

# The Health Literacy Style Manual

Prepared for

covering kids  
& families

October 2005

By



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# Foreword

This little book is filled with hints and suggestions for developing and improving applications, notices, and other print materials related to government programs. In it are some tried and true strategies for writing and formatting specifically for clients, many of whom have limited literacy skills. Most of these strategies are not new, but we've collected them here, added some of our own, and illustrated them with (mostly) real-life examples. They'll help you develop easy-to-read materials for skilled readers as well as for those who struggle to read.

## THANKS TO THOSE IN THE TRENCHES

Our own experience has been immeasurably enhanced by working with the wonderful grantees of the *Supporting Families After Welfare Reform* and *Covering Kids & Families* process improvement collaboratives over the past few years.

They asked us to take a look at their “problem” materials—the ones they felt might be barriers to enrollment and retention. We made some recommendations, they did some revising, and then they asked for feedback from clients to find out if our recommendations and their revisions really were what the clients needed. Many of the grantees developed keen eyes for identifying

and improving problem materials, and the end result is that more and more materials in those states have become *client-centered*.

As for us, we've had the unique experience of getting an in-depth look at a wide variety of materials and of discussing problems and successes with the very people who create, distribute, and help clients use those materials. We've learned a lot.

We thank the grantees for helping us learn and for the many pleasant memories that we've acquired in the process, in cities across the nation.

Most of the examples in this manual are real program materials, but in some cases the state names have been deleted. The important point is not whose materials they are, but what we can learn from them.

THE MAXIMUS CENTER FOR HEALTH LITERACY

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DISCLAIMER: The views expressed in this report are those of the authors and no official endorsement by the Southern Institute on Children and Families or the Robert Wood Johnson Foundation should be inferred.

# Introduction

## *Improving health literacy*

Imagine what might happen if your state were to produce government program materials that are written the way most people speak—with words that many more of your clients could read and understand, and in languages and with illustrations that speak to their countries of origin, levels of education, and cultures. More of your clients would improve their health literacy. *Health literacy* is the capacity to find and understand health information and services and to make informed health-related decisions.

Health-literate consumers are your best customers. They're more apt to complete applications fully and send in verification promptly, read your promotional materials, take their children for regular checkups, avoid the emergency room for routine care, go for prenatal care early and often, and send in renewals when you remind them. They do all these things because they've learned about the services you offer and know how to get to them. Your best customers easily and efficiently use the information you provide for them. They are empowered.



## WHO ARE YOUR READERS?

Nearly half of all American adults, or about ninety million people, have limited literacy skills. They have difficulty understanding and acting upon health information (Institute of Medicine, *Health Literacy: A Prescription to End Confusion*, April 8, 2004). One of five adults reads at the fifth-grade level or below. For adults over age sixty-five and for inner-city minorities, the number is two of five (U.S. Department of Education, National Center for Education Statistics, National Adult Literacy Survey, 1992).

Many new immigrants have limited literacy skills in their primary language. They may have had little education in their country of origin and may have little time now to improve their reading skills in their own language or learn to read English. The need to speak is more pressing than the need to read, and it's easier to practice. Reading skills lag behind, with not much practice since school.

Poor reading and comprehension skills are strongly associated with poverty, welfare, and unemployment. That means that many people who have poor reading skills are or might be eligible for government benefits. They are your readers.

## WHY ARE MOST HEALTH-RELATED MATERIALS WRITTEN AT THE 10TH GRADE LEVEL OR HIGHER?

Why, indeed? But they are. Perhaps because it's easier for a well-educated writer to communicate complex information with complex sentences, the kind she's used to reading herself. It's

harder to re-think that information and break it down into sentences that are easier to read.

The constant struggle to understand health information and health systems makes it difficult for people with limited literacy skills to take advantage of available treatment and prevention strategies. It becomes a vicious cycle: poor access to health services contributes to poor health and more uncontrolled chronic disease, and poor health means a greater need for health services and greater dependency upon the very system consumers couldn't navigate in the first place.

## **READERS WITH LIMITED LITERACY SKILLS**

Readers with limited literacy skills are not illiterate or necessarily unintelligent. Having limited literacy skills doesn't mean someone can't read at all—just that he reads at a very low grade level. Many people with limited literacy skills are very articulate, yet read poorly. Often they have verbal skills that are several grade levels above their reading skills.

It's worth the time and trouble to develop materials that even readers with limited literacy skills can read and understand. In doing so, you'll reach the broadest possible audience and show consideration and respect for all of your clients.

## **HOW CLIENTS “READ” HEALTH INFORMATION**

Clients with limited literacy skills depend heavily on secondary sources (such as their children or friends) to help them navigate the health care system and find services. If program information is too hard to read and/or understand, they may ignore the material entirely, miss deadlines, do without services, or use services erratically and inefficiently.

## **CLIENT-CENTERED MATERIALS**

Program experts, writers, and designers often work as a team to create materials that are content-perfect and cost-efficient. But they seldom include clients in the development process, so they can't know what works best for the client—they can only guess. Client-centered materials are those in which the writers and designers have made the abilities, experiences, and needs of the readers paramount.

## **THE PAYOFF AND THE BUSINESS CASE**

If you write specifically to include readers with limited literacy skills, you'll see that there are benefits for staff and budget as well as for clients. The more informed your customers are, the more efficient your operations become.

Caseworkers and call center staff spend a great deal of time reading and explaining poorly written notices and other materials

over the phone. Time spent this way—as well as in tracking down applicants to remind them to send in verification, or to tell them that they are without benefits because they didn't renew—can be drastically reduced.

Furthermore, poorly written program material can affect the public image of the agency. An agency with bad material may seem really incompetent, not just to its clients, but to legislators as well.

*All* readers, regardless of literacy levels, will benefit from well-organized material written in plain language. When you offer readers accurate and important information in a language and format that they can read and understand, they are:

- less reliant on others to help them understand health care issues. They can keep private things private.
- better able to make informed choices about health care. They experience greater access to the services they want and need.
- educated consumers who understand the actions they're expected to take as well as the state's actions. They understand program changes.
- more self-reliant. They make fewer mistakes on program applications and will not need to call your office for help as often.

### GENERAL INSTRUCTIONS FOR COMPLETING APPLICATION

- If you are a retiree, your retirement form will be mailed directly to your home. Call 1-866-556-9316 if you have not received your enrollment form.
- Once you complete the application, make copies of the required documents, and mail everything in the enclosed envelope (please include appropriate postage) to the Missouri Senior Rx Program, P.O. Box 502328, Atlanta, GA 31150-2328.
- THIS APPLICATION MUST BE POSTMARKED ON OR BEFORE FEBRUARY 28, 2004.**
- Fill in all circles completely.
- If you and your spouse are applying, you must complete **separate** applications.
- Your address on the application should be the mailing address where you want to receive important information about the program. This is where we will mail your Missouri Senior Rx ID card.
- DO NOT mail pharmacy receipts or print outs of medications with your application to show how much you spend on drugs last year. Just estimate the amount for us.
- Complete Section 4 **ONLY** if you currently have insurance that covers prescription drugs. PLEASE include a copy of the front and back of that insurance card. **DO NOT SEND ORIGINALS.** You may be eligible for the Missouri Senior Rx Program even if you have other prescription insurance.
- Make sure to SIGN and DATE the application.
- DO NOT SEND A CHECK OR MONEY ORDER WITH THIS APPLICATION. After you have been approved, you will receive a letter requesting your enrollment fee. **THIS FEE IS NON-REFUNDABLE.**

**Proof of RESIDENCE & AGE must be mailed with your application.**  
Please send a copy of ONE of the following:  
**DO NOT SEND ORIGINALS!**

**PROOF OF RESIDENCE**

- Valid driver's license (preferred)
- Utility bill with address
- Valid Missouri state identification card (preferred)
- Voter registration card
- Certification of residency in a nursing home or assisted living facility
- Note from physician
- Notarized letter of residency

**PROOF OF AGE**

- Valid driver's license/US passport (preferred)
- Medicare card/record with age (preferred)
- Valid Missouri state identification card (preferred)
- Birth certificate
- Certified hospital records
- Military ID/discharge papers
- Social Security records containing date of birth
- Birth certificate
- Marriage certificate containing date of birth
- Child's birth certificate with applicant's date of birth

➔ Be sure to make a copy of your completed application for your records.  
The program will not be responsible for applications lost in the mail.  
If you have not received a response to your application within 30 days of sending it, please call toll free 1-866-556-9316!

1206412693

### Missouri Senior Rx Program

**Applications must be postmarked on or before February 28, 2004**  
Plan Year July 1, 2004 - June 30, 2005  
Please complete application in black ink and fill in circles completely.

**SECTION 1 CURRENT MARITAL STATUS**

NOTE: Mark Qualifying Widower only if your spouse died on or after January 1, 2003 AND had income during 2003.

Qualifying Widower    Single / Widowed / Divorced    Married    Married, Living Separately for all of 2003

**SECTION 2 APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (including apartment number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_ Date of Birth: MM/DD/YYYY (Documentation Needed): \_\_\_\_\_

Gender:  Male    Female

Race: (please select one (preferred))    African American    Asian    Hispanic    Native American    White    Other

**SECTION 3 ADDITIONAL INFORMATION**

Yes    No   By July 1, 2004 will you have resided in Missouri for at least 12 months?

Yes    No   Are you receiving pharmacy benefits from the Veterans Administration?

Yes    No   Have you voluntarily withdrawn from an employer sponsored pharmacy plan in the last 6 months?

What were your prescription drug costs in 2003? \$ \_\_\_\_\_

**SECTION 4 INSURANCE INFORMATION**

Complete this section **ONLY** if you currently have insurance that covers prescription drugs.  
Please include a copy of the front and back of that card.  
(Discount drug cards and Missouri Senior Rx Program cards should **NOT** be listed)

Current Prescription Insurance Company:	Name of Primary Insurance Company: Primary Group Policy Number: Primary Individual Identification Number:
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Application continued on back. Please complete the entire application. ➔

For Internal use only:    Enrollment Packet #:    Internal Use Only:  A- Yes    B- No    C- Yes    D- No    E- Yes    F- No

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This is a “before and after” of the same application. The original (above) has overly complicated and intimidating instructions, and it takes up two pages.

In contrast, the revised application (right) is much friendlier in tone and appearance, contains more “white space” to avoid looking crowded, and yet takes only one page.

**MISSOURI SENIOR RX**   **PRESCRIPTION DRUG COVERAGE FOR SENIORS**

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**Application**

*Please fill out the application.*  
You must mail your application to us by February 28, 2004. If you have questions, call 1-866-556-9316.  
If you are already in the program, do not use this application. We will mail a different form to you.

**1. Marital status.** Are you:

single, widowed or divorced    married    married, living separately for all of 2003  
 a qualifying widower (Your spouse died on or after January 1, 2003, and had income during 2003.)

If you are married and both of you want to join the program, you each need to fill out an application.

**2. About you.**

First name:	Middle initial:	Last name:
Street Address:	Apartment number:	
City:	State:	Zip code:
County:	Phone number:	
Social Security Number (optional):	Birth date (you will need to send proof):	

• Ethnic background (option). Choose one.  
 African American    Asian    Hispanic    Native American    White    Other

• What is your gender?    Male    Female

# Project Planning

## *Why, Who, and How*

### **PLAN FOR RESOURCES**

Careful planning is the best way to create an environment in which your project can flourish. The planning steps are the same whether you're writing new material (because there's a new program) or revising old material (because it's outdated or otherwise problematic).

Begin planning by identifying the audience for whom you'll be producing the materials. You need to be able to describe the audience clearly (including any language groups other than English) so that you can recruit people to help you and can direct them as they work.

Next identify all the stakeholders. Don't leave anyone out. Most of the time, stakeholders will include the project manager, writers, designers, content experts, programmers, reviewers, community advocates, program staff, printers, lawyers, and of course clients and prospective clients.

Be particularly aware of the importance of having one or more computer programmers on the project team. The programmers can

help the rest of the team understand how the state’s computer system works, what its limitations are, and how those limitations might affect the way notices can look.

Flesh out the plans by answering these questions:

- Who will take the lead, keep the schedule, and make necessary decisions when there are conflicting opinions about what should be done?
- What’s the timeline?
- What’s the budget?
- Who is going to do the writing?
- Who is going to format or design?
- Who will review and approve each draft?
- Who will do the field testing, and when?

## **PREPARE OTHERS FOR CHANGE**

Sometimes it’s hard to accept change, even when the change promises to bring improvement. Not everyone will agree on what to do even when they all agree that the existing materials are bad. The change process will go more smoothly if you prepare all of the stakeholders.

Speak to them individually or in groups, and:

- Describe the audience.
- Summarize your concerns, explaining why you think they’re important.
- Explain that you want to produce materials that most of your clients will be able to read. Explain that the materials will be written in plain language, formatted with a clean and friendly design, translated (if appropriate), and field tested.

- Listen to any concerns and suggestions.
- Keep them current as the project progresses.

## IDENTIFY A COMMUNICATION GOAL

Think about the intended purpose of the material. Different products are used to convey different types of information, and your choice of product will depend entirely on the communication goal you want to achieve.

**Billboards, posters, and flyers** are primarily attention-getters. They should be more *design* than *text* and should be sparsely worded with catchy phrases, so readers can grasp the message just by scanning. Most importantly, they should display a prominent phone number so readers can follow up and find out more. If they do their jobs well, these pieces make it possible for you to communicate with a targeted audience within a broad area.

### ¿Necesita atención médica después del huracán Katrina?

Usted podría obtener seguro médico de Louisiana, sin costo alguno para usted y su familia.

**Llame al 1-888-342-6207, o vaya al centro de asistencia familiar u oficina local de Medicaid más cercana.**

Llame al 1-888-342-6207 y pregunte sobre el Programa Medicaid para las víctimas del huracán Katrina en Louisiana!



Departamento de Salud y Hospitales de Louisiana  
 Vaya al sitio web [www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov)  
 y busque una solicitud para obtener seguro médico de emergencia.



This example of a poster, like that on the previous page, allows the reader to get the message quickly, by virtue of its simple layout, audience-specific imagery, and prominent display of important and helpful information.



A **brochure** or a **pamphlet** offers general program information—more than is on a billboard, poster, or flyer. Brochures are small, so they are convenient to distribute and display. It's easy for readers to pick them up for private reading and re-reading, and for further distribution to friends or other interested people.

A **handbook** is more comprehensive and contains information that readers may need on a continuing basis. In addition to being easy to read and easy to navigate, handbooks should be convenient for people to store around the house.

A **letter**, or **notice**, is a short communication designed to bring the client up to date with current actions on his or her case or information about program changes. Make notices as short and to the point as possible.

## CREATE A LOOK AND FEEL

All materials from the same program should have the same general appearance. That way your consumers will know at a glance that the communication is from your program. Your materials should have the same logo and tag line, similar formatting (colors, fonts), and a help message in the same place on each page.



A consistent “look and feel” is maintained across these three materials, all from the same program.

## ORGANIZE THE CONTENT

### What's it going to say?

The next step is to collect content material from everyone involved in the project. You'll probably end up with more content than you want, and certainly more than most clients can absorb at one time.

### What are the most important messages?

Identify the messages that are most important for your clients—what they really need to know about the program and the process—and lead with those. Readers with limited literacy skills can't absorb a lot of written information at once, so pick the key messages carefully and plan on just two or three key messages per page.

### What's the most logical order?

Organize the content so that readers get information in the order that makes sense to *them* and fits *their* priorities. They want to know, right from the start, why the document is important for them.

Of course you'll want to consider the needs and wishes of program staff (data entry, filing, and call center staff) as well as systems staff, policy makers, and lawyers. But put the clients' needs first—try to think like they do.

### How long should it be?

The sheer length of print materials sometimes intimidates people with limited literacy skills. They may conclude (on the basis of length alone) that reading the document will be too hard. Simplifying material for better readability can lead to shorter text, but

unfortunately, explaining unfamiliar or complicated concepts sometimes takes *more* words, and formatting to maximize readability can take more space. Very often a simplified revision is longer than the original.

**In this hard-to-read paragraph the tone is intimidating, the sans serif font is hard on the eyes, the sentences are complicated, and the resulting paragraph is a long block of text.**

### **Before:**

If you are receiving Medicaid you must report any changes in your household composition (if anyone moves in or out of your household, if anyone gets married, becomes pregnant, or gives birth to a child) address, income, assets (only people age 65 or older, blind or disabled) or employment status within 10 days. If such a change has occurred, fill out this report and mail it or take it to the office shown in the box below, or contact your worker by telephone or in person about any changes. If this report does not provide enough room to document a change, attach a sheet of paper with the additional information written on it to this report.

**This version is simpler, and the tone is firm but friendlier. Notice that the “after” is much longer than the “before.”**

### **After:**

If you are on Medicaid, you need to tell us about certain changes within 10 days. To tell us, you can call or visit your worker, or fill out this form and send it to us.

Changes that you need to tell us about are:

- New people in your house, adults or children.
- People who moved out of your house.
- A change of address.
- More or less income (the money you earn or get from other places).
- A change in your job.

If you are older than 65, blind, or disabled, you also need to report any change in your assets (the things you own).

If you need more room, use another sheet of paper.

Most of the time, however, once people begin to read something that's long but simple, they are relieved to find that they're able to understand and navigate more easily than they thought possible.

### When long is *too* long

When the text is just too long, you may need to rethink your communication goal. Knowing that readers with limited literacy skills can't absorb too much information at once, you can either ruthlessly delete information that's not absolutely necessary or consider making two or more separate documents. For example, you can separate a long document into two brochures, two letters, or an application and a brochure.

## MANAGE THE BUDGET

Your budget may drive decisions about almost any aspect of the process, including whether or not you can hire a writer and/or a designer, whether or not you can buy photos to illustrate the materials, whether you print in color or black and white, and how extensive the field testing will be. Try to anticipate as many costs as possible so everyone has realistic expectations and you can make the best use of your budget.

Don't forget printing or mailing costs. Sit down with the printer to discuss size, color, paper, and other printing choices *before* you begin to write and design.



# Writing

## *Making it easy to read*

### **WRITE IN PLAIN LANGUAGE**

*Plain language* means writing that's clear to most readers the first time they read it. It's well organized and streamlined, not unnecessarily wordy or long. The vocabulary is simple and familiar and the sentence structure is uncomplicated.

Plain language is a gift for all readers, even good readers—it lets them understand what they need to know easily and quickly.

There is no discrete set of rules for writing in plain language, but it's more that “you know it when you see it.” The following are elements of style that are critical to adopt when you're writing in plain language.

### **USE SIMPLE VOCABULARY**

In a world where language is often bureaucratic and filled with acronyms, abbreviations, and jargon, it's sometimes hard to translate program information into plain language. Readers who don't read a lot (or don't read well) won't have large reading



vocabularies. Using common, everyday words instead of more difficult ones helps readers understand what you're writing about.

Sophisticated readers can often figure out a word they've never seen before by linking it to prior experience or by using context cues, but that's not as easy for less skilled readers. When they see a new word, they may not have enough experience to link it to old information. When the context is not familiar they have no ability to figure out the meaning, so they often skip it or guess at it. There is little chance of guessing correctly.

**When the context is not familiar to readers, they can't successfully guess at the meaning of difficult words. As a result, the text makes no sense to them, and they miss the key messages.**

#### **What's printed on the page:**

All residents of B.C. must enroll with MSP. Premiums are required by MSP and there are several options available to you (see Premiums). If you leave B.C. you will continue to be billed for premiums, unless you notify us that you are moving away and, therefore, no longer require MSP coverage.

#### **What low-literate readers "see":**

All ??????? of B.C. must ????? with MSP. Premiums are ?????? by MSP and there are several ????? ?????? to you (see Premiums). If you leave B.C. you will continue to be billed for premiums, unless you ????? us that you are moving away and, ????????, no longer ????? MSP ??????.

To avoid making readers guess, consider these suggestions:

- Substitute easier words or phrases for more difficult ones.
- If you must use a difficult word, explain it to readers immediately after using it or provide a simpler alternative in parentheses.

Simplifying some of the difficult words in this sentence, and explaining the remaining difficult word—*provider*—helps to make this message easier to read:

**Before:**

Only health care providers or health maintenance organizations (HMOs) that are enrolled or contracted as Medicaid providers may serve MediKids enrollees.

**After:**

Only health plan providers or providers who take Medicaid can give health services to children who are in MediKids.

A *provider* is a doctor, nurse, physician assistant, hospital, clinic, or other health care professional.

The left column shows words that are common in the world of government programs but unfamiliar to most clients. They're too hard for poor readers. On the right are simpler words that you can substitute.

**Difficult to read:**

**Easier to read:**

transitional (as in “transitional Medicaid”)	for a short time
eligible	qualified, or are able to get
ineligible	not qualified, or not able to get
disqualified	no longer qualified, or no longer meets the program rules
comply	meet the program rules
exceeds	is more than
penalty	punishment
terminated	ended
enroll	join
re-enroll	join again, or renew
disenroll	leave the program
discontinue	stop
category	group
hearing	meeting with program staff and hearing officer
verification	proof
effective (as in “effective date”)	the date you can start getting services

## Abbreviations

Acronyms and other abbreviations are useful shorthand for titles that we use all the time. But clients may not need to learn the shorthand, and if they don't really need to, it's better not to burden them with the task.

If you want to teach readers an abbreviation, write it first, then write the full name afterward in parentheses. If the document is lengthy, you might want to write it out again somewhere in the document to reinforce the meaning. Make sure that you're teaching the abbreviation because learning it will be useful for your readers, not just because you're used to it. When there's no compelling reason to abbreviate, write out the complete word or words (e.g., "Department of Health and Human Services") instead of using an abbreviation.

You'll want clients to learn acronyms that are used all the time in your program.

**PCP (Primary Care Provider)**  
**HMO (Health Maintenance Organization)**

## Bureaucratic language and legalese

Both bureaucratic language and legalese are generally written at a high reading level, in a stilted style, and in an authoritarian tone. Much of the vocabulary is not familiar to readers with low literacy skills and not easy for them to read.

Sometimes even common words may have different meanings for bureaucrats than they do for the public. For example, to the staff the word “family” may mean *parents and children*—or the ones in the budget. But to the general public, “family” may mean everyone living in the home, including Uncle Joe and Grandma.

Here are some common messages containing bureaucratic language and legalese.

It is time to determine your continuing eligibility for benefits.

My situation is subject to verification by the Department of Public Assistance or other state or federal agencies.

These are the same messages written in plain language.

It is time for us to find out if you still qualify for benefits.

I understand that the Department of Public Assistance (or other state or federal offices) might check to see if my information is true and correct.

If lawyers mandate certain legal language, write the prescribed text and then paraphrase it in plain language immediately afterward. While this strategy lengthens the text, it makes it easier for readers to understand it.

If you're required to include legal citations, such as when referencing the laws governing the actions your agency has taken, place them where they won't distract readers from the main message and interrupt the flow of the text. You could place them at the end of the paragraph, or (better yet) in the footer at the bottom of the page.

Introduce the citation with a brief explanation, so readers know what it is. For example:

**This is the law: 42 C.F.R. Part 430**

### Colloquialisms and jargon

Don't use colloquialisms, idioms, slang, or jargon. They are often particular to a certain area, and readers who live elsewhere may be confused. By their nature, they change the way words are conventionally used, and poor readers are less likely to understand them.

## USE THE ACTIVE VOICE

Write in the active voice, so that the subject of the sentence performs the action expressed by the verb. In the passive voice, the subject *receives* the action, and it's not always clear who's performing it. Readers, particularly low literate readers, find it easier to follow the text when it's clear who is taking the action, or "doing the doing."

The first sentence below is written in the passive voice. *Babies are born and women are covered.* In the revised version, it's clear that if the woman gets her health coverage from a state program, the baby will too (through year one) as long as they live together in the state.

### Before:

Babies born to women who are covered by one of Minnesota's health care programs are covered through the month of their first birthday as long as the baby continues to live with the mother and reside in Minnesota.

### After:

If a pregnant woman gets health coverage from a Minnesota program, her baby will get coverage until the end of the month of the baby's first birthday. The baby must live with the mother in Minnesota.

## WRITE SIMPLE SENTENCES

Write sentences that have a simple structure, and keep them reasonably short. As long as most sentences are not complicated, you can vary the length to create a natural flow and avoid choppiness.

**When we revised this difficult sentence, we made it conversational in tone and easier to understand.**

### Before:

If you leave B.C. you will continue to be billed for premiums, unless you notify us that you are moving away permanently and therefore no longer require MSP coverage.

### After:

If you move out of B.C., tell us right away so that we don't keep sending MSP premium bills.

**This hard-to-read question is actually several questions disguised as one. In the revision, we've teased out the questions, and reformatted to make it easier for applicants to answer them.**

### Before:

Does anyone in your household, including yourself, own, or is anyone buying the home in which you live?

Yes  No

### After:

Who owns the house you live in?

You?

Someone else who lives in your house?

Someone who does not live in your house?

Is someone buying your house?

Yes  No



Longer sentences are not necessarily harder to read as long as they are constructed simply. One way to do that is to connect related phrases with simple conjunctions, such as *and*, *but*, *or*, *nor*, *so*, *yet*, or *for*.

**This long and complex sentence has a lot of words that are unfamiliar to and too difficult for poor readers, including *jointly*, *funded*, *including*, *providing*, *medical long-term care assistance*, *certain* and *eligibility criteria*.**

This program became law in 1965 and is jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria.

**This is a long sentence, but it is easy to read because it's written with everyday, simple words and uses a simple conjunction ("*and*").**

The bear came to our camp and ate the peanut butter, the apples, all of the candy bars, the roast beef sandwiches, and the granola.

## WRITE ONE-TOPIC PARAGRAPHS

Short paragraphs, each with one main topic, organize information into manageable chunks so readers aren't asked to absorb too much at a time. They also ensure more white space to offer visual relief.

When we revised this notice (see *next page*) we shortened the paragraphs so that the important messages stand out and are easier to read.

### *Renewal Notice:*

We hope you have found Denali KidCare health insurance coverage beneficial for those individuals listed as Denali KidCare recipients under section 1 inside. Now, it is time for you or your authorized representative to renew Denali KidCare coverage. Please complete this renewal form and return it to our office in the enclosed self-addressed envelope (PO Box 240047, Anchorage, AK 99524-00047).

**Be sure to answer all questions, make the necessary changes, and enclose proof of your income, dependent care expenses, and child support payments for the last 30 days.**

In order to assure that there is no break in your Denali KidCare coverage, **the completed renewal form and required verifications must be received in the Denali KidCare office by the 5th day of the month your coverage ends.** Your new Denali KidCare insurance card may be delayed if the renewal package is not received by the ending effective date shown on your current Denali KidCare insurance card. Please note that Denali KidCare coverage will end\* if the renewal form and verifications are received after the ending effective date shown on your current Denali KidCare insurance card.

Prompt attention in completing this renewal form, sending the required verifications and mailing to the Denali KidCare office on time will ensure continuation of benefits and services for Denali KidCare recipients.

We look forward to serving you, and if you have questions or need assistance, please call 1-888-318-8890 (Toll free outside Anchorage) or 269-6529 (In Anchorage).

\*Medical Assistance Manual, Section 5005-12

Here is the revised notice.



PO Box 240047  
Anchorage, AK 99524-0047  
1-888-318-8890 (free!)  
1-907-269-6529 (in Anchorage)

### It's time to renew your Denali KidCare!

Here is what you **must** do to renew your Denali KidCare:

1. **Read this application** and make sure this information is correct.
2. **Cross out any old information** and write your new information.
3. **Find all proof** of income, dependent care expenses, and child support payments for the last 30 days.
4. **Send the application and proofs** to us by the 5th day of the month your Denali coverage ends. You can use the envelope that came with this application, and you do not need a stamp. **If we get the application and proofs after the 5th day of that month, your coverage will end.**

**To keep your Denali coverage, send this Renewal Application and all proofs now!**

**Questions? Please call 1-888-318-8890.**

The call is free. In Anchorage, call 269-6529. You can call Monday to Friday, 8 a.m. to 5 p.m.

## USE AN INVITING AND ENCOURAGING TONE

The tone of text—how it “sounds” to the reader—is extremely important. If the tone of the document is *polite, respectful, friendly, and encouraging*, readers respond positively and are more apt to continue reading. But if the tone is authoritative, intimidating, and cold, some readers will put the document aside because it makes them uncomfortable.

**In this example, the tone is distinctly unfriendly because of the difficult bureaucratic language.**

It is time to determine your continuing eligibility for benefits. The redetermination must be completed or your [program] benefits will end.

1. Contact me for an appointment.
2. Please bring the completed form to the scheduled appointment at [date].

You must answer every question on the application form, even though nothing may have changed. You must provide the proof listed on the enclosed form. Contact me by [date] if you need to reschedule the appointment.

**When the text is written in plain language, the tone improves.**

### **It's time to see if you still qualify for benefits**

This is what you need to do:

- 1. Please call us by [date]** to set up a meeting. You can call Monday to Friday, 8:30 a.m. to 5 p.m. Call **1-800-123-4567**. The call is free. TTY: **1-800-456-7891**. If you do not call by [date], we may have to stop your benefits.
- 2. Fill out the application that came with this letter.** Answer each question and gather the proof that we ask for in the application.
- 3. Bring the application and all proofs to our meeting.**

### **Remember: call 1-800-123-4567 to set up a meeting**

If you do not call us by [date], we may stop your benefits.

### **Questions?**

If you have any questions or need to change your meeting day or time, call us at **1-800-123-4567**.

You can improve the readability of a document by making the tone conversational and friendly. Write as though you are talking to a friend about a subject she knows nothing about. Remember the *hello* and *goodbye* of the conversation, and include a polite greeting and a closing.

### Delivering bad news

When the news you're delivering is not good from the client's point of view, you can still be polite, conversational, and clear; you can deliver the message unambiguously without being unfriendly and intimidating:

Thank you for your application for the Children's Health Program. We cannot give your children health insurance because your family income is too high for this program.

Sometimes a letter *sounds* like it is delivering bad news even when it isn't, because it begins with or contains certain words and word constructions that make the tone threatening, authoritative, or unfriendly. Usually those words are very formal—not conversational. For example, *pursuant to... due to... regarding...* Certain other words and phrases create a friendly tone—*Please... Thank you... If you have questions...*

## WRITE NOTICES THAT ANSWER READERS' QUESTIONS

When people read notices, they're looking for information rather than reading for pleasure, and they want to know right away what the notice has to do with them and their particular situations.

It's important to make clear to your readers (1) what the notice is about, (2) what they are being asked to do, (3) when they have to do it, and (4) how they can get help.

Here's a notice with an important time-sensitive message. The message is firm and clear.

### **It's time to renew your Denali KidCare!**

Here is what you **must** do to renew your Denali KidCare:

- 1. Read this application** and make sure this information is correct.
- 2. Cross out any old information** and write your new information.
- 3. Find all proof** of income, dependent care expenses, and child support payments for the last 30 days.
- 4. Send the application and proofs** to us by the 5th day of the month your Denali coverage ends. You can use the envelope that came with this application, and you do not need a stamp. **If we get the application and proofs after the 5th day of that month, your coverage will end.**

**To keep your Denali coverage, send this Renewal Application and all proofs now!**

This notice contains important information about program changes, including an increase in premium amount.

Despite the short sentences and uncomplicated sentence structure, the notice is hard to read because of awkward phrasing, some difficult vocabulary, excessive use of the passive voice, poor font choice, poor formatting, and the frequent insertions of numbers into the text. There are references to the income chart buried in the text, but they're not readily distinguishable from the rest of the text and are not really instructions.

### CHILDREN'S PROGRAM PREMIUM NOTICE



Due to a change in State law, starting September 1, 2005, there is no longer a \$10.00 copay for office visits or \$9.00 copay for prescriptions. Your premiums will change due to this change in State law. The September 2005 invoice will have the new premium amount you will owe. You must send the full payment for your new premium or your child(ren)'s health care coverage may end. As a reminder, payment is due the 15<sup>th</sup> of each month prior to coverage. The premium will vary from \$12.00 to \$257.00 based on your income and family size. Locate your family size and monthly income on the chart below to find the premium you must pay to keep your child(ren)'s health care coverage. You will not have to pay more than 1%, 3%, or 5% of your income in a year. The chart tells you the percent that applies to your income. If your family size or monthly income has changed, contact your caseworker at your local DHHS Office right away to be charged the correct premium in September 2005. If you have any questions about paying your premium, call the Premium Collections Unit at 1-800-123-4567.

State Fiscal Year 2006 Children's Program Premiums EFFECTIVE September 1, 2005			
Family Size	Percent of Income	Monthly Income	Premium Amount
1	1%	\$ 1,197.01 to \$ 1,476.00	\$12
1	3%	\$ 1,476.01 to \$ 1,795.00	\$44
1	5%	\$ 1,795.01 to \$ 2,393.00	\$90
2	1%	\$ 1,604.01 to \$ 1,978.00	\$16
2	3%	\$ 1,978.01 to \$ 2,406.00	\$59
2	5%	\$ 2,406.01 to \$ 3,208.00	\$120
3	1%	\$ 2,012.01 to \$ 2,481.00	\$20
3	3%	\$ 2,481.01 to \$ 3,017.00	\$74
3	5%	\$ 3,017.01 to \$ 4,023.00	\$151
4	1%	\$ 2,419.01 to \$ 2,984.00	\$24
4	3%	\$ 2,984.01 to \$ 3,629.00	\$90
4	5%	\$ 3,629.01 to \$ 4,838.00	\$181
5	1%	\$ 2,827.01 to \$ 3,486.00	\$28
5	3%	\$ 3,486.01 to \$ 4,240.00	\$105
5	5%	\$ 4,240.01 to \$ 5,653.00	\$212
6	1%	\$ 3,234.01 to \$ 3,989.00	\$32
6	3%	\$ 3,989.01 to \$ 4,851.00	\$120
6	5%	\$ 4,851.01 to \$ 6,468.00	\$243

Here are some tips for writing and formatting notices:

- For most notices, use a standard letter format, which has the advantage of being familiar to the reader.
- Put the key message in the first or second sentence, right up front.
- Use short headings to break the notice into readable sections.
- Use text boxes to highlight important messages that might otherwise seem lost on a crowded page.
- Repeat the key message—particularly if the notice is long.

Here's an example of a clearly written notice.



Usted puede obtener este paquete de información en español: Llame al **1-800-234-5678**  
For help in any other language: Call **1-800-234-5678** for free interpreter services  
To get this letter in Braille or on tape: Call **1-800-234-5678**  
For information about joining a health plan: Go to [www.gahealthyfamilies.com](http://www.gahealthyfamilies.com)

Dear Jayne Miller,

Congratulations on your new baby. Your baby is a member of your health plan as of August 25, 2005.

MEMBER NAME	MEMBER ID	HEALTH PLAN	PHONE NUMBER
Jayne Miller	123-45-6789	GoodCare	800-234-5678
Thomas Miller	123-45-6789	GoodCare	800-234-5678
Heather Miller	123 45 6789	GoodCare	800 234 5678

**Choose a PCP (Primary Care Provider) for your baby**

Now it is time to choose a doctor for your baby. The doctor will give your baby free checkups and other health care. The doctor you choose will be the baby's PCP (Primary Care Provider).

If you have questions: please call 1-800-234-5678, Monday to Friday, 7:00 am to 7:00 pm or Saturday 8:30 to 12:30. TTY: 1-800-456-7890. The call is free.

**Here's how to choose a PCP for your baby:**

- Read the *Primary Care Provider Directory* that came with this letter.
- Find the pediatricians (baby doctors) or family doctors in your health plan with offices near where you live. You can also ask family members or friends which doctors they use, and if they like the doctors. You may want to meet the doctor in person before you choose.
- Call the doctor you think you want and ask if he or she is taking new patients. (Some doctors are not taking any new patients.) The doctors' telephone numbers are in the *Primary Care Provider Directory*.
- Call your health plan at 1-800-234-5678. Tell them the name of the doctor you choose.

**What happens if you don't choose a PCP for your baby**

If you do not choose your baby's PCP by September 28, 2005, your health plan will choose one for you. But, if the health plan chooses, you can ask to change the doctor later if you want.

**Free well child visits for your baby**

You can get free well child visits for your baby. Babies need checkups (well child visits) every other month during their first year. At each checkup, the doctor will give your baby a physical exam, vision and hearing tests, shots, and anything else he or she needs to stay healthy.

To find out more about how to take care of your baby, read the brochure that came with this letter called *Keeping Kids Healthy*.

**Remember**

It is great to have a new baby in the family—and it's a big job! Remember to choose a PCP for your baby.

Sincerely,  
Georgia Healthy Families

If you have questions: please call 1-800-234-5678, Monday to Friday, 7:00 am to 7:00 pm or Saturday 8:30 to 12:30. TTY: 1-800-456-7890. The call is free.



## LINK NEW INFORMATION TO OLD

Readers link new information to old in order to construct meaning. If they have no previous experience with, for example, the American health care system, or managed care, or EPSDT, then they have no way to tie the new information you may want to give them to what they already know and therefore make sense of it. So it's important to find a way to introduce new information to readers by putting it in a context that's familiar to them.

### **Before:**

“managed care is coordinated care provided by a network of providers”

### **After:**

“when you join a health plan, doctors, nurses, and hospitals who work for the plan will give you the medical care you need. You can choose one doctor or clinic to go to every time you are sick or want a checkup.”

Just as you introduce new information by linking it to old, link the messages and concepts *within the text* to reinforce the learning and provide a logical flow of information. Make sure each sentence or paragraph builds on the last. That way, you will guide readers gently through the text, and they'll see it as one cohesive document.

You can link messages by repeating key words, phrases, or concepts from the previous paragraph or section, or by rephrasing so as to remind readers of what they've just read. You can also prepare the reader for the coming paragraph by using advance organizers (headings).

**In the notice below, the headings introduce new information, and the paragraphs explain it using familiar language and concepts.**



October 11, 2005

Mrs. Ellen Jones  
One Elm Street  
Some City, South Carolina

Dear Mrs. Jones:

Great news! James Jones and Ellen Jones can get KidCare CHIP beginning on September 5, 2005 for 12 months.

**Here is what you need to know about KidCare**

- Your new health plan will send information and a member card to you by the 15<sup>th</sup> of September. **Bring the member card with you to all medical appointments.**
- You may have to make co-payments for some services.

**If you need services before the member cards come in the mail**

If your children have doctor appointments or need medicine before the health plan member cards come, bring this letter with you to the appointment or drug store. This letter will take the place of the member card.

**Keep your children's KidCare**

Next year we will send you a renewal form 60 days before KidCare ends. When you get it, fill it out and send it back so that your children can keep KidCare.

**If you have questions**

If you have questions, please call 1-800-234-5678. You can call Monday to Friday, 8:30 a.m. to 6 p.m. the call is free.

Sincerely,

KidCare Program

## OFFER HELP TO READERS

Make sure each document includes a readily available resource message for readers who have questions or need help. Create a special “help” message, and repeat it several times throughout the document. If possible, put it on each page in the same place. It should include:

- An offer of help.
- Information about whom to call.
- Phone numbers.
- Days and hours of operation.
- TTY information.
- A note, in the case of toll-free numbers, that “the call is free.”

### **An incomplete help message:**

Toll free 1-(888) 318-8890 or (907) 269-6529 (in Anchorage)

### **A complete help message:**

Questions? Call us at 1-888-318-8890 (the call is free), or 907-269-6529 in Anchorage. You can call Monday to Friday, 8:30 a.m. to 5 p.m. TTY: 1-888-123-4567.

## POLISH THE TEXT

When you have a good draft, look at it critically and get rid of redundancies (except those that serve to reinforce key messages) and wordiness. Streamline the text, taking out unnecessary words and phrases without making it sound choppy or stilted. It helps to print it out and read it in hard copy—perhaps out loud—to yourself. You may get a fresh perspective on it and be able to “hear” whether or not the tone is conversational and the messages clearly organized and easily understandable.

# Formatting and Style

## *Create a visual invitation*


The first thing a reader notices when looking at print material is not what it says but how it *looks*—how it is organized visually. Good design provides a *visual invitation* to the reader. At best, a well-designed document is attractive and appealing; at a minimum, it looks clean and well organized.

A visual invitation is particularly important for people with limited literacy skills. They may not be enthusiastic about reading and may be reluctant to tackle it at all. But all readers, skilled and less skilled, want to be able to look at a document and just *know* that they're going to be able to read and understand it. An inviting format reassures them that they can do it.

Formatting supports the organization of the content. It is a tool that helps readers make sense of the text. Formatting tells the reader what's most important, what's less important, and where to look next.


## CHOOSE A CLEAN DESIGN

The first page of this application is sure to discourage applicants before they even begin.

 <b>TEXAS</b> Health and Human Services Commission		<b>Application for Assistance</b> <b>Part B: Information We Need to Know</b> <b>Solicitud de Asistencia</b> <b>Parte B: información que necesitamos</b>																
<p>Welcome to the State Health and Human Services Commission (HHSC). We help [people] in need by providing medical help, food stamps, and cash assistance. We also can provide information about other helpful services in your community.</p> <p>There are several steps to applying for help from HHSC. <b>Note:</b> If you need help completing this application, please contact your local eligibility determination office.</p> <p>1. Fill out as much of this application as you can, sign it, and return it to your local eligibility determination office. You can file your application on the same day you contact the local eligibility determination office. We need at least your name, address and a signature on Part A, Page 1.</p> <ul style="list-style-type: none"> <li>• If you are pregnant and want Medicaid only for yourself, there are some questions that you don't need to answer. They are marked.</li> <li>• If you are without money for food, please ask an HHSC advisor about applying for emergency food stamp benefits.</li> </ul> <p>2. You will be scheduled for an interview with an HHSC advisor who will go over this application with you and who may ask more questions.</p> <p>3. You must bring proof of identification and income to your interview. You may be asked to bring other items as well, such as rent receipts, utility bills, or paycheck stubs.</p>		<p>Bienvenido a la Comisión de Salud y Servicios Humano (HHSC). En la HHSC, ayudamos al [people] necesitado con asistencia médica, estampillas para comida y asistencia económica. También ofrecemos información sobre otros servicios en la comunidad que lo podrían beneficiar.</p> <p>Para solicitar asistencia de la HHSC, hay que seguir varios pasos. <b>Nota:</b> si necesita ayuda para completar esta solicitud, sírvase llamar a la oficina local de determinación de elegibilidad.</p> <p>1. Llene cuanto pueda de la solicitud, firme y devuélvala a la oficina local de determinación de elegibilidad. Puede presentar la solicitud el mismo día en que se comunique con la oficina local de determinación de elegibilidad. Debe darnos por lo menos su nombre y dirección y debe firmar la Parte A, página 1.</p> <ul style="list-style-type: none"> <li>• Si está embarazada y quiere solicitar Medicaid solo para usted, no tiene que contestar algunas preguntas. Estas están marcadas.</li> <li>• Si no tiene dinero para la comida, sírvase preguntar a un consejero de la HHSC sobre las estampillas para comida de emergencia.</li> </ul> <p>2. Tendrá una cita para que un consejero de la HHSC lo entreviste. El consejero repasará la información de esta solicitud con usted y es posible que le haga más preguntas.</p> <p>3. Tendrá que llevar comprobantes de identidad y de ingresos a la entrevista. Puede que le pidan otras cosas, como recibos de renta, cuentas de servicios públicos o talones de cheques de paga.</p>																
<p><b>Please check all of the following that apply to you and your family.</b>  <b>Por favor, marque todos los que se aplican a usted y a su familia.</b></p>																		
<p><b>My family and I need help with the following services. HHSC does not provide all of these services, but we will try to refer you to someone in your community.</b></p> <p>Mi familia y yo necesitamos ayuda con los siguientes servicios. La HHSC no ofrece todos estos servicios, pero trataremos de enviarlo a un lugar de su comunidad.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> <b>Children's Health Insurance</b>/Seguro médico para niños</td> <td><input type="checkbox"/> <b>Food</b>/Comida</td> <td><input type="checkbox"/> <b>Child care</b>/Cuidado de niños</td> </tr> <tr> <td><input type="checkbox"/> <b>Transportation</b>/Transportación</td> <td><input type="checkbox"/> <b>Child support</b>/ Manutención de niños</td> <td><input type="checkbox"/> <b>Utilities</b>/Servicios públicos</td> </tr> <tr> <td><input type="checkbox"/> <b>Family violence</b>/Violencia familiar</td> <td><input type="checkbox"/> <b>Finding work</b>/Búsqueda de trabajo</td> <td><input type="checkbox"/> <b>Rent</b>/Renta</td> </tr> <tr> <td><input type="checkbox"/> <b>Medical assistance</b>/Asistencia médica</td> <td><input type="checkbox"/> <b>Education or training</b>/ Educación o capacitación</td> <td><input type="checkbox"/> <b>Immigrant or refugee services</b>/ Servicios para inmigrantes o refugiados</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>Help for someone who is elderly, blind, or has a disability</b>/Ayuda para alguien que es de edad avanzada, ciego o que tiene alguna discapacidad</td> <td><input type="checkbox"/> <b>Other (please specify)</b>/Otro (especifique):</td> </tr> </table>				<input type="checkbox"/> <b>Children's Health Insurance</b> /Seguro médico para niños	<input type="checkbox"/> <b>Food</b> /Comida	<input type="checkbox"/> <b>Child care</b> /Cuidado de niños	<input type="checkbox"/> <b>Transportation</b> /Transportación	<input type="checkbox"/> <b>Child support</b> / Manutención de niños	<input type="checkbox"/> <b>Utilities</b> /Servicios públicos	<input type="checkbox"/> <b>Family violence</b> /Violencia familiar	<input type="checkbox"/> <b>Finding work</b> /Búsqueda de trabajo	<input type="checkbox"/> <b>Rent</b> /Renta	<input type="checkbox"/> <b>Medical assistance</b> /Asistencia médica	<input type="checkbox"/> <b>Education or training</b> / Educación o capacitación	<input type="checkbox"/> <b>Immigrant or refugee services</b> / Servicios para inmigrantes o refugiados	<input type="checkbox"/> <b>Help for someone who is elderly, blind, or has a disability</b> /Ayuda para alguien que es de edad avanzada, ciego o que tiene alguna discapacidad		<input type="checkbox"/> <b>Other (please specify)</b> /Otro (especifique):
<input type="checkbox"/> <b>Children's Health Insurance</b> /Seguro médico para niños	<input type="checkbox"/> <b>Food</b> /Comida	<input type="checkbox"/> <b>Child care</b> /Cuidado de niños																
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Name/Nombre		Address/Dirección		City/Ciudad		State/Estado		ZIP										
<b>For Agency Use Only/Sólo para uso del departamento</b>																		
Status		App./Case No.		Cat.		Active FS Case No.		Active TANF Case No.		Active Med. Case No.		BUN		Mail Code				
<input type="checkbox"/> App <input type="checkbox"/> Recert.																		
Former Recipient?		Date Requested		Date Mailed		Date Received		Date Rec'd./ Wrong Off.		Eligible for Exp. Service?		Short Cert. Timely Due Date		Screened by/ Appt Date & Time				
<input type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Yes <input type="checkbox"/> No								
Voter Registration Status						Agency Staff Signature												
<input type="checkbox"/> Already Registered		<input type="checkbox"/> Client Declined		<input type="checkbox"/> Agency Transmitted		<input type="checkbox"/> Client to Mail		<input type="checkbox"/> Mailed to Client		<input type="checkbox"/> Other								
I Health and Human Services Commission										Form ### 2005								

To enhance readability, choose a clean, uncluttered design and use it consistently. Once the reader accepts your visual invitation, consistent formatting will guide him or her through the document page by page.

The friendly design makes this draft application form seem possible to complete.

LOGO	PROGRAM NAME	Application for Health Care Coverage																																	
<p><b>Use this application to apply for:</b></p> <ul style="list-style-type: none"> <li>■ Program Name 1</li> <li>■ Program Name 2</li> <li>■ Program Name 3</li> </ul>		<p><b>How to apply:</b></p> <ol style="list-style-type: none"> <li>1. Fill in this form.</li> <li>2. Sign the form on page [4].</li> <li>3. Mail this form and all proof to: Kid Care CHIP Address City, ST Zip</li> </ol>																																	
																																			
<p><b>1 Tell us about yourself.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Name (first, middle initial, last):</td> <td style="width: 10%; padding: 5px;"><input type="checkbox"/> Female <input type="checkbox"/> Male</td> <td style="width: 20%; padding: 5px;">Date of birth:</td> <td style="width: 30%; padding: 5px;">Phone numbers where we can call during the day:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address where you get mail (include your apartment number):</td> <td style="padding: 5px;">City:</td> <td style="padding: 5px;">State: Zip Code: County:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Home address (if not the same as your mail address):</td> <td style="padding: 5px;">City:</td> <td style="padding: 5px;">State: Zip Code:</td> </tr> <tr> <td style="padding: 5px;">Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</td> <td style="padding: 5px;">What language do you use most? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</td> <td style="padding: 5px;">Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what grade?</i></td> <td style="padding: 5px;">Do you want Medicaid for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3" style="padding: 5px;">You must give us Social Security Number and citizenship information if you want coverage for yourself.</td> <td style="padding: 5px;">Social Security Number: _____ Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">You are: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander</td> <td colspan="2" style="padding: 5px;">You are: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</td> </tr> </table>				Name (first, middle initial, last):	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth:	Phone numbers where we can call during the day:	Address where you get mail (include your apartment number):		City:	State: Zip Code: County:	Home address (if not the same as your mail address):		City:	State: Zip Code:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	What language do you use most? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Are you in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what grade?</i>	Do you want Medicaid for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	You must give us Social Security Number and citizenship information if you want coverage for yourself.			Social Security Number: _____ Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	You are: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander		You are: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino									
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## CHOOSING FONTS

For readers with limited literacy skills, choose simple and familiar fonts. Fancy, artistic, or cute fonts are distracting, and they call attention to themselves rather than to the message.

Too many different fonts on the same page can have the same effect. They can make a document look cluttered and create “visual noise.” Usually two fonts per document are plenty.

### Serif and sans serif fonts

Fonts are designed with or without serifs. A serif is a tiny stroke or line placed at the top or bottom of the straight lines that make up letters.

In print materials, serif fonts (such as Times New Roman) are easy to read because they’re familiar and because the tiny strokes help the eyes track horizontally across the line of text. Most people agree that serif fonts are the best choice for blocks of text.

This is Times New Roman, a serif font. The letters are finished off with decorative strokes. This font is easier on the eyes and good for blocks of text.

Sans serif fonts do not have the tiny strokes. Because of that, a couple of paragraphs or a page in a sans serif font will look very vertical and will be harder to read. But sans serif fonts look streamlined and are good for titles and headings. They complement and provide contrast to the text font, and this helps the title and headings stand out.

This is Arial, a sans serif font. There are no tiny strokes at the tops or bottoms of the letters. This font is good for headings but not so good for blocks of text.

This is an example of poor font choice. Arial, a sans serif font, was used in this layout. It is harder to read on a printed page than a serif font such as Times New Roman.

#### **OTHER IMPORTANT INFORMATION ABOUT MC+**

If you have questions or need assistance completing the application, call toll-free **1-888-275-5908**.

When your application is received, it will be reviewed and if additional information is needed, you will be contacted. If you do not have a phone, you can contact us at the above phone number a few days after you mail the application.

You will be notified by mail when we have completed our review. For pregnant women, applications are processed within fifteen days. All other MC+ applications are processed within thirty days. If you disagree with the decision concerning your eligibility, you may request a fair hearing within 90 days of the date of the decision.

#### **INFORMATION NEEDED:**

The following information may be needed prior to approving your MC+ application:

- Income verification (i.e. paycheck stub, letter from employer, federal income tax return, award letter, etc.);
- Immigration documents showing name, immigration status, registration number and date of entry of those persons applying for MC+ who are not U.S. citizens; and
- Medical statement confirming pregnancy and expected date of delivery (if applying for MC+ as a pregnant woman).

If possible, send this verification with your application. We will accept copies of these items, however, if you send originals, we will copy them and return the originals with your notification letter. **DO NOT DELAY SENDING IN YOUR APPLICATION IF YOU DO NOT HAVE THE VERIFICATION READILY AVAILABLE.** You will be notified if additional information or verification is needed.

#### **HEALTHY CHILDREN AND YOUTH PROGRAM:**

If your children qualify for MC+, they can receive services through the Healthy Children and Youth (HCY) program. HCY provides primary and preventive health care. Your child can get examinations, shots and tests that help them stay healthy or identify medical problems that may require treatment. MC+ will pay for these health care services.

If you are pregnant and would like health risk appraisal and case management services, contact your local health department or call TEL-LINK (1-800-835-5465).

#### **RIGHTS AND RESPONSIBILITIES**

You must **report any changes in circumstances declared in the application statement within TEN DAYS** of when they happen, no matter what causes the changes. You have a continuing obligation to report and cannot wait until you are contacted.

Any information provided on the application is subject to verification by Federal, State, and Local officials. You may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information. The crime of stealing or attempting to steal public assistance benefits of a value of seven hundred fifty dollars (\$750.00), or more upon conviction, is punishable by imprisonment for a period not to exceed five years; or by confinement in the county jail for a period not to exceed one year; or by a fine not to exceed ten thousand dollars (\$10,000.00), or both. If the value of the unlawfully obtained benefits is less than seven hundred fifty dollars (\$750.00), the crime is a misdemeanor.

You are entitled to fair and equal treatment regardless of your age, sex, race, color, handicap, religion, creed, national origin or political belief.



## PRINT SIZE

The point size of type (where a point is a unit of measurement) affects readability significantly. Nearly every reader can read 12-point print, but as print size gets smaller, reading becomes increasingly difficult. And if the print is *too* large (14-point or bigger), the text is also difficult to read. For maximum readability, use 11-13 point size. Don't use type that is less than 11 points for blocks of text.

In addition, print size can vary when different fonts are used, even when the same point size is used. For instance, Times New Roman has different size text than Courier.

### **8-point font**

If you find that you qualify for retroactive coverage, you will have to pay a premium for each month. *Retroactive coverage* means coverage that starts before the date of your application.

### **10-point font**

If you find that you qualify for retroactive coverage, you will have to pay a premium for each month. *Retroactive coverage* means coverage that starts before the date of your application.

### **12-point font**

If you find that you qualify for retroactive coverage, you will have to pay a premium for each month. *Retroactive coverage* means coverage that starts before the date of your application.

### **13-point font**

If you find that you qualify for retroactive coverage, you will have to pay a premium for each month. *Retroactive coverage* means coverage that starts before the date of your application.

This crowded page is printed with a sans serif font which gives it a very vertical look. The sans serif headings are nice and clear, but the print on the body of the page is too small.

**We want to get help to you as soon as possible, so please answer the following questions.**  
**Queremos que reciba ayuda lo más pronto posible, así que por favor, conteste las siguientes preguntas.**

**I am, or someone in my family is/Alguien de mi familia, o yo mismo, está en la siguiente situación:**

<input type="checkbox"/> <b>Disabled/Tiene alguna discapacidad</b>	<input type="checkbox"/> <b>Elderly/Es de edad avanzada</b>
<input type="checkbox"/> <b>Resident of shelter for battered women/Es residente de un refugio para mujeres maltratadas</b>	<input type="checkbox"/> <b>Homeless/No tiene casa ni hogar</b>
<input type="checkbox"/> <b>Without money for food/No tiene dinero para la comida</b>	<input type="checkbox"/> <b>Pregnant/Está embarazada</b>

**Do you have a physical or mental condition that requires special accommodations during your interview with an HHSC advisor, such as needing a sign language interpreter?/¿Tiene alguna discapacidad física o mental que hace necesaria alguna adaptación especial, como un intérprete del lenguaje de señas, para la entrevista con el consejero de la HHSC?**  **Yes/Sí**  **No**

**If "Yes," what do you need?/Si contesta "Sí", ¿qué adaptación necesita?**

**HHSC can provide an interpreter at no cost to you. Will you need an interpreter at your next interview?/La HHSC le puede ofrecer los servicios de un intérprete sin costo alguno para usted. ¿Necesitará un intérprete para su próxima entrevista?**  **Yes/Sí**  **No**

**If "Yes," what language?/Si contesta "Sí", ¿qué idioma debe hablar el intérprete?**

**To get food stamps, TANF or Medicaid, most people have to come into a local eligibility determination office for a face-to-face interview. If any of the reasons below apply to you, you can request a telephone interview instead. If you want to be interviewed by telephone, please check the reason(s) below that describes why you cannot come into a local eligibility determination office. List the telephone number, with area code, where you can be reached for your interview here:** \_\_\_\_\_ **Para recibir estampillas para comida, TANF o Medicaid, la mayoría de las personas debe venir a la oficina local de determinación de elegibilidad para una entrevista en persona. Si alguna de las siguientes razones es pertinente a su caso, puede pedir que lo entrevistemos por teléfono. Si quiere que lo entrevistemos por teléfono, marque las razones que describen por qué no puede venir a la oficina local de determinación de elegibilidad. Anote el número de teléfono, con la clave del área, donde podamos comunicarnos con usted para entrevistarlos:** \_\_\_\_\_

**I live more than 30 miles away from the local eligibility determination office./Vivo a más de 30 millas de la oficina local de determinación de elegibilidad.**

**I can't come to the local eligibility determination office because of bad weather./No puedo ir a la oficina local de determinación de elegibilidad porque hace mal tiempo.**

**My work or training schedule conflicts with the local eligibility determination office hours./Hay conflicto entre mi horario de trabajo o de entrenamiento y las horas de la oficina local de determinación de elegibilidad.**

**I must take care of a household member./Tengo que cuidar a un miembro de la unidad familiar.**


**I am ill./Estoy enfermo.**

**I don't have transportation./No tengo transportación.**

**I am a victim of family violence./Soy víctima de violencia familiar.**


**An HHSC representative will contact you to set up a telephone interview./Un representante de la HHSC se pondrá en contacto con usted para programar la entrevista por teléfono.**


**Instructions/Instrucciones**

 **Medicaid helps pregnant women, children, and families with medical care./Medicaid ofrece atención médica a mujeres embarazadas, a niños y a familias.**


**I want to apply for Medicaid for an adult household member(s).**  
 Quiero solicitar Medicaid para un miembro adulto de la unidad familiar. ....  **Yes/Sí**  **No**

**I want to apply for health insurance for a child(ren) who lives with me.**  
 Quiero solicitar seguro médico para un niño que vive conmigo. ....  **Yes/Sí**  **No**

**To apply for Medicaid, answer the questions marked with .**

 **Food Stamps help people buy food./Las estampillas para comida ayudan a las personas a comprar comida.**


**I want to apply for Food Stamps./Quiero solicitar estampillas para comida.** ....  **Yes/Sí**  **No**

**To apply for Food Stamps, answer the questions marked with .**

**\$ Temporary Assistance for Needy Families (TANF) helps families meet their basic needs with monthly cash assistance. One Time Temporary Assistance for Needy Families (OTTANF) provides a \$1,000 cash payment./La Asistencia Temporal a Familias Necesitadas (TANF) ayuda a las familias a satisfacer sus necesidades básicas con asistencia económica cada mes. La Asistencia Temporal Única a Familias Necesitadas (OTTANF) ofrece un pago en efectivo de \$1,000.**

**I want to apply for monthly TANF benefits./Quiero solicitar los beneficios mensuales de TANF.** ....  **Yes/Sí**  **No**

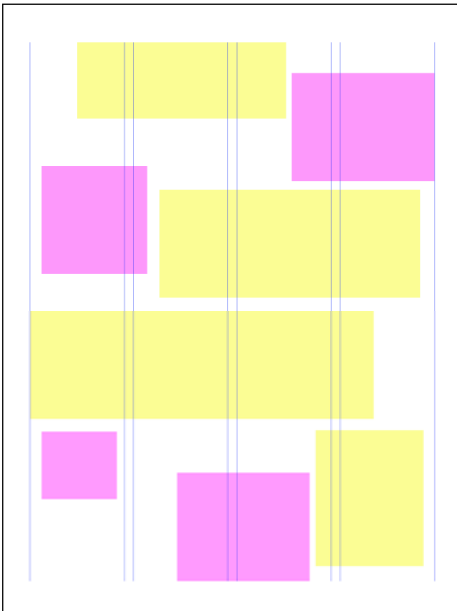
**I want to apply for a One Time TANF benefit./Quiero solicitar el beneficio de un pago único de TANF.** ....  **Yes/Sí**  **No**

**To apply for TANF answer, the questions marked with .**

## LAYOUT

To *lay out* a page is to arrange all the elements of the page (type, illustrations, photos, etc.) in an appealing and organized fashion. The best way to do this is to work with a grid. A *grid* is a measured foundation of margins, guides, and columns that creates the structure of a page. Proper structure helps maintain alignment and proportion and virtually ensures that the page will not appear haphazard.

The following examples illustrate the advantages of using a grid layout. Below, we see what happens when the grid is not used; the random placement of text boxes and images results in a chaotic layout that's harder to follow. On the following page, however, the sample tends to have rows and columns of text and images aligned, similar to the corresponding grid.



**Missouri Senior Rx**  
**PRESCRIPTION DRUG COVERAGE FOR SENIORS**  
*Helping Missouri Stay Healthy*

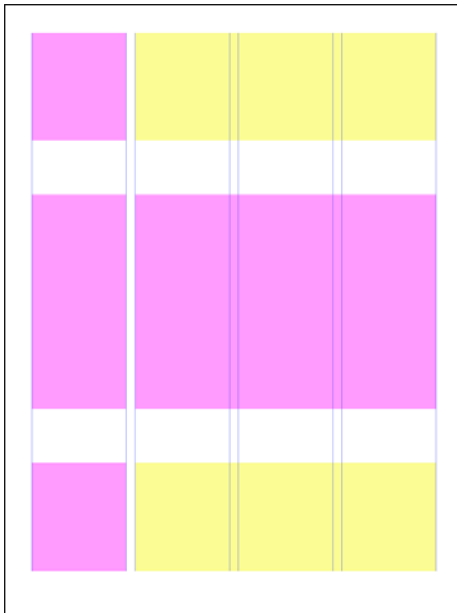
**•** If you are 65, meet income rules and do not have a better prescription program, you might be able to get Missouri Senior Rx.  
**•** Missouri Senior Rx would pay 60% of your prescriptions after program costs. You might save as much as \$5,000 each year.

**Do you qualify?**  
To qualify for Missouri Senior Rx, you must:  
• be at least 65 years old on July 1, 2004.  
• be a Missouri resident for the past 12 months.  
• meet the income rules on the next page, and  
• have no other prescription coverage as good or better than this program.  
You must enroll (join) in January or February or within 30 days of your 65th birthday.  
You may qualify if you are on Medicare.

**What drugs are covered?**  
The Missouri Senior Rx Program covers most prescription drugs, generic and brand name. It also **does not** cover over-the-counter drugs, prescription vitamins, or drugs used for weight gain or anesthesia.

**Need help with your application?**  
If you have questions or need help, you can call any time, any day. Or, visit our Web site!  
**Call 1-866-556-9316**  
**Visit [www.missouriseniorrx.com](http://www.missouriseniorrx.com)**

**Your application is inside** ➤  
If you have not been in this program before, use this application.  
You must mail your application to us by February 28, 2004.



**Missouri Senior Rx**  
**PRESCRIPTION DRUG COVERAGE FOR SENIORS**  
*Helping Missouri Stay Healthy*

- If you are 65, meet income rules and do not have a better prescription program, you might be able to get Missouri Senior Rx.
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**Visit [www.missouriseniorrx.com](http://www.missouriseniorrx.com)**

**Your application is inside ➡**

If you have not been in this program before, use this application.  
 You must mail your application to us by **February 28, 2004.**

A good grid creates a visual guide that shows the reader where to go next. This is useful for all readers, but especially those with limited literacy skills. It’s possible to create a document without a grid, but be sure that the “random” placement of page elements is still purposeful and doesn’t hamper readability.

## ALIGNMENT

English readers are used to reading text that’s aligned along the left edge with a ragged right edge, such as this paragraph. It’s predictable and expected formatting, and because it’s familiar it frees readers to concentrate on the words without consciously thinking about the formatting.

When the alignment is right-justified, fully justified, or centered, the reader may become confused. Indeed, there's some feeling among experts that the even spacing of words, when text is aligned on the left with ragged right margin, improves readability by allowing readers to see word groups easily and find the beginning of the next line quickly. Beware of changing alignment for design purposes only; stick with what's familiar to readers. If you do change, test the change with clients to make sure you haven't created a barrier to readability.

## SHORT LINES OF TEXT

Poor readers may get lost in long lines of text. They often read one word at a time and may have trouble remembering what they've read by the time they get to the end of the line. Provide generous margins so that you can keep lines of text somewhere between seven and ten words, if possible.

**Readers may get lost in the long lines of text below. Also, the lines are too close together, which further impedes readability.**

The Department secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of social security benefits, unemployment insurance, unearned income (such as interest and dividends) and wages from employment. Any information obtained will be used in determining eligibility for assistance provided for all programs. When discrepancies are found, verification of this information may be obtained through contracts with a third party, such as employers, claims representatives, or financial institutions. This information may affect your eligibility for assistance and the amount of assistance provided.

## WHITE SPACE

“White space” is the empty area around text. Text that crowds the margins and fills most of the space on a page is intimidating; it tires readers and makes them feel uncomfortable. White space offers the reader visual relief, contributes to an uncluttered look, and markedly improves the readability of a document. A generous amount of white space throughout is part of a clean design.

White space also provides contrast for highlighting words, sentences or phrases.

There’s not enough white space in this example, and it looks hard to read.

GENERAL INFORMATION ABOUT THIS APPLICATION	
<ul style="list-style-type: none"><li>✓ <b>PLEASE READ EVERYTHING CAREFULLY AND FOLLOW ALL INSTRUCTIONS!</b> Please do your best to answer all the questions on this application. Do not answer any questions that you do not understand. If you need help with any part of this application, call toll-free 1-877-4NH-CHIP (1-877-464-2447). TDD Access: Relay NH, 1-800-735-2964.</li><li>✓ When you have finished filling out this application, sign, date, and mail it, along with copies of the proofs needed, to New Hampshire Healthy Kids, 25 Hall Street, Suite 303, Concord, NH 03301. <b>Don't forget to attach copies of required proofs!</b> If you are applying at an outreach site, they can mail it for you.</li><li>✓ When we receive your signed application, <b>with required proofs attached</b>, we will review it carefully. Someone will contact you if more information is needed. Once all necessary information has been</li></ul>	<p>received, we will make a decision on your eligibility. You will receive a written notice of our decision within 45 days of the day we receive your application. Some health care providers can determine pregnant women and children eligible on the spot. This is called “presumptive eligibility.” The provider will tell you if you qualify for this quick eligibility. You will still need to show us all required proofs within 45 days or this eligibility will end.</p>
<p><b>SOCIAL SECURITY NUMBERS AND CITIZENSHIP: WHAT YOU HAVE TO TELL US</b></p> <ul style="list-style-type: none"><li>✓ According to Section 1137 of the Social Security Act, we are required to ask for the Social Security Numbers (SSN) of all pregnant women, and some children, who want to receive medical coverage. If you don't want to or can't tell us the SSN of someone who wants this coverage, we will tell you if a number is required in order for that person to get medical coverage. <b>Not giving us the SSN of someone who does not want coverage, or of someone who does want this coverage but refuses to give us a SSN, will not affect the eligibility of anyone else in your family.</b></li></ul>	<ul style="list-style-type: none"><li>✓ We are interested in knowing your Family's Primary Language (what language is used in the home, such as English, Spanish, or Turkish), and the Race (such as White, African-American, or Asian), and/or Ethnic Origin (such as Bosnian, Cambodian, or Italian) of each adult and child who is applying for medical coverage. <b>Sharing this information is strictly voluntary. Choosing not to tell us will not affect anyone's eligibility for medical coverage.</b></li><li>✓ We are required to ask about the US citizenship or immigration status of every child or pregnant woman who wants to receive medical coverage. Pregnant women and some children must also provide proof of their citizenship or immigration status. Adults who don't want medical coverage for themselves do not have to tell us their status. Adults will have to tell us about their income if they are the parent of a child or are married to and living with a pregnant woman who wants medical coverage. Applying for Healthy Kids or Medical Coverage for Pregnant Women will not affect your immigration status.</li></ul>

## CONTRAST

Text is easiest to read when the print color and the background color are in high contrast. That's why so much print is black on a white background.

### Good contrast vs. Bad Contrast

The background doesn't have to be white, and the print doesn't have to be black, but for visual interest and good readability there should be enough contrast between the print and the background to make it easy to see the text. Older readers especially need high contrast for readability.

## EMPHASIZING WORDS OR PHRASES

You can help readers pick out key words and notice particularly important messages by using formatting strategies for emphasis. Here are some common strategies, with comments about each:

- **Large print.** Increasing the point size of print can make it stand out, even if the increase is a small one (e.g., from 12-point to 14-point). Large print is particularly useful to emphasize important phone numbers.
- **Bolding.** Like italics, bolding cues readers that the bolded sentence, phrase or word is important and should be noticed. But too much bolding together just looks like very dark print. It's the contrast between bolded and unbolded print that gives bolding its punch. Use it only to emphasize the most important words, phrase, sentences, and phone numbers.



The following strategies should be used sparingly, if at all:

- **All capital letters.** Although this technique shouts “look at me,” it does so in a strident and unfriendly manner. It’s visually hard to read more than a few words written in all capital letters.
- **Exclamation points.** Exclamation points, perhaps because they’re overused or associated with writing for children, mostly just signify enthusiasm. Avoid using them for emphasis when you’re serious.
- **Underlining.** Underlining may impair readability because it sometimes cuts off the stems of fonts that go below the line, which can make print look strange. In addition, underlining also has a familiar usage; it’s used to indicate Internet sites. If you choose to underline for emphasis, be sure that the underlining won’t mislead or confuse readers.
- **Quotation marks.** Quotation marks are properly used for quotes or to call attention to an ironic use of a word or phrase.

My husband is too busy with “important” work to help around the house.

Do not use them for emphasis, as readers may think you’re pointing out irony:

“Choose” a plan now, or we will choose one for you.



- **Italics.** The contrast between words in regular print and words that are italicized signals to readers that the italicized word or phrase is important. But if a large block of text is in italics, reading the text becomes harder. With some fonts, the italicized words look distorted. Use italics sparingly, with a just a word or a phrase, and only when the font lends itself to italics.

Examples of the use of all capital letters, underlining, italics, and bolding for emphasizing key phrases.

SEND THE FORM AND PROOFS to us by the 5th day of each month that your coverage ends. You can use the envelope that came with this form, and you do not need a stamp. IF WE GET THE FORM AND PROOFS AFTER THE 5TH DAY OF THAT MONTH, YOUR COVERAGE WILL END.

Send the form and proofs to us by the 5th day of each month that your coverage ends. You can use the envelope that came with this form, and you do not need a stamp. If we get the form and proofs after the 5th day of that month, your coverage will end.

*Send the form and proofs to us by the 5th day of each month that your coverage ends. You can use the envelope that came with this form, and you do not need a stamp. If we get the form and proofs after the 5th day of that month, your coverage will end.*

**Send the form and proofs to us by the 5th day of each month that your coverage ends. You can use the envelope that came with this form, and you do not need a stamp. If we get the form and proofs after the 5th day of that month, your coverage will end.**

## COLOR FOR APPEAL AND NAVIGATION

Color contributes to the visual interest and appeal of a document, and it can aid in navigation. If a particular color is consistently used for section or chapter titles, for example, readers can tell where they are at a glance. Color can direct the reader’s attention to new and important information or to the next section.

But too many colors on the same page may be confusing. When you’re designing for readers with limited literacy skills, it’s important to use color sparingly (to aid in navigation) rather than use too many colors and risk distracting or confusing readers.

The many colors on this application *don’t* work to help readers navigate.

**HOW TO APPLY:**

To apply, you do **not** have to figure out what program(s) the child or pregnant woman is eligible for.

- Just fill out application pages A1-A3 and mail it with all required documents.
- If it appears your child is eligible for **Healthy Families**, you may also fill out page A4. Mail all 4 pages (A1-A4) with a premium payment and all required documents. You can do this now or we will contact you after we determine your child is eligible. If you fill it out now, coverage will start sooner.

**DO YOU NEED HELP? ALL HELP IS FREE!**

If you want to know which program you qualify for **before** you sign and submit your application, or you need help completing the application, call us **toll-free, 1-800-890-6305**. Our operators can also give you the name and telephone number of a trained Certified Application Assistant in your community.

**GROSS MONTHLY INCOME**

You do not have to know which program your child may qualify for, but you can use the chart below if you want an idea. If your family's monthly income is at or below the amount shown, your child may qualify for **Healthy Families** or **no-cost Medi-Cal**. If you work, pay for child care, or pay/provide child support and/or alimony, we will reduce the family's income level. Family income, family size and allowable deductions are explained throughout these instructions. For information about larger families, call us **toll-free, 1-800-890-6305** or ask a **Certified Application Assistant**.

FAMILY SIZE	CHILD BIRTH UP TO AGE 1 OR PREGNANT WOMAN HEALTHY FAMILIES MEDI-CAL	CHILD BIRTH UP TO AGE 1 HEALTHY FAMILIES	CHILD AGE 1 THRU 5 MEDI-CAL	CHILD AGE 1 THRU 5 HEALTHY FAMILIES	CHILD AGE 6 THRU 18 MEDI-CAL	CHILD AGE 6 THRU 18 HEALTHY FAMILIES
1	\$0 - \$1,388	\$1,389 - \$1,740	\$0 - \$ 328	\$ 327 - \$1,740	\$0 - \$ 898	\$ 897 - \$1,740
2	\$0 - \$1,876	\$1,878 - \$2,244	\$0 - \$1,247	\$1,248 - \$2,244	\$0 - \$ 338	\$ 338 - \$2,244
3	\$0 - \$2,358	\$2,360 - \$2,846	\$0 - \$1,568	\$1,570 - \$2,248	\$0 - \$1,150	\$1,151 - \$2,048
4	\$0 - \$2,842	\$2,843 - \$3,553	\$0 - \$1,890	\$1,891 - \$3,553	\$0 - \$1,421	\$1,422 - \$3,533
5	\$0 - \$3,326	\$3,328 - \$4,157	\$0 - \$2,212	\$2,213 - \$4,157	\$0 - \$1,693	\$1,694 - \$4,137
6	\$0 - \$3,810	\$3,811 - \$4,761	\$0 - \$2,534	\$2,535 - \$4,761	\$0 - \$1,965	\$1,966 - \$4,761

The blue on this brochure (written in Vietnamese) helps the questions stand out.

<p><b>VỀ CHƯƠNG TRÌNH NÀY</b></p> <p><b>Chương trình Hurricane Katrina Medicaid Program của Louisiana</b> dành cho các cư dân tiểu bang Louisiana, là những người bị ảnh hưởng bởi cơn bão Katrina. Chương trình này giúp những người hội đủ điều kiện có bảo hiểm Medicaid toàn diện và miễn phí trong ít nhất bốn tháng.</p> <p><b>Quý vị có hội đủ điều kiện nhận bảo hiểm Medicaid không?</b></p> <p>Quý vị có thể hội đủ điều kiện nếu quý vị:</p> <ul style="list-style-type: none"><li>• đang mang thai,</li><li>• có con dưới 19 tuổi,</li><li>• từ 65 tuổi trở lên,</li><li>• mù lòa, hoặc</li><li>• bị tàn tật, có nghĩa là quý vị có một tình trạng tàn tật về thể chất hoặc tâm thần trầm trọng tới mức bác sĩ nghĩ rằng tình trạng tàn tật đó sẽ kéo dài trong ít nhất 12 tháng hoặc lâu hơn.</li></ul> <p>Quý vị phải hội đủ qui định về lợi tức, và chúng tôi có thể xem xét các tài sản</p>	<p>có giá trị mà quý vị sở hữu (ví dụ như tài sản không phải là căn nhà của quý vị).</p> <p><b>Thủ tục nộp đơn xin như thế nào?</b></p> <p>Quý vị phải điền mẫu đơn xin.</p> <p>Để lấy đơn xin, xin tới văn phòng Medicaid tại địa phương, Trung Tâm Xin Trợ Cấp Medicaid (Medicaid Application Center), Trung Tâm Trợ Giúp Gia Đình của FEMA (FEMA Family Assistance Center), hoặc tới trang mạng điện toán của chúng tôi tại địa chỉ:</p> <p><a href="http://www.medicaid.dhh.louisiana.gov">www.medicaid.dhh.louisiana.gov</a></p> <p><b>Chuyện gì sẽ xảy ra tiếp theo?</b></p> <p>Sau khi quý vị nộp đơn xin, chúng tôi sẽ xem xét tình trạng hội đủ điều kiện của quý vị nhanh nhất ở mức có thể.</p> <p><b>Quý vị có thắc mắc?</b> <b>Xin gọi số 1-888-342-6207.</b> <b>TTY: 1-800-220-5404.</b> <b>Đây là số điện thoại miễn phí.</b></p> <p><b>Hoặc tới trang mạng điện toán của chúng tôi:</b> <a href="http://www.Medicaid.dhh.louisiana.gov">www.Medicaid.dhh.louisiana.gov</a></p>	<p><b>Chương trình Medicaid hoạt động như thế nào?</b></p> <p>Nếu quý vị hội đủ điều kiện nhận bảo hiểm Medicaid, quý vị sẽ nhận được một bức thư trong đó có ghi số hội viên Medicaid của quý vị. Mỗi khi quý vị muốn nhận các dịch vụ y tế, quý vị phải xuất trình bức thư đó cho bác sĩ, bệnh viện, tiệm thuốc hoặc cơ sở cung cấp dịch vụ y tế khác.</p> <p>Medicaid không bao trả toàn bộ các chi phí y tế! Trước khi quý vị khám chữa bệnh, hãy hỏi bác sĩ, bệnh viện, tiệm thuốc hoặc cơ sở cung cấp dịch vụ y tế khác để biết dịch vụ đó có được Medicaid bao trả hay không.</p> <p><b>Quý vị có thể được nhận Medicaid trong bao lâu?</b></p> <p>Chương Trình Medicaid đặc biệt này cung cấp bảo hiểm trong sáu tháng, bắt đầu từ ngày 1 tháng Chín năm 2005 cho tới hết ngày 31 tháng Mười hai năm 2005.</p> <p>Những người cần bảo hiểm sau tháng Mười Hai sẽ cần phải nộp đơn xin lại.</p>
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## ORGANIZATIONAL AIDS


Organizational aids such as titles, tables of contents, page numbers, color schemes, and sections help readers find their way around documents and make it easier for them to return to something they want to reread.

### Titles

It's important to introduce a document with a title that describes what the document is about.

Make sure the title tells readers what they're looking at. If it's an application for children's health insurance, the title should say *Application for Children's Health Insurance*.

**This application has a clear title.**




## Application for Louisiana's Hurricane Katrina Medicaid Program

This program is for residents of Louisiana who have been affected by Hurricane Katrina.

It provides full Medicaid benefits until December 31, 2005, including prescriptions, hospital and doctor visits. People who need coverage after December must apply again.

**It's easy to apply:**

1. Fill out this form and sign it.
2. Give it to a Medicaid worker at the nearest Family Assistance Center or local Medicaid office  
or mail it to: P.O. Box 91278, Baton Rouge, LA 70821-9278  
or fax it to: (877) 523 2987



What language do you **speak** best?  English  Spanish  Vietnamese  Other \_\_\_\_\_

What language do you **write** best?  English  Spanish  Vietnamese  Other \_\_\_\_\_

1. Your name \_\_\_\_\_ today's date \_\_\_\_\_

2. What was the address where you lived on Sunday, August 28, 2005 (the day before Hurricane Katrina)?

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_

## Headings

Headings and subheadings help organize the text and help readers anticipate what's coming next. The headings in program materials should accurately but briefly capture the essence of what follows so that readers scanning all the headings will get a clear idea of what's covered in the text.

## Numbers and order

The simple act of numbering pages helps readers know where they are and helps them return to an unfinished page or a page they want to reread. Put the page numbers where most readers expect them to be—at the bottom of the page.

If the document is organized into sections, give each section an easy-to-see number or letter. These will help organize the document for you, your staff, and all your readers and will give readers a sense of accomplishment as they move from section to section.

## Checklists

Checklists are particularly useful to summarize instructions that appear throughout a document. They are reminders. Sometimes the checking is already done for the reader, and sometimes the reader is prompted to do it.

### Remember to:

- ✓ **Sign** this form and the TIMO Choice form.
- ✓ **Send** proof of income (the most recent month) for each job and for all other income, including self employment and rental income.
- ✓ **Send** a copy of resident Alien cards, other immigration documents, or proof of U.S. Military service for new people applying for NJ FamilyCare who are not U.S. citizens.
- ✓ **Send** proof of any other health insurance, or the letter you got if your health insurance ended.
- ✓ **Send** proof if anyone in your family group is pregnant.
- ✓ **Send** proof of payment if you or someone in your family group pays for child or adult day care.
- ✓ **Send** proof of payment if you or someone in your family group pays for child support or alimony.
- ✓ **Send** a copy of a school schedule, report card, tuition bill, or proof that the student goes to school for any full-time student, age 16-20, who is working.
- ✓ **Send this form, the HMO Choice form (keep the pink copy), and all proofs to:**  
NJ FamilyCare  
PO Box 4818  
Trenton, NJ 08650-8955  
Use the envelope that came with this Application. You do not need a stamp.
- ★ **You must send the signed forms with all proofs or your children may not get health insurance.**

### Bullets and numbered lists

Bullets and numbered lists break out detailed information that may otherwise get lost in text. Items that have bullets or numbers stand out, and readers can focus on them. Use bullets to list options or possibilities; use numbers to list steps or commands that have a specific sequence.

Be careful to write an introductory clause that is grammatically complete and allows the bullets or numbered steps to stand on their own as much as possible. Otherwise you force the poor reader to continually reread the introductory section before each bullet to make sense of the bulleted item.

#### **Reader needs to re-read introductory clause:**

Your child will lose coverage if he or she

- Moves out of the state.
- Turns 19.
- Enters an institution.
- Gets other health insurance.

#### **Introductory clause is grammatically complete:**

Some things may cause your child to lose coverage, such as:

- Moving out of state.
- Becoming 19.
- Going to live in an institution.
- Getting other health insurance.

## **ILLUSTRATIONS AND GRAPHICS**

Illustrations and graphics can add interest and appeal to a document and also aid in navigation. Here are a few guidelines that will help you select drawings, pictures, and designs to improve readability—while also enhancing the appearance of the document.

Here's a flyer intended to guide an applicant through the enrollment process. The illustrations add interest and appeal.

**TEXAS STAR**  
PROGRAM  
Your Health Plan ■ Your Choice

## 4 Pasos para Inscribirse en STAR

- 

1. Lea el folleto del Programa STAR de Texas para aprender sobre Administración de Servicios!
- 

2. Lea y revise el Directorio del Plan de Salud. Escoja un PCP (Proveedor de Cuidado Primario) para cada miembro de su familia. Escoja su primera y segunda opción.
- 

3. Escriba su primera y segunda opción en su forma de inscripción. Conteste todas las preguntas. Escriba la fecha y póngale su firma.

*Su Plan de Salud se comunicara con usted en corto plazo.*

*Si, necesita ayuda llame al 1-800-964-2777.*

*Para personas con dificultad para oír, llame al (TDD 1-800-267-5008).*
- 

4. Meta su forma de inscripción en el sobre que le proporcionamos y envíela por correo. No necesitara ponerle una estampilla.

ENGLISH ON THE OTHER SIDE



- **Make them illustrative.** Visual images should illustrate the content in some way or act as navigational aids. An illustration that serves no illustrative or navigational purpose may distract or confuse readers.

This example is littered with little graphics that serve no real purpose.

APPLICATION INSTRUCTIONS

SECTION 2 Continued

**Question 23**

Write the place of birth for each child or pregnant woman. If born in California, write the name of the county. If born outside of California, write the name of the state. If born outside the United States, write the name of the country.

**Question 24**

Use the chart below to find the ethnic code number or letter to answer Question 24. Giving an ethnic code is optional unless Native American Indian.

Ethnic Codes					
1 White	A American	N Asian Indian			
2 Hispanic	C Chinese	P Hawaiian			
3 Black/African American	H Cambodian	R Guamanian			
4 Asian	J Japanese	T Laotian			
5a Native American Indian	K Korean	V Vietnamese			
5b Alaska Native	M Samoan	Z Other			
7 Filipino					

**Question 25**

- Immigration information we get as part of this application is private and confidential. The State will use this information only for eligibility determination and program administration. (See Privacy Notifications.)

**Medi-Cal and Healthy Families** do not collect information on the immigration status of parents/guardians who are not seeking health coverage for themselves. These programs cannot and will not provide information on the immigration status of such parents to the IRS or use immigration information to demand or collect repayment from recipients for services lawfully received.

- Give immigration information **only** for the people applying for health coverage. Do not give information for people (such as parents) who are not applying.
- Many immigrants can qualify for **Healthy Families and Medi-Cal**.

**Question 26**

- Social Security numbers **are not required** for **Healthy Families** or for persons who want **Medi-Cal** for emergency or pregnancy related services only.
- The Social Security number of each child, teen or pregnant woman applying for **complete Medi-Cal benefits** is required.
- If you do **not** have a Social Security number and want **complete Medi-Cal benefits**, you can apply now and provide the number within the next 60 days.
- For more information on how to apply for a Social Security number, please call the Social Security Administration **toll-free, 1-800-772-1213**.

**Question 27**

Write the name of the mother of each child and/or the pregnant woman. If the mother is the same for all children, write her name for child 1, write "same" for the other children and/or pregnant woman.

**Question 28**

Write the name of the father of each child and/or the pregnant woman. If the father is the same for all children, write his name for child 1, write "same" for the other children and/or pregnant woman.

**Question 29**

Write the name of the spouse of the teen if the spouse is living in the home. Write the name of the pregnant woman's husband if her husband is living in the home.

**Question 30**

If the child had or now has **no-cost Medi-Cal** and the county sent a notice stating that the child now has or will have **Medi-Cal with some cost**, check "yes". Give the date the **no-cost Medi-Cal** coverage will end for each person. If the answer is "no", check "no".

- **Make them culturally appropriate.** Readers want illustrations that speak to them and their experience. They may lose interest when illustrations depict people, places, and things that are not familiar to them.

**This brochure about children's health insurance is illustrated with pictures of an ethnically diverse group of children.**

## On-Site Training and Community Presentations

The Connecticut Children's Health Project community health educators and health plan liaison staff work throughout the state to help communities and providers understand the HUSKY program.

The Connecticut Children's Health Project has offered training to many organizations, including:

- Birth to Three,
- child and daycare providers,
- foster, adoptive and other parent groups,
- city and state health departments,
- community-based organizations,
- community health centers,
- Department of Children and Families,
- family service agencies,
- government agencies,
- managed care organizations,
- mental health and substance abuse agencies, and
- women's programs.



Presentations, training and all educational materials are free.

For more information on community presentations, training, and educational material call us at 860-550-6744, ext. 271.

- **Don't print over a graphic.** It is distracting to try to read text printed over an illustration or picture, unless there's a lot of contrast signaling that the words—not the picture—are most important.

When text is printed over graphics, it's difficult to read the print.

### *It's Time to Insure Your Child's Future*

Dear Parent,

Nothing is more important than the health of your child. Every young person should have a doctor, a dentist, and other important health services. But today's health care is expensive. Insurance to pay for that care has been too costly for thousands of [State] families—until now.

In June 1998, the [State] opened the [Health Plan]. [Health Plan] stands for [Completed Acronym]. It's a service for all children who need health coverage. If you haven't been able to find affordable health insurance for your child, [Health Plan] may be the answer.

[Health Plan] offers a comprehensive health care benefit package for [State] children up to age 19.

Depending on your family's income, there may be no cost to you.

Getting further information about [Health Plan] is easy. Just call our toll-free number 1 ### ### ####.

This pamphlet will give you the basic information. Our friendly [Health Plan] customer service representatives will tell you the rest.

Welcome to better health for your child!



### *Why is [Health Plan] So Important?*

On [Date], Governor [Name] signed historic legislation supported by every member of the General Assembly. With the [Health Plan] law, [State] made a strong commitment to the health of our young people.

The [Health Plan] includes services under the traditional Medicaid program (now known as [Health Plan] Part A). It also provides brand-new health services for children in higher-income families (called [Health Plan] Part B). There's also [Health Plan]—a new coverage option for children who have intensive physical or behavioral health needs.

[Health Plan] gives a special boost to [State]'s working families. Many parents don't have health coverage for children through work. With [Health Plan], your children are covered. Even families with high incomes can get [Health Plan] services at a group rate.

Simply put, [Health Plan] means quality health care for every child in [State]. [Health Plan] is funded by the state and federal governments, and administered by the Department of Social Services.



# Applications and Other Forms

## *Making them easy to use*

For applicants, registrants, and other form fillers-in with limited literacy skills, there are formidable physical and psychological challenges in applying for government benefits. Government forms induce anxiety because they're the gateways to the services consumers need or want. Most forms look intimidating, and they're often not user-friendly. They're bureaucratic and legalistic, and they ask personal and sometimes even offensive questions.

In this section are some tips that can make applications and other forms easier to read, understand, and use.



The newer draft is longer (two pages, only the first of which is shown) but easier to follow. The formatting provides visual organization for the instructions, action section, and signature line. The margins are wider, and there's more white space.

### Automatic Payment Form

The Department for Children and Families (DCF) can automatically take your health care/pharmacy premium payments from your checking or savings account. If you want us to do that, you will not get a bill each month. Instead, you will get a statement telling you how much we will take from your account.

If you choose to make payments this way, the Department for Children and Families will take the payment automatically on the 15th of every month. **You must keep mailing your payments until we tell you when the automatic payments will start.**

**Use the form below:**

- If you want to sign up for automatic payments, or
- If you are already making automatic payments and you want to change the bank account that you use, or
- If you want us to stop automatic payments

---

**I give my permission for the Department for Children and Families to:**

**Start automatic payments**

**Change my account**

**Stop automatic payments**

**If you want to use a CHECKING account** for automatic payments, write VOID on a blank check and send it to us with this form.

**If you want to use a SAVINGS account**, ask your bank to give you proof of your account and the routing numbers. Send the bank proof with this form.

**Name of person who gets benefits:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**turn page over →**

For more information, call Health Access Member Services: 1-800-250-8427 (TTY: 1-8xx-xxxx). You can call Monday to Friday, 8:30 to 5. The call is free.



The small print and difficult vocabulary make this brochure very hard to read. In addition, the “Adult Recipients” chart is difficult to follow—even if readers understand the word *recipients*. There’s a long space between the *possibilities* and the *limits or cost*, and the important note about clients under age 18 is not even within the chart.

## Important Information about Possible Changes to Your Medical Assistance Benefits

Please Read Carefully

Limit changes do not apply if you are under age 21, pregnant, or in a nursing home.  
These limits do not affect your Medicare benefits.

We want to tell you about possible changes to your medical assistance benefits. These changes are being considered as part of the State budget beginning July 1, 2005. These changes are not happening now. If the changes go into effect, you will get another notice.

If the changes do go into effect, there will be certain limits on the medical services you get under the Medical Assistance Fee-for-Service program. If you are enrolled in a managed care program your Managed Care Organization will send you a notice to tell you if any of the proposed changes apply to you.

<b>Adult Recipients</b>	
<b>Possible Limits</b>	
Prescription Drugs <i>(if the patient receives the benefit now)</i> .....	Up to 3 prescriptions/month
Inpatient Hospital .....	2 admissions/year
Inpatient Rehab .....	1 admission/year
Outpatient Services .....	Up to 18 visits/year
<b>Possible Co-Payments</b>	
Brand Name	
Prescription Drugs .....	\$3 each
Portable X-ray .....	Up to \$3 each
Dialysis .....	Up to \$3 each
Home Health .....	\$1 each visit

Co-pay changes do not apply if you are under age 18 or pregnant.

There may also be charges to limits and copays for certain other medical services, supplies and equipment. Some psychiatric services might also be limited in fee for service programs. Services over the limits will not be covered by the Medical Assistance Program except in certain cases. If the changes to your benefits happen, we will tell you more about this.

If you have any questions, please call: 1-866-####-####

TDD/TTY 1-877-###-####

Language Line 1-866-####-####

## GET CLIENT AND STAFF FEEDBACK

If you're revising a form or application that you use now, it's important to get client and staff feedback *before* you begin. Find out exactly where the problems are by asking call center and outreach staff what parts of the form seem to stump applicants most frequently. Is it the income chart? Do clients "forget" to sign the form? Do they fail to send in pay stubs? Do they fill in charts and tables incorrectly?

The staff survey will tell you where the form fails to communicate effectively. The form is probably not 100% at fault for applicants' failure to comply with instructions—but if a good number of applicants have difficulty complying, it's a good bet that they're having trouble understanding what you're asking for.

## CONSIDER THE PROCESS

It's important to think carefully about what's going to happen to the application when it comes back to your office. Who will open it, and what will they do with it? How will they keep all the pages together, and the verifications (if any)? Will it be scanned after it's opened? If so, how might the scanning process affect what the layout should be?

Think through the process with the people who will be doing the work, so that you can anticipate work flow and determine what writing or design elements might help or impede the work. Remember, of course, that whatever accommodations are desirable for office processing, the communication needs of the readers should come first.



## Folding and mailing

When you're planning the layout for the application, think about how it's going to be folded for mailing.

- Make sure that the addressee can unfold it easily. When it's unfolded, the beginning of the application should be obvious. Don't make the reader have to turn the document around, or turn pages, to find the beginning.
- Don't enclose the application in another document, such as a program brochure. If you want to include a program brochure with the application, make it separate and give it a different title.
- Talk to the printer about printing and mailing costs.

## STREAMLINE THE CONTENT

When you're developing a form, it's tempting to take the opportunity to ask for more information than is necessary to establish the applicant's qualifications for the program. It's tempting to ask demographic or survey questions that the state is interested in, such as *How did you get this form?*

It's better for your clients if you stay focused, ask only for the information you *need* to determine eligibility, and get that information only *once* in the form. Figure out what information you need, and organize the questions so that they flow logically: questions about the applicant, questions about the applicant's children, questions about other people in the household, etc.

## GENERAL GUIDELINES

Here are some reminders of the general guidelines for writing and formatting, as well as some additional tips.

### Reminders about writing

- Write everything on the form in plain language, explaining where necessary, and be as brief and clear as possible.
- Minimize the number of key messages per page and per document.
- Write short lines of text.
- Use simple vocabulary.
- Write in the active voice.
- Use a conversational and encouraging tone.

### Reminders about design

- Choose familiar, easy-to-read fonts
- Make sure there's plenty of white space
- Use organizational aids
- Use color to aid navigation


### Title page

- Give the form a clear title, so readers know immediately whether it's for them.
- Start with a *brief* summary of what the program is about (enough to reassure the applicant that they're about to fill out the correct application), and then get right on with the

application itself. Don't begin the form with a long set of instructions or with comprehensive program information.

- If the application is available in other languages, you want readers to know that when they look at the English version. Put that message up front, where readers can see it right away. Write it in the languages that you're targeting, so that *readers of those languages* can read it.

**This application has a clear title, a brief program description, and a prominent help message in Spanish right on the cover page.**



The image shows the cover page of the NJ FamilyCare application form. At the top left is the NJ FamilyCare logo with the tagline "Affordable health coverage. Quality care." At the top right is a black box with white text: "Para recibir esta solicitud en español, llame al 1-800-701-0710". The main title "Application" is in large, bold, black font. Below the title is the text: "NJ FamilyCare is free or low-cost health insurance for uninsured children." followed by "Children may be able to get NJ FamilyCare if:" and a bulleted list of four criteria. To the right of the list is a black and white photograph of two young children sitting at a desk, looking at a book together.

**NJ FAMILYCARE**  
Affordable health coverage. Quality care.


Para recibir esta solicitud en español,  
llame al 1-800-701-0710

# Application

NJ FamilyCare is free or low-cost health insurance for uninsured children.

Children may be able to get NJ FamilyCare if:

- They are 18 or under.
- They live in New Jersey.
- They are U.S. citizens or qualified immigrants lawfully admitted for permanent residence.
- Their family meets the program rules.



## Instructions

- Make the instructions brief and clear, and *in place*. Put them just before the fields they reference.
- Use navigation aids to help keep applicants moving smoothly through the application: color, sections (numbered or lettered), page numbers, instructions to “read the back of this page.”

In this example, the phrase “family group” needed to be explained, so we made the instruction a little longer.

<b>3</b>	<b>Tell us about the <i>other</i> people in your family group who are living in your home.</b> <i>Family group</i> means children under 21, adoptive and natural parents and their spouses, or caretakers. We need to know about other people in your family group because household size helps us decide if you can get NJ FamilyCare.
----------	--

## Questions

- Write questions that are brief, clear, and in plain language.
- In cases where the question may seem invasive or otherwise threatening to applicants, you may want to break the “brief” rule and explain why you’re asking. Do so simply and in plain language. It’s a matter of courtesy and helps the applicant feel more comfortable about giving personal information.

The questions in this section are written in plain language.

<b>5</b>	<b>Tell us about child support for children in your home.</b>
Does any child in your home have a parent who does not live there? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, answer these questions:	
<b>First Person</b>	Child's first name: _____ Last name: _____ Name of parent who does not live with you: _____
Parent's address: _____ Parent's Social Security Number (if you know it): _____	
Are you getting child support from this person? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, have you tried to get medical support? Yes <input type="checkbox"/> No <input type="checkbox"/>	

- Avoid using the word “optional.” Many readers won’t understand it.
- Use enough white space to provide visual relief and make the questions look less difficult to read and complete.
- Make sure there’s plenty of room for people to write. While the application is in draft, fill it in yourself, and see if you can fit the answers in the spaces provided.

These simple instructions are written in an encouraging tone. The picture adds to the friendly tone.



### **It's easy to apply!**

- 1. Fill out and sign this application form.** If you have questions, call 1 800 701 0710 (TTY 1-800-701-0720), Monday and Thursday from 8 a.m. to 8 p.m., or Tuesday, Wednesday and Friday from 8 a.m. to 5 p.m. The call is free.
- 2. Attach copies of all proofs,** such as proof of income.
- 3. Fill in the HMO choice form.**
- 4. Mail everything to us.** Use the envelope that came with this form. You do not need a stamp.

## Rights and Responsibilities sections

- The *Rights and Responsibilities* sections of many applications are incomprehensible to most readers, even good readers, because they're text heavy (with little white space), filled with legalese, and frequently printed in 10-point type or smaller. Yet applicants are required to sign their names, indicating that they've read them and that they understand them!

The font choice (sans serif), spacing (crowded), long sentences, and difficult vocabulary make this hard to read.

### 10 YOUR RIGHTS & RESPONSIBILITIES

By signing below, I agree to the following:

**I have the right to:**

- Be treated fairly and equally regardless of my race, color, religion, national origin, gender, age, political beliefs or disability consistent with state and federal law. If I believe I have not been treated fairly and equally, I may call the U.S. Dept. of Health and Human Services at (800) 368-1019.
- Request information that the State of Texas obtains about me and my children through this application and to review and correct any wrong information (with a few exceptions).
- Request a fair hearing in writing, in person or by phone from my local HHSC office should I be denied Medicaid through this application process and I am not satisfied with the decision.

**I have the responsibility to:**

- Not purposely withhold information or give false facts, or let anyone use my child's health insurance identification or I could be required to pay the state or federal government for any benefit issued incorrectly, and my children's health insurance may be denied or ended.

**I further understand and agree that:**

- This application could lead to my child(ren)'s enrollment in Medicaid.
- Information I provided in connection with this application is subject to verification by Medicaid, SKIP, the Office of the Inspector General for the Health and Human Services Commission (HHSC), their contractors and other state and federal agencies. My signature below authorizes the release of information relevant to such verification to Medicaid, SKIP, the Office of the Inspector General for HHSC, their contractors and other state and federal agencies. It also authorizes Medicaid, SKIP, the Office of the Inspector General for HHSC, their contractors and other state and federal

agencies to contact employers, credit reporting agencies, health care insurance providers, or others with knowledge regarding my children's eligibility for Medicaid and SKIP and authorizes those contacted to release information relevant to my children's eligibility for Medicaid and SKIP.

- Medicaid, SKIP, the Office of the Inspector General for HHSC, their contractors and other state and federal agencies may exchange information on this application and medical, health or other information relating to my children's coverage with other agencies and contractors, including companies offering health insurance to my children, to assist with application, enrollment, administration and quality assurance. The information provided on this application cannot be used by the Internal Revenue Service (IRS) for tax purposes or by the Bureau of Citizenship and Immigration Services (BCIS) to deny you admission to the U.S., to harm your permanent resident status or to deport you.
- SKIP, Medicaid and their contractors may verify any information that affects my child(ren)'s eligibility for insurance and may exchange information on this application and medical, health or other information relating to my child(ren)'s coverage to assist with application, enrollment, administration and quality assurance. The information provided on this application cannot be used by the IRS for tax purposes or by the INS.
- My signature below authorizes the State of Texas or its designee to receive payments for services and supplies from insurance companies and other liable sources as reimbursement for medical services for my child(ren).
- Each provider of medical services to my child(ren) may release any medical or other information necessary in order for the provider to be paid.

- Many readers have no context for the legal and other information found in *Rights and Responsibilities*. Meet with your program’s legal staff to explain that most readers (not just readers with limited literacy skills) don’t understand what it is they’re signing. With luck, they’ll understand your point and help you write the section in plain language.
- Apply the same formatting guidelines that you would for anything, including short lines of text and a readable print size. This effort will result in a longer application form, but more readers will be able to understand their rights and responsibilities.

### Signature line

- Be sure that the signature line stands out graphically so the applicant doesn’t miss it.
- Put the mailing instructions below the signature line, where the applicant will look for them.

Here is a clearly marked, prominent signature line that most applicants will see.



➔ **Sign here.** You must sign here or your application may take a long time.

★ Sign your name: \_\_\_\_\_

## Checklists

- Consider using a checklist at the end of the application to summarize any requests for verification that are scattered throughout. Then the applicant will have all requests in one place.

Here's a checklist to help applicants complete this long and burdensome application.

### Remember to:

- ✓ **Sign** this form and the HMO Choice form.
- ✓ **Send** proof of income (the most recent month) for each job and for all other income, including self employment and rental income.
- ✓ **Send** a copy of resident Alien cards, other immigration documents, or proof of U.S. Military service for new people applying for NJ FamilyCare who are not U.S. citizens.
- ✓ **Send** proof of any other health insurance, or the letter you got if your health insurance ended.
- ✓ **Send** proof if anyone in your family group is pregnant.
- ✓ **Send** proof of payment if you or someone in your family group pays for child or adult day care.
- ✓ **Send** proof of payment if you or someone in your family group pays for child support or alimony.
- ✓ **Send** a copy of a school schedule, report card, tuition bill, or proof that the student goes to school for any full-time student, age 16-20, who is working.
- ✓ **Send this form, the HMO Choice form (keep the pink copy), and all proofs to:**

NJ FamilyCare  
PO Box 4818  
Trenton, NJ 08650-8955

Use the envelope that came with this Application. You do not need a stamp.



## PROBLEM CHARTS AND TABLES

Forms and applications typically use charts and tables to collect information. They don't take up much space, and they are often neat and efficient. The problem is that they are very difficult to read and complete, because they're often crowded, the print is small, and they require readers to cross-reference.

### Examples of cross-referencing.

4. Household Information: If it doesn't currently exist, indicate why (circle) and/or address changes (circle)

Also for unborn children or anyone temporarily absent from the home. Use more paper if necessary.

Household Member (Print Last Name)	Relationship (Print)	Sex	Age	DOB	SSN	Marital Status	Student Status	Race	Hispanic (Yes or No)

Marital Status Codes: MA - Married NM - Never Married DI - Divorced SE - Separated WI - Widowed  
Student Status Codes: PT - Part-time/Half-time FT - Full-time NA - Not Applicable  
Grade Codes: Elementary and High School (1 through 12) College 13 NA - Not Applicable  
Race Codes: W - White AI - American Indian/Alaskan Native A - Asian B - Black P - Native Hawaiian/Pacific Islander

To *cross-reference* means to refer to another part of the document that is related to the first. Cross-referencing forces readers to move their eyes from the line they're reading to another line, or another part of the same page, or another page in the document, and then to return to the first line. They must break from the familiar left to right pattern of reading and read up and down as well. Readers may lose their places or forget what they were reading about.

Here are some examples of cross-referencing that you often see in charts and tables:

- **Column heads.** Applicants have to read them, then drop their eyes to the fill-in line, then read the column head again (or the next column head), and continue in that manner.
- **Coding.** Assigning codes for categories forces applicants to read all codes and categories to identify the one that fits them. Then they have to remember the code and write it somewhere else on the form.
- **Asterisks.** Asterisks require readers to drop their eyes to the bottom of the chart or page in order to read what the asterisk refers to, and then somehow find their places again. Using asterisks also assumes that all readers know what an asterisk signifies—and most poor readers do *not* know what an asterisk signifies.

This application doesn't avoid cross-referencing, but it mitigates the problem somewhat by using checkboxes within the fields to help applicants answer questions. Note that there are no asterisks.

logo

**State Department of Health and Human Services**

**State Partners for Health Medicaid Application**

**1**

**Tell us about yourself.**

Name (first, middle initial, last):		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth:	
Address where you get mail (include your apartment number):			City:	State:	Zip Code: County:
Home address (if not the same as your mail address):			City:	State:	Zip Code: Home phone number:
Marital Status:	What language do you use most?	Do you want Medicaid for yourself?		You only have to give us your Social Security Number and citizenship information if you want Medicaid for yourself.	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Sign Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number:	Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

**2**

**Tell us about people in your family who live in your home.**

Name (first, middle initial, last):	Sex:	Date of birth:	How is this person related to you?	Marital Status:	Race:	Does this person want Medicaid:	If this person wants Medicaid, you must give the Social Security Number and citizenship information:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Child <input type="checkbox"/> Spouse	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number: _____ Is this person a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Child <input type="checkbox"/> Spouse	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number: _____ Is this person a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number: _____ Is this person a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Child <input type="checkbox"/> Spouse	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number: _____ Is this person a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

Is anyone in your home pregnant?  Yes  No If yes, who is pregnant? \_\_\_\_\_ When is the baby due? \_\_\_\_\_

Is anyone in your home disabled?  Yes  No If yes, who is disabled? \_\_\_\_\_

## IMPROVING CHARTS AND TABLES

If you want to use a chart or table, you can minimize the possible difficulties of doing so by using these recommendations:

- Use a clean, consistent design that's roomy and symmetrical.
- Use a readable font in an acceptable point size, and make sure all text is printed horizontally.

- Leave plenty of room to write within the table.
- When there is a specific set of possible answers with codes (e.g., races or ethnicities), put questions and check boxes *within the fields* so that applicants don't have to remember codes.

## Person boxes

One alternative to using charts and tables is to collect all of the information for each individual applicant before moving on to the next applicant. That way, applicants can concentrate on one person at a time, while reading and writing from left to right.

Here's a page of person boxes. Applicants can read and answer from left to right, rather than up and down—one person at a time.

**2. Household.** Tell us about the people who live with you. Write about everyone in the home. Include unborn children and anyone who is part of your household but is not living in the home at this time. (Use another sheet of paper or copy this page if you need more space to write.)

<b>PERSON 1</b>				
Legal name (first, middle, last):	Date of birth:	Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number:
How is this person related to you? <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other:	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Is the person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the person a student? <input type="checkbox"/> yes (grades 1-12) <input type="checkbox"/> yes (college) <input type="checkbox"/> no	Race: <input type="checkbox"/> white <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> black <input type="checkbox"/> Native Hawaiian/Pacific Island	<input type="checkbox"/> Hispanic	Does this person want health coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>PERSON 2</b>				
Legal name (first, middle, last):	Date of birth:	Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number:
How is this person related to you? <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other:	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Is the person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the person a student? <input type="checkbox"/> yes (grades 1-12) <input type="checkbox"/> yes (college) <input type="checkbox"/> no	Race: <input type="checkbox"/> white <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> black <input type="checkbox"/> Native Hawaiian/Pacific Island	<input type="checkbox"/> Hispanic	Does this person want health coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>PERSON 3</b>				
Legal name (first, middle, last):	Date of birth:	Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number:
How is this person related to you? <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other:	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Is the person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the person a student? <input type="checkbox"/> yes (grades 1-12) <input type="checkbox"/> yes (college) <input type="checkbox"/> no	Race: <input type="checkbox"/> white <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> black <input type="checkbox"/> Native Hawaiian/Pacific Island	<input type="checkbox"/> Hispanic	Does this person want health coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>PERSON 4</b>				
Legal name (first, middle, last):	Date of birth:	Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Social Security Number:
How is this person related to you? <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other:	Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Is the person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the person a student? <input type="checkbox"/> yes (grades 1-12) <input type="checkbox"/> yes (college) <input type="checkbox"/> no	Race: <input type="checkbox"/> white <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> black <input type="checkbox"/> Native Hawaiian/Pacific Island	<input type="checkbox"/> Hispanic	Does this person want health coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	

## Income charts

Income charts are particularly hard to understand and follow. The main problem is that they contain lots of numbers, and readers with limited literacy skills often have limited numerical literacy skills too. In other words, they have difficult reading and understanding numbers. In addition, income charts are often outdated as soon as they're published!

It's hard (or maybe impossible) to make income charts easy to follow and useful. It's better to summarize the information for each income category generally and present it in a narrative format.

Usually the goal of displaying an income chart is to encourage applicants to apply—not to ask them to self-screen. If that's the case, it's better to give them some general information; let them apply, and then let them know if their income is higher (or lower) than the program allows.

Here's an income chart that's hard to follow (*top*), along with a revision (*bottom*) that gives general information in narrative form.

ARKIDS First Income Eligibility						
Family Size	ARKids A				ARKids B	
	Under Age 6		Age 6 and Over		Annually	Monthly
	Annually	Monthly	Annually	Monthly		
2	\$16,120	\$1,343	\$12,120	\$1,010	\$24,240	\$2,020
3	\$20,296	\$1,691	\$15,260	\$1,272	\$30,520	\$2,543
4	\$24,472	\$2,039	\$18,400	\$1,533	\$36,800	\$3,067
5	\$28,648	\$2,387	\$21,540	\$1,795	\$43,080	\$3,590
6	\$32,824	\$2,735	\$24,680	\$2,057	\$49,360	\$4,113
7	\$37,001	\$3,083	\$27,820	\$2,318	\$55,640	\$4,637
8	\$41,177	\$3,431	\$30,960	\$2,580	\$61,920	\$5,160
Add for each additional member	\$4,176	\$348	\$3,140	\$262	\$6,280	\$523

The above income limits will increase slightly on April 1, 2004.

If you have 2 people in your family and you make less than \$2020 each month, you may be able to get ARKids A or ARKids B.

If you have 3 people in your family and you make less than \$2543 each month, you may be able to get ARKids A or ARKids B.

If you have 4 people in your family and you make less than \$3067 each month, you may be able to get ARKids A or ARKids B.

If you have 5 people in your family and you make less than \$3590 each month, you may be able to get ARKids A or ARKids B.



# Field Testing

It's impossible to see the forest for the trees when you've been working on materials for a while. You can use your experience and judgment to write and design documents that you *think* are easy to read, but it's hard to step back from the content and organization and all the hard work everybody has put into the project and put yourself in the reader's shoes. After all, you're not a reader—you're the writer or designer (or both!).

Field testing documents is the key to creating client-centered materials. The feedback from field test participants is invaluable, and the payoff is that the time spent will be saved later when your clients find materials easier to read and understand.

## FOCUS GROUPS

A focus group is a valuable tool for finding out how people react to materials. Do they like the design? Are the materials culturally appropriate? How might they use the materials? What about the pictures, the logo, the slogans on the materials—are they appealing?

Focus groups generally have ten to twelve participants. The group dynamic encourages discussion, with members reacting to what others say and then adding their own experiences or expressing a



different point of view. But focus groups are *not* good vehicles for exploring readability or comprehension. To do that it's necessary to watch and listen to people closely as they read, and ask them indirect questions that will tell you whether they understand what they've read. In a group setting, these types of questions and tasks put individual members on the spot. People who have difficulty reading or understanding are likely to be uncomfortable revealing that in a group.

## INTERVIEWS

The best way to find out whether a document is readable is to interview clients or prospective clients one on one. A private setting helps participants feel comfortable, invites frankness, and provides flexibility for the interviewer to ask questions and then to follow up with additional questions to find out *why* someone answered the way she did. In an private interview, participants aren't put in the position of having to contrast their answers and abilities with others', as they would be in a focus group.

It's not necessary to have a large number of interview participants to get valuable data, because the purpose is not to tally *how many* are (or are not) able to read the document. Rather, the purpose of interviews is to explore any assumptions the writer or designer may have made about the way the content is organized, the amount of new information the reader can absorb, or the way in which the content is worded and presented. Perhaps the vocabulary is too high-level, or the illustrations are distracting rather than helpful, or there is too much information for a reader with limited literacy skills

to absorb all at once. If the interviewer identifies these or other barriers to readability, the writers may be able to modify the document and improve it.

As participants answer questions and perform tasks, the interviewer can watch for any behavior that might reveal something about the reader's ability to read, understand, or navigate through the document. The behavior might be a facial expression, a period of elapsed time as the participant attempts to figure out the task, a sigh or a smile.

These observations can sometimes tell the interviewer more about how someone reads and uses the document than the answers to questions. For example, if it takes a full minute for someone to read a short paragraph, the interviewer may suspect that the reading level is too high. If three or four people have the same difficulty, the interviewer may recommend that the paragraph be revised to correct the problem.

## **FULL-SCALE TESTING: PROFESSIONAL INTERVIEWS**

Full-scale testing means testing by an experienced researcher after careful preparation. Usually the researcher is not also the writer or designer.

### **Preparing the questions**

The researcher prepares a test protocol, or guide, containing questions and tasks that zero in on the most important potential problems in the material. Each interview might last an hour or even

a little more, and the researcher may test several documents in that time. The protocol is piloted in advance of testing, to make sure the questions work to identify problems (if any) in the documents.

### **Recruiting participants and finding a test site**

The organizer recruits ten to fifteen participants per round of testing, in advance. They are screened according to a clearly defined demographic profile that matches the target audience.

The organizer identifies a test site that's convenient for participants and schedules interviews at times of the day that are suited to work and child care schedules. The interview rooms are chosen to provide privacy for researcher and participants.

The participants receive an incentive—usually money—to compensate them for their time, travel, and child care expenses.

Careful attention to transportation problems and other logistics, together with reminder phone calls, makes it more likely that the participants will show up for the interviews—and show up on time.

### **Conducting the interviews**

Each interview lasts about an hour. The researcher asks the questions that are in the protocol, but also probes for more information when he thinks the participant might elaborate on an answer.

The researcher takes notes during the interview and makes further notes immediately afterward to capture any additional observations, suggestions, or comments of particular interest that weren't captured before.

### Analyzing the data

After the testing is over, the researcher analyzes the data and prepares a written report. The researcher's past experience in testing and data analysis will help assure that he or she correctly identifies potential problems. He or she may also make recommendations for revisions.

Very often a second or even third round of testing will be conducted during the materials development process before the last revisions are made.

### Covering the cost

Full-scale testing can be expensive. For each round of testing, the costs include the researcher's time for preparation, interviews, data analysis and reporting; the cost of recruiting; the cost of a test site; the cost of preparing the test documents; and incentives for participants.

## **SMALL-SCALE TESTING: TESTING ON A SHOESTRING**

Small-scale testing is "seat of the pants" testing and should be done (1) when there are no resources for full-scale testing, or (2) as a prelude to full-scale testing.

Small-scale testing is typically conducted by interviewers who are not experienced researchers, with fewer participants, and with little advance planning and organization. The interviewer may even be the writer.

Small-scale testing is a significant compromise in quality. Nevertheless, it's extremely important to open your mind to feedback from consumers, and some testing is a lot better than none at all. You never want to be so busy or so sure of yourself that you neglect to include the people for whom you're writing in the process.

### Preparing the questions

Identify what is most important for readers to understand in the document. Prepare three or four questions and test them in advance with one or two people who are not immediately involved in the project.

You can prepare open or closed questions, and even ask the participant to perform tasks.

- **Open questions** invite longer answers and ask for the participant's opinions or feelings. For example, *Tell me in your own words what you think this means, or Why do you prefer this version instead of that one?*
- **Closed questions** ask for information, and can usually be answered by a word or short phrase. For example, *How many children do you have?* or *When did your children first start getting Medicaid?* By asking one or two closed questions, the interviewer gives the participant a chance to answer something quickly and relatively easily.
- **Tasks.** Interviewers can ask participants to perform tasks within the interview. For example, *Please turn to the income section of the application and fill out the first question.*

The interviewer will see right away whether that participant finds the application easy to navigate and will then find out whether she can answer the questions easily.

### **Recruiting participants and finding a test site**

Find a place where consumers congregate—perhaps your waiting room. Look for a private room with a door where you can conduct the interviews.

Recruit at least five participants per round of testing. Ask prospective participants one or two questions to find out whether they're in the demographic group you're targeting, for example *What was the last grade you completed in school?* You want to find participants who have limited literacy skills and weed out those who don't.

### **Conducting the interviews**

As the interviewer, you need to be able to put participants at ease, listen to them carefully, and observe their behavior closely without interrupting or leading them.

Explain the purpose of the interview to participants—it's a test of the document's readability, not the participant's reading skills. Ask for ten or fifteen minutes of the participant's time.

Ask the prepared questions and take notes, recording the participant's answers and anything else that you think will be useful information.

During the interviews, do not explain the material if the participant seems confused, defend the material if the participant criticizes it,

prompt the participant if she's slow to answer, or speak to fill uncomfortable silences. Watch, take notes, and learn.

When you're done, thank the participant, and offer some kind of incentive if possible—for example, a movie pass or a gift certificate.

### Analyzing the data

To analyze the data, note when participants could not find, read, understand, or do something, and use your experience and the intensity of the responses to make a judgment about whether or not the material should be revised—and if so, how. *How* hard was it for them to read? *How* confused were they? *How* hard was it to find something?

While you're not solely counting numbers of like responses, if you get the same type of response from several participants you can be pretty sure that there's a problem with the material.

Make revisions, and conduct another round of testing to make sure you've solved the problem. If you haven't, keep trying.

### Covering the cost

The cost of small-scale testing is minimal. The only extra expenses (over and above the labor cost for anyone who writes the questions, recruits, or conducts interviews) should be for incentives to offer participants.

## TEST ALL LANGUAGE GROUPS

The last word in this section is about materials that are translated into languages other than English. Don't neglect them (or their future readers) during the testing process. Find someone who can speak, read, and understand the languages, and who is otherwise qualified to do the interviews. Test those materials too, to make sure they're going to serve the population they're designed for.





# Translation

High quality translations—translations that are culturally and linguistically adapted for the consumers who are (or might be) in your program—are necessary for effective communication with clients who don't read English. Just as poor quality English documents can create barriers to understanding services and program access, the same is true for documents in other languages.

It's easy to neglect translation or conclude that any translation is better than none at all. It's especially easy if you speak and read English only and can't evaluate the quality of translations by reading them.

But there's no good excuse for letting your foreign-born consumers down. They've got plenty of other things to learn about in this country, and many adjustments to make. They need clear information about access to health care and health insurance.

## **PREPARE FOR TRANSLATION FROM THE BEGINNING**

It's important to prepare for eventual translation as you're developing English language documents. If you think about your foreign-born clients as you write, you can avoid or explain references that might confuse them. You can also avoid colloquialisms, jargon, and complex sentence structures that might make translation difficult.

## TRANSLATING IS A SPECIALIZED SKILL

Translation is the process of writing the content of the original document in the target language. A good translator will produce a well-written translation, and a poor translator will produce a poorly written translation.

Translators learn to do what they do by studying translation techniques. Every good translator is a good writer, but not every writer is a good translator. And certainly not every good speaker is a good writer or translator.

You need a *good* translator, so resist the urge to get your friend, or colleague, or someone on the call center staff, or someone else who *speaks* (but may not *write*) the language to do translations.

Beware also of translation by computer—either translation software or translation over the internet. So far, none is capable of producing well-written translations, and no machine can write like a person.

## ADAPTATIONS

A good translator knows how to read and absorb the content of the original document and then adapt the text in the target language, at the desired literacy level, using appropriate cultural references. This process of adaptation is quite different from a word-by-word, or literal, translation. If a translation is literal it will almost always be awkwardly phrased, and it may be very hard or even impossible to

understand. Most times words and phrase in one language don't translate exactly—word for word—into another language.

## USE A PROFESSIONAL TRANSLATOR

Here's how to find a good translator:

- Check the translator's résumé and references. See if she is experienced in writing for readers with limited literacy skills.
- Ask if she translates literally or by adaptation.
- Ask for samples of the translator's work, and have them evaluated by an independent translator for correctness of grammar and punctuation, cultural relevance, and good writing at the appropriate literacy level.

Once you've found a good translator, talk to him or her about how you'll work together. Decide ahead of time what process you will use to resolve disagreements about certain words or phrases.

Prepare a glossary for the translator with words that you want translated in a specific way, or not translated at all (such as the program name).

Plan for quality assurance. To do that, you might want to prepare a checklist of important elements for the translator, such as:

- *Are there any grammar, spelling, or punctuation errors?*
- *Is the text adapted for readers with limited literacy skills?*
- *Are the illustrations and examples culturally appropriate for the target audience?*

When your quality assurance person, or anyone else (staff, consumers—everyone’s an editor!) makes a suggestion about changing a word, discuss it with your translator. Remember, the translator is the qualified person. The translator should consider the change and tell you why it should or should not be made. Sometimes the issue boils down to simply a choice of words, with either word being acceptable in the document.

Every once in a while it’s a good idea to take a random sample of the translator’s work and ask another qualified translator to evaluate it, using your checklist.

## **FORMATTING THE TRANSLATION**

Once a translation is complete, it should be formatted so that it looks the same as the original (or as close as possible). Formatting is not explicitly part of the translator’s responsibilities, although many translation companies make arrangements with graphic designers to format their clients’ work. Check to see what arrangements your translator has made for formatting, if any, and be aware that there’s a separate charge for this service over and above the translator’s fee.

If you do the formatting in house, send the formatted document back to the translator for a final proofing to make sure the person who formatted didn’t drop a word or change a number.

## TEXT EXPANSION

Remember that many translations take more space on the page than the English originals. You can count on a Spanish translation taking approximately twenty-five percent more room.

Text expands, or is longer, in translated documents than in the English original if:

- The other language is more descriptive than representative. For example, in Hmong many concepts are explained, not represented by a word or phrase.
- The other language doesn't use the standard Western, Cyrillic, and Greek fonts, as in Arabic and the Chinese/Japanese/Korean and Southeast Asian languages.
- The fonts don't correspond in size to the fonts chosen for the original.
- There are abbreviations in the original but not in the translated document.
- The translator adapts the content to suit the literacy level of readers, and in doing so uses more words.

If the person doing the formatting crowds the longer text into the same size pages, translated documents (Spanish, for example) will be crowded and very hard to read. Instruct the designer to develop a template which can accommodate text expansion, and talk to the mailhouse about the effect on printing and mailing costs.



# Afterword

The process of developing client-centered materials is filled with many compromises. Stakeholders have competing goals and constraints, and the end results will not please all of the people all of the time.

Those of you who are determined to develop materials that communicate effectively with the broadest possible audience speak for your clients. Even if you don't reach each and every goal, you're bound to make a difference. Something will be better than it used to be, and it will be better still the next time it's revised.

And because of you, more clients will realize improved health literacy, and more people will understand what it is that consumers need and deserve.

Thanks to: Christina Zarcadoolas, Jeanne McGee, Fran Ellington, Joan Winchester, Bonnie Henderson, Jennifer Lane, and Héctor Gayón

Designer: Brian Canada/Illustrategy



### For more information

For more detailed information about simplifying program materials, we suggest:

McGee, Jeanne. *Making Written Material Clear and Effective, PART 1: Guidelines for Writing, Design, and Translation*. Baltimore, MD: Centers for Medicare and Medicaid Services (federal document number to be assigned).

McGee, Jeanne. *Making Written Material Clear and Effective, PART 2: Methods for Testing Material with Readers*. Baltimore, MD: Centers for Medicare and Medicaid Services (federal document number to be assigned).

Both are forthcoming in early 2006. For information on how to get a copy, contact the author at (360) 574-4744.