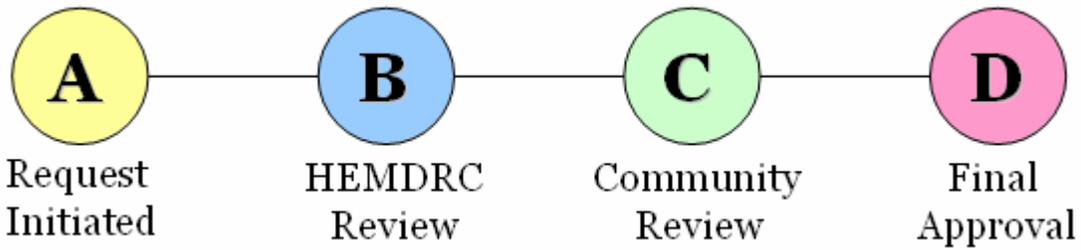
Vision: Effective health education materials for Los Angeles County residents that promote health, safety and disease control

Mission: Provide quality control and assurance over health education materials produced by the Los Angeles County Department of Public Health.

Beginning March of 2008, HEMDRC will systematically review and revise the fact sheets currently posted on the PHN Admin website. Additionally, HEMDRC is available to review any English language brochures, pamphlets, or fact sheets your program or SPA has developed. Please be aware that the entire process, including the community review process, will take approximately two months to complete.

B. What is the Process for Getting a Health Education Print Material Reviewed?

The process for getting a health education print material reviewed involves four steps:

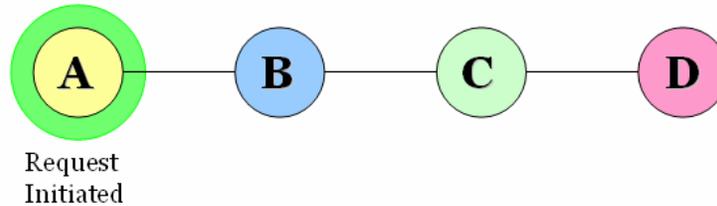


The following pages are a detailed description of each step of the review process. This document is called the “Health Education Materials Review Process.”

Health Education Materials Review Process
Health Education Materials Development & Review Committee (HEMDRC)

This step-by-step guide outlines the review process for a health education print material. The steps are color coded and correspond to the attached timeline. All documents can be found on the Health Education Administration program website at <http://lapublichealth.org/hea/>.

Please direct all questions to hea@ph.lacounty.gov.



A. Request Initiated

PROCESS:

1. Program/SPA completes and submits a “Health Education Material Review Request Form.”

This form can be found on the Health Education Administration program website at <http://lapublichealth.org/hea/>. The form can be faxed or submitted electronically. All contact information is found on the request form.

2. HEMDRC establishes a review sub-committee.

A committee of health education and public health nursing staff is formed to carry out the review process. Sub-committee members are selected based on availability and population and/or subject matter expertise.

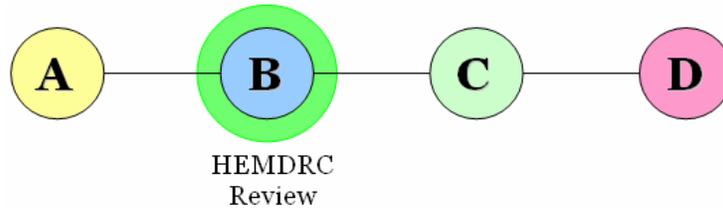
3. HEMDRC contacts the program/SPA to confirm request.

The lead member of the HEMDRC sub-committee contacts the program/SPA to introduce him/herself as the primary contact, explain the review process timeline, and clarify program/SPA responsibilities. This will happen within one week of the initial request.

NOTES:

Prior to submitting the request form, a program/SPA should:

- ✓ Check the review criteria to ensure the health education material meets the review standards.
- ✓ Have the draft of the material reviewed by all appropriate staff in the program/SPA, including a subject matter expert.
- ✓ Be committed to the review timeline and responsibilities associated with the process.



B. HEMDRC Review

PROCESS:

1. Draft reviewed by HEMDRC.

The original draft of the health education material is circulated to all members of the HEMDRC sub-committee. The members use the “HEMDRC Review Rubric” to assess the health education material. HEMDRC sub-committee members will have one week to review the print material.

2. Feedback incorporated into revised draft.

The feedback from all “HEMDRC Review Rubric” forms is incorporated into a revised draft by the lead member of the HEMDRC sub-committee. The sub-committee lead will physically make the appropriate changes to the draft prior to submitting it to the program/SPA.

3. Revised draft sent to program/SPA for review.

The revised draft of the health education material as well as a report, which includes all feedback from the “HEMDRC Review Rubric” forms, is sent to the program/SPA. The report highlights the changes made to the material. The program/SPA will receive the revised material within three weeks of the request submission.

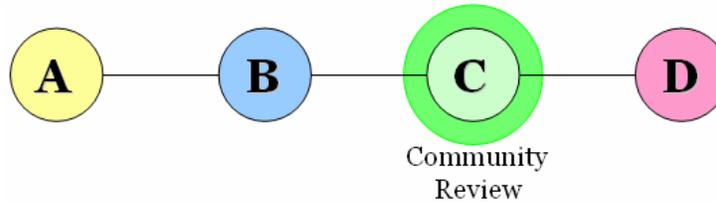
4. Program/SPA approves revisions.*

The program/SPA reviews the report and approves the revised draft of the health education material. This approval is recorded via the “HEMDRC Revision Approval Form.” The program/SPA will have one week to review and approve the revised draft.

***HEMDRC will negotiate revisions with the program/SPA for two revision cycles. If consensus on the revisions to the health education material cannot be reached by this time, the material will be sent to the Quality Improvement program. This program will finalize the draft of the material.**

NOTES:

- ✓ The HEMDRC sub-committee consists of health education and public health nursing staff. All members have received training on the proper review of health education materials.
- ✓ The “HEMDRC Review Rubric” was adapted from the CDC’s book *Simply Put*. This document outlines the “best practices” for creating a health education material. A copy of this book is available in the “Create” section of this binder and can also be accessed at: <http://www.cdc.gov/od/oc/simpput.pdf>.



C. Community Review

PROCESS:

1. HEMDRC identifies a community review location.

HEMDRC identifies a health center or outreach location where members of the target population can be accessed.

2. Community review conducted with target population.

HEMDRC provides a copy of the “Community Review Form” to members of the target population to assess the appropriateness of the health education material for that specific audience. A minimum of five English-speaking community members will complete the assessment form at the community review location.

3. Feedback incorporated into revised draft.

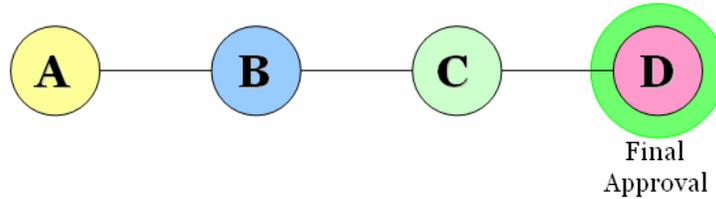
The feedback from all “Community Review Forms” is incorporated into a revised draft by the lead member of the HEMDRC sub-committee. The sub-committee lead will physically make the appropriate changes to the draft prior to submitting it to the program/SPA.

4. Revised draft sent to program/SPA for review.

The revised draft of the health education material as well as a report, which includes all feedback from the “Community Review Forms,” is sent to the program/SPA. The report highlights the changes, if any, made to the material. The program/SPA will receive the revised material within six weeks of the request submission.

NOTES:

- ✓ The community review takes place at a Los Angeles County Department of Public Health, health center or outreach event. The community review is carried out by a health center staff person, who has been trained in administering the “Community Review Form.”
- ✓ The “Community Review Form” is a combination of existing forms utilized by the two Department of Public Health programs: Tuberculosis Control and Prevention and Sexually Transmitted Disease Prevention. It was created using “best practices,” as evidenced through the scientific literature and the prior testing and use of these existing forms.



D. Final Approval

PROCESS:

1. Final draft reviewed by program/SPA.

The program/SPA reviews the revised health education material. The program/SPA will receive the final revised draft of the health education material within seven weeks of the request submission.

2. Program/SPA signs off on approved final draft.

The program/SPA approves the revised draft of the health education material. This approval is recorded via the “Final Health Education Material Approval Form.” The program/SPA has a maximum of two weeks to approve and sign off on the final draft of the health education material.

3. HEMDRC signs off on approved final draft.*

Once the program/SPA signs off on the final approved draft, HEMDRC also signs off on the draft and files the form for documentation purposes.

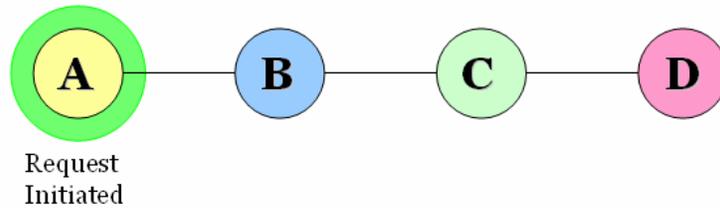
***HEMDRC will negotiate revisions with the program/SPA for two revision cycles. If consensus on the revisions to the health education material cannot be reached by this time, the material will be sent to the Quality Improvement program. This program will finalize the draft of the material.**

NOTES:

- ✓ Once the health education material is approved, it may be disseminated to the community.
- ✓ By utilizing the HEMDRC process, the program/SPA ensures an effective, well-designed, well-articulated health education material that is appropriate for the target population. The process follows the “best practices,” as outlined by the scientific health education and health communication literature.

C. How Do I Get My Health Education Print Material Reviewed?

In order to get your print material reviewed by HEMDRC, simply complete the “Health Education Material Review Request Form.” This form can be found at <http://lapublichealth.org/hea/> and a sample is included on the following page. You can submit the completed form and a copy of the material to be reviewed to HEA via fax or e-mail. Details, including HEA’s fax number and e-mail address can be found on the form.





Health Education Material Review Request Form
Health Education Materials Development & Review Committee (HEMDRC)

CONTACT INFORMATION	ACTION
Date:	<input type="checkbox"/> New Material <input type="checkbox"/> Revised/Updated Material
Name:	
Program:	
Contact #:	
Email:	

Title of health education material:

Intended target audience for material:

Please describe the purpose of the health education material to be reviewed:

List the background resources and scientific literature used to create the material:

Please read and check each box below:

- I have read, fully understand and accept the material review guidelines, including the timeline for review.
- I understand my personal responsibility to approve any changes that may be made at each applicable stage of the process.
- I have attached a copy of the material to be reviewed.

Please fax or email form and material to:

Health Education Administration
Attn: HEMDRC
Fax: 213-351-0755
hea@ph.lacounty.gov

FOR HEA USE ONLY

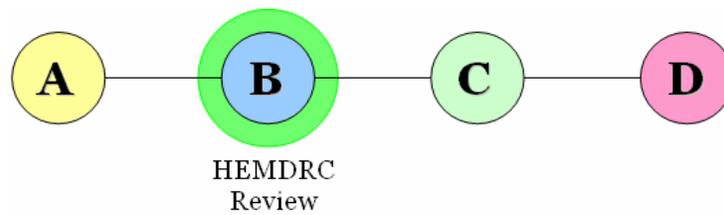
Date Received: _____ Project Lead: _____

Committee Members Assigned: _____

Target Completion Date: _____ Date Completed: _____

D. What Criteria Will Be Used to Review My Material?

As previously explained in this manual, a sub-committee of HEMDRC will review your print material using the “HEMDRC Review Rubric.” HEMDRC recommends using this document as a guide during the development or revision process. This document can be found at <http://lapublichealth.org/hea/> and a sample is included on the following page. This rubric was adapted from the CDC’s book *Simply Put*. This document outlines the “best practices” for creating a health education material. A copy of this book is available in the “Create” section of this binder and can also be accessed at: <http://www.cdc.gov/od/oc/simpput.pdf>.



HEMDRC Review Rubric

Health Education Materials Development & Review Committee (HEMDRC)

REVIEWER CONTACT INFORMATION	ACTION
Date:	<input type="checkbox"/> New Document <input type="checkbox"/> Revised/Updated Document
Name:	
Contact #:	
Email:	

ABOUT THE DOCUMENT	
Title of document being reviewed:	

DIRECTIONS

COLUMN TOTALS

Read each question carefully. Designate a category “Does Not Meet Standards” or “Meets Standards” by circling the corresponding number. Total each column.

If a question is not applicable to the document, circle the corresponding number in the “N/A” column. Total this column.

Add together columns 1, and 2. DO NOT INCLUDE COLUMN 3 IN THIS EQUATION.

TABLE DENOMINATOR

To get the table denominator, subtract the total of column 3 from the highest possible score (this number has already been computed for you).

TABLE SCORE (%)

The table total percentage is computed by dividing the total of columns 1 and 2 by the table denominator and multiplying this by 100.

A PASSING SCORE IS 80%.

READABILITY

Follow the directions of either the Fry or SMOG readability test in order to derive the document’s reading level. If it is above a 6th grade reading level, refer the program submitting the document to the *Simply Put* manual for ways to revise the document.

DOCUMENT REVISION

If the score falls below an 80%, please advise the program submitting the document to the *Simply Put* manual. Each table corresponds to sections in *Simply Put*. Once revisions have been made, the document may be resubmitted for review.

A. MESSAGE CONTENT				
	Does Not Meet Standards (Column 1)	Meets Standards (Column 2)	N/A (Column 3)	Comments (Column 4)
Are the messages limited to 3-4 per document or section?	0	1	-1	
Information that is “nice to know” but not necessary is left out?	0	1	-1	
Is an active voice used?	0	1	-1	
Action steps or desired behaviors for the audience have been identified?	0	1	-1	
Are concrete nouns and short words and sentences used?	0	1	-1	
Is the reading style conversational versus formal?	0	1	-1	
As much jargon and technical language as possible has been eliminated?	0	1	-1	
Is technical or scientific language explained?	0	1	-1	
Is the language culturally appropriate to the target audience?	0	1	-1	
Is the information presented in an order that is logical to the audience?	0	1	-1	
Is a “created” or “revised” date included?	0	1	-1	
Are sources of information included?	0	1	-1	
Does the document appropriately address its target audience?	0	1	-1	
<i>TOTAL(each column)</i>				
<i>TOTAL (columns 1, 2, 3)</i>				
<i>TABLE DENOMINATOR</i>	13 - (column 3) =			
TABLE SCORE (%)	$\frac{\text{Total (columns 1 \& 2)}}{\text{Table Denominator}} \times 100 = \underline{\hspace{2cm}} \text{ (Passing is 80\%)}$			

B. TEXT APPEARANCE				
	Does Not Meet Standards (Column 1)	Meets Standards (Column 2)	N/A (Column 3)	Comments (Column 4)
Is the font easy to read?	0	1	-1	
Is the font large enough (at least 12 pt.) and does it have serifs?	0	1	-1	
Using all capital letters is avoided?	0	1	-1	
No more than 2-3 font styles per page/section are used?	0	1	-1	
Are bold, underlining, and text boxes to highlight information used?	0	1	-1	
<i>TOTAL(each column)</i>				
<i>TOTAL (columns 1, 2, 3)</i>				
<i>TABLE DENOMINATOR</i>	5 - (column 3) =			
TABLE SCORE (%)	$\frac{\text{Total (columns 1 \& 2)}}{\text{Table Denominator}} \times 100 = \underline{\hspace{2cm}} \text{ (Passing is 80\%)}$			

C. VISUALS				
	Does Not Meet Standards (Column 1)	Meets Standards (Column 2)	N/A (Column 3)	Comments (Column 4)
Does the cover include main messages found in text?	0	1	-1	
Are the visuals appropriate to the target audience?	0	1	-1	
Are the visuals simple and instructive rather than decorative?	0	1	-1	
Do the visuals help explain the messages found in the text?	0	1	-1	
Are the visuals placed near related text?	0	1	-1	
Do the visuals include captions?	0	1	-1	
Are the visuals photo-ready (i.e. not distorted, stretched, or pixilated)?	0	1	-1	
Are the same types of photos used throughout the document (i.e. only photos or only illustrations)?	0	1	-1	
<i>TOTAL(each column)</i>				
<i>TOTAL (columns 1, 2, 3)</i>				
<i>TABLE DENOMINATOR</i>	8 - (column 3) =			
TABLE SCORE (%)	$\frac{\text{Total (columns 1 \& 2)}}{\text{Table Denominator}} \times 100 = \underline{\hspace{2cm}} \text{ (Passing is 80\%)}$			

D. LAYOUT & DESIGN				
	Does Not Meet Standards (Column 1)	Meets Standards (Column 2)	N/A (Column 3)	Comments (Column 4)
Is the cover attractive to the target audience?	0	1	-1	
Is the most important information at the beginning of the document, and repeated at the end?	0	1	-1	
Is the information chunked, using headings and subheadings?	0	1	-1	
Are columns used?	0	1	-1	
Do lists include bullets?	0	1	-1	
Does the document have a lot of white space?	0	1	-1	
Are the margins at least ½ inch?	0	1	-1	
Is text justified on the left only?	0	1	-1	
Was the Fact Sheet template used?	0	1	-1	
<i>TOTAL(each column)</i>				
<i>TOTAL (columns 1, 2, 3)</i>				
<i>TABLE DENOMINATOR</i>	9 - (column 3) =			
TABLE SCORE (%)	$\frac{\text{Total (columns 1 \& 2)}}{\text{Table Denominator}} \times 100 = \underline{\hspace{2cm}} \text{ (Passing is 80\%)}$			

E. READABILITY		
Does the reading level meet 6th grade requirement according to Fry or SMOG test?		
WORD COUNT		
READING TEST USED	<input type="checkbox"/> Fry (Use for documents containing 100 words or more)	<input type="checkbox"/> SMOG (Use for documents containing less than 100 words)
READING LEVEL		

E. How will HEMDRC Calculate the Readability of my Print Material?

It is important that health education print materials (i.e. pamphlets, brochures, fact sheets) are easily understood by the intended audience. Readability is an important factor in determining whether an audience understands the information. Readability formulas are often used to assess the reading level of print materials. The SMOG and Fry methods are two formulas that can be used to calculate the approximate reading level (by grade) of a particular document. Both methods strive for a 6th grade reading level.

An explanation and example of the Fry Method is included in the *Simply Put* document located in the “Create” section of this binder. It can also be found online at: <http://www.cdc.gov/od/oc/simpput.pdf>. This method should be used for materials containing 100 or more words.

An explanation and example of the SMOG formula can be found on the following pages. This method should be used for materials containing less than 100 words. This document, taken from the communications department at the University of Texas, can be found online at: <http://www.utexas.edu/vp/ecs/communications/SMOG.pdf>. This version is derived from the *Making Health Communication Programs Work* manual from the National Institutes of Health, National Cancer Institute. This manual, also referred to as “The Pink Book,” is available online at: <http://www.cancer.gov/pinkbook>.

THE SMOG READABILITY FORMULA*

To calculate the SMOG (Simplified Measure of Gobbledygoop) reading grade level, begin with the entire written work that is being assessed, and follow these four steps:

1. Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word, and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square and taking its square root.
4. Finally, add a constant of three to the square root. This number gives the SMOG grade, or the reading grade level that a person must have reached if he or she is to fully understand the text being assessed.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!), or a question mark (?).
- Hyphenated words are considered as one word.
- Numbers that are written out should also be considered, and if in numeric form in the text they should be

pronounced to determine if they are polysyllabic.

- Proper nouns, if polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

Not all pamphlets, fact sheets, or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all of the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:
Average = $\frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$
4. Multiply that average by the number of sentences short of 30.
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

Perhaps the quickest way to administer the SMOG grading test is by using the SMOG conversion table. Simply count the number of polysyllabic words in your chain of 30 sentences and look up the approximate grad level on the chart (see page 3).

An example of how to use the SMOG Readability Formula and the SMOG Conversion Table is provided on the next page.

EXAMPLE USING THE SMOG READABILITY FORMULA:

In Controlling Cancer—You Make a Difference

The key is action. You can help protect yourself against cancer. Act promptly to:

Prevent some cancers through simple changes in lifestyle.

Find out about early detection tests in your home.

Gain peace of mind through regular medical checkups.

Cancers You Should Know About

Lung Cancer is the number one cancer among men, both in the number of new cases each year (79,000) and deaths (70,500). Rapidly increasing rates are due mainly to cigarette smoking. By not smoking, you can largely prevent lung cancer. The risk is reduced by smoking less, and by using lower tar and nicotine brands. But quitting altogether is by far the most effective safeguard. The American Cancer society offers Quit Smoking Clinics and self-help materials.

Colorectal Cancer is second in cancer deaths (25,100) and third in new cases (49,000). When it is found early, chances of cure are good. A regular general physical usually includes a digital examination of the rectum and a guaiac slide test of a stool specimen to check for invisible blood. Now there are also Do-It-Yourself Guaiac Slides for home use. Ask your doctor about them. After you reach the age of 40, your regular check-up may include a "Procto," in which the rectum and part of the colon are inspected through a hollow, lighted tube.

Prostate Cancer is second in the number of new cases each year (57,000) and third in deaths (20,600). It occurs mainly in men over 60. A regular rectal exam of the prostate by your doctor is the best protection.

A Check-Up Pays Off

Be sure to have a regular, general physical including an oral exam. It is your best guarantee of good health.

How Cancer Works

If we know something about how cancer works, we can act more effectively to protect ourselves

against the disease. Here are the basics:

1. Cancer spreads; time counts—Cancer is uncontrolled growth of abnormal cells. It begins small and if unchecked, spreads. If detected in an early, local stage, the chances for cure are best.
2. Risk increases with age—This is not a reason to worry, but a signal to have more regular thorough physical check-ups. Your doctor or clinic can advise you on what tests to get and how often they should be performed.
3. What you can do—don't smoke and you will sharply reduce you chances of getting lung cancer. Avoid too much sun, a major cause of skin cancer. Learn cancer's Seven Warning Signals, listed on the back of this leaflet, and see your doctor promptly if they persist. Pain is usually a late symptom of cancer; don't wait for it.

Know Cancer's Seven Warning Signals

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump in breast or elsewhere
5. Indigestion or difficulty in swallowing
6. Obvious change in wart or mole
7. Naggig cough or hoarseness

If you have a warning signal, see your doctor.

Unproven Remedies

Beware of unproven cancer remedies. They may sound appealing, but they are usually worthless. Relying on them can delay good treatment until it is too late. Check with your doctor or the American Cancer Society

More Information

For more information of any kind about cancer--free of cost--contact your local unit of the American Cancer Society

We have calculated the reading grade level for this example.

Compare your results to ours, and then check both with the SMOG conversion table:

Readability Test Calculations

Total Number of Polysyllabic Words	=38
Nearest Perfect Square	=36
Square Root	= 6
Constant	= 3
SMOG Reading Grade Level	= 9

SMOG Conversion Table**

Total Polysyllabic Word Counts	Approximate Grade Level
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-56	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

**Excerpted from "Making Health Communications Programs Work," US Department of Health and Human Services.*

***Developed by: Harold C. McGraw, Office of Educational Research Baltimore County Schools, Towson, Maryland.*

Sources:

1. University of Texas. Available at: <http://www.utexas.edu/vp/ecs/communications/SMOG.pdf>.
2. National Institutes of Health, National Cancer Institute. *Making Health Communication Programs Work*. Available at: <http://www.cancer.gov/pinkbook>.

F. How Can I Be Sure I Approve of Revisions Made to My Material by HEMDRC?

You will be involved in every step of the review process. All revisions made to your print material will require your approval before moving on to the next step in the review process. After HEMDRC has reviewed your material using the “HEMDRC Review Rubric,” you will receive:

1. A revised version of your print material, which includes all feedback from HEMDRC;
2. A report that summarizes the feedback made by HEMDRC on the “HEMDRC Review Rubric” forms.

Once you have reviewed the revisions, you will be asked to formally approve the revisions by completing the “HEMDRC Revision Approval Form.” This document can be found at <http://lapublichealth.org/hea/> and a sample is included on the following page.



HEMDRC Revision Approval Form
Health Education Materials Development & Review Committee (HEMDRC)

Name (please print):

Title:

Program or SPA:

Title of Health Education Material:

***I have reviewed and approve of HEMDRC's revisions made to this health education material.
This material is now ready for the community review.***

Signature:

Date:

Comments:

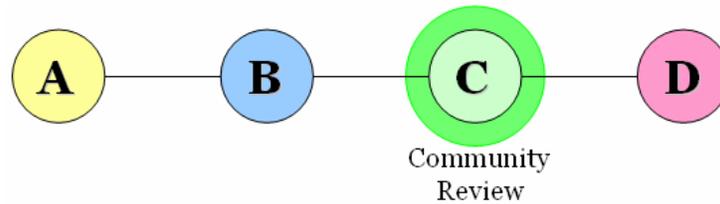
Please mail or fax the form and a copy of the revised draft of the material to:

*Health Education Administration
Attn: HEMDRC
3530 Wilshire Blvd., Suite 800
Los Angeles, CA 90010
Fax: 213-351-0755*

Source: Adapted from LA Care Health Plan Materials Review Form

G. What Criteria Will Be Used for the Community to Review My Material?

As previously explained in this manual, members of your print material's target population will review your print material using the "Community Review Form." This document can be found at <http://lapublichealth.org/hea/> and a sample is included on the following page. The "Community Review Form" is a combination of existing forms utilized by the two Department of Public Health programs: Tuberculosis Control and Prevention and Sexually Transmitted Disease Prevention. It was created using "best practices," as evidenced through the scientific literature and the prior testing and use of these existing forms.



Community Review Form

Health Education Materials Development & Review Committee (HEMDRC)

The purpose of this survey is to get your feedback on a health education material that we are creating. We would like your input on its content and design, as well as any suggestions on how to improve it. All comments will be confidential and anonymous. Thank you for your participation.

Reviewer Information:

Gender: Female Male

Age: _____

Which race/ethnicity do you identify as? (Check only one.)

- African American/Black
 Asian/Pacific Islander
 Hispanic/Latino
 White/Non-Hispanic
 Native American/Alaskan Native
 Mixed/Multiethnic

For each of the statements below, please indicate your selection by placing an X next to your response.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. This brochure answered all of my questions on _____.				
2. The size of the lettering was easy to read.				
3. The words used in this brochure were easy to understand.				
4. The brochure was easy to follow.				
5. The pictures helped me understand the information better.				
6. After reading this brochure, I can explain _____ to my friends and family.				
7. This brochure increased my knowledge of _____.				

Please answer the following two questions.

1. If the brochure leaves out some information, what other things would you like to know more about?

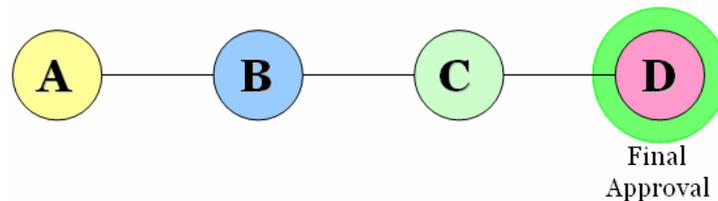
2. Suggestions to improve this health education material:

H. How Can I Be Sure I Approve of the Final Draft of My Material?

You will be involved in every step of the review process. All revisions made to your print material will require your approval before moving on to the next step in the review process. After the community has reviewed your material using the “Community Review Form,” you will receive:

1. A revised version of your print material, which includes all feedback from the community;
2. A report that summarizes the feedback made by community members on the “Community Review Forms.”

Once you have reviewed the revisions, you will be asked to formally approve the final draft of your print material by completing the “Final Health Education Material Approval Form.” This document can be found at <http://lapublichealth.org/hea/> and a sample is included on the following page. Once this form has been signed, your print material is ready for dissemination.





Final Health Education Material Approval Form
Health Education Materials Development & Review Committee (HEMDRC)

Name (please print):

Title:

Program or SPA:

Title of Health Education Material:

I have reviewed and approve of the final draft of this health education material. This material is now ready for dissemination.

Signature:

Date:

Comments:

Please mail or fax the form and a copy of the final draft of the material to:

*Health Education Administration
Attn: HEMDRC
3530 Wilshire Blvd., Suite 800
Los Angeles, CA 90010
Fax: 213-351-0755*

Source: Adapted from LA Care Health Plan Materials Review Form

I. Acknowledgements

We would like to acknowledge the following people and programs for their assistance in the development and review of this manual:

Centers for Disease Control and Prevention

Chhandasi (Pamina) Bagchi, Tuberculosis Control and Prevention Program

Girisha Colleary, Health Education Administration

Tess Boley-Cruz, University of Southern California, Masters in Public Health program

External Communications program

Deborah Glik, University of California, Los Angeles, School of Public Health

Kim Harrison-Eowan, Sexually Transmitted Disease Program

Milan Hill, Health Education Administration

Kimberly Kisler, Health Education Administration

Susan Lesser, Health Education Administration

Jessica Marshall, Service Planning Areas 7 and 8

Cheryl Moss, Health Education Administration

Public Health Nursing Administration

Quality Assurance program

University of Texas, Communications Department

Jacqueline Valenzuela, Health Education Administration