

1996

# Writing effective pamphlets: a basic guide

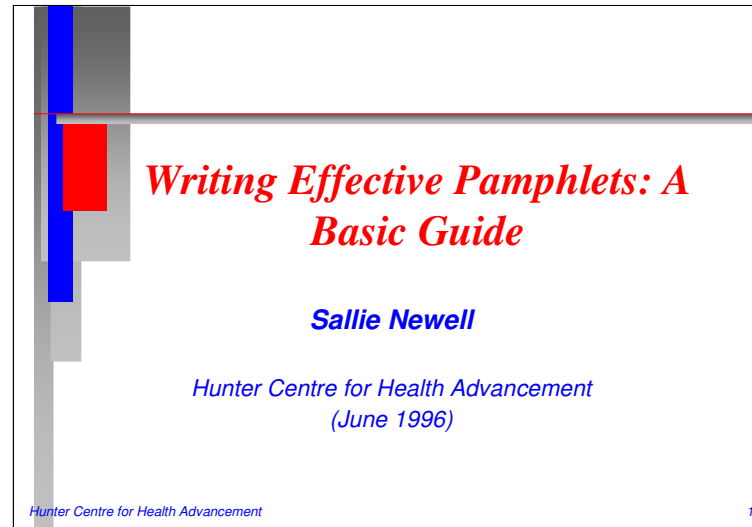
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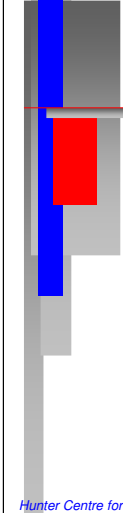
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The aim of today's seminar is to provide you with a basic guide to writing pamphlets which will have the best possible chance of proving effective. The information I'll be presenting is summarised in the manuals you've been given.

What I'd like to do is to run through the basic principles of writing pamphlets. Then, we'll have a go at writing a pamphlet - hopefully on a topic from one of you.



### *Popularity of Pamphlets*

- *Easy & quick to produce*
- *Cheap to produce & distribute*
- *Millions distributed every year*
- *Address most health issues*
- *NSW Cancer Council used > 1.3 million in 1992-3*

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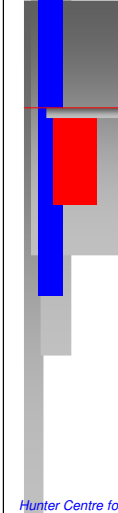
As you're all probably aware, pamphlets are one of the most popular forms of intervention used in the field of health promotion.

Likely reasons for their overwhelming popularity are that they are relatively easy, quick and cheap to produce and distribute.

Literally millions of pamphlets are distributed in Australia every year.

They are used for most health issues.

The NSW Cancer Council alone distributed over 1.3 million pamphlets in the 1992-3 financial year.



### *When Should I Use A Pamphlet?*

<ul style="list-style-type: none"><li>■ <b>More Effective</b><ul style="list-style-type: none"><li>• <i>for improving knowledge</i></li><li>• <i>for changing attitudes</i></li><li>• <i>when used with other interventions</i></li><li>• <i>for early adopters</i></li><li>• <i>for patients</i></li><li>• <i>for high-risk groups</i></li></ul></li></ul>	<ul style="list-style-type: none"><li>■ <b>Less Effective</b><ul style="list-style-type: none"><li>• <i>for changing behaviour</i></li><li>• <i>when used alone</i></li><li>• <i>for late adopters when used for general population</i></li></ul></li></ul>
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However, pamphlets are not always an appropriate intervention. Therefore, the first step to designing an effective pamphlet, is to decide whether or not it's an appropriate intervention for what you hope to achieve.

Reviews of the literature have shown that pamphlets are more effective at improving knowledge and changing attitudes and less effective at changing behaviour.

Similarly, pamphlets are more likely to be effective if they are used as part of a complex intervention than if they are used alone.

They are also more likely to be effective if they are aimed at early adopters rather than late adopters. Is everyone familiar with the concepts of early and late adopters? If not, explain briefly.

Finally, pamphlets tend to be more effective when aimed at patients or specific high-risk groups than when they are aimed at the general population.



**McGuire's Communication Persuasion Model**

■ *People need to....*

- *be exposed to the message*
- *attend to it*
- *be interested in it*
- *comprehend it*
- *acquire any necessary skills*
- *yield to the message*
- *retain and retrieve it*
- *engage in the behaviour*

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Now, assuming that you have decided that a pamphlet is appropriate for what you hope to achieve. According to McGuire's Communication Persuasion Model, there are 8 steps involved in using educational materials to try to change people's behaviour.

First, they need to be exposed to the message - so you need to be sure that your pamphlets reach your target audience.

Then, people need to attend to it and to be interested in it - so you need to make sure that it catches people's attention and interest.

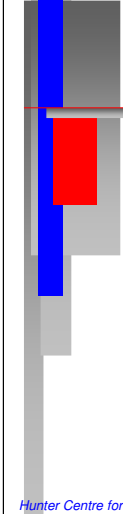
Next, they need to be able to comprehend the message - so you need to make sure that the message is clearly stated in language that the majority of your target audience will be able to understand.

The pamphlet also needs to provide people with any skills necessary for them to be able to engage in the desired behaviour. This may be as simple as telling them where to go to have a mammogram.

Your pamphlet also needs to contain information to increase the likelihood of people yielding to the message.

Your message should also be presented in such a way as to make it easily identified and remembered.

Finally, the pamphlet needs to provide sufficient incentive to encourage your target audience to engage in the desired behaviour.



*Issues to Consider*

- *Maximising receipt and readership*
- *Maximising comprehension*
- *Maximising retention of main message*
- *Maximising behaviour change*

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Fortunately, McGuire's 8 steps can be simplified into four key issues that you should consider when developing your pamphlet.

read off OH

## *Maximising Receipt & Readership*

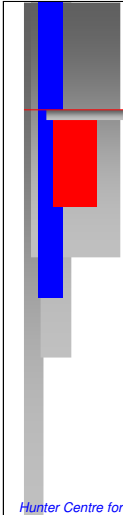
### ■ *Main distribution methods*

- *Mailing out*
  - *electoral register*
  - *clinic records*
- *Health care providers*
  - *GPs*
  - *community health workers*
  - *hospital staff*

First, let's concentrate on maximising the receipt and readership of the pamphlet.

Both of these are, at least partly, determined by the method of distributing the pamphlets.

The two most commonly used distribution methods are mailing the pamphlets to people - via the electoral register or from clinic records - or having them given out to patients by health care professionals, such as GPs, community health workers and hospital staff.



## *Maximising Receipt & Readership*

- *Health care provider distribution...*
  - better recall of receipt*
  - higher retention rates*
  - no difference in readership*
  - usually slower*
  - can be more credible*
- *...than mailing out*

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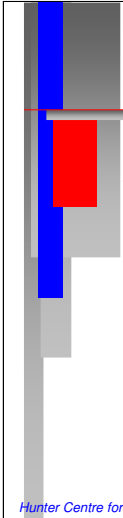
Although relatively little research has been done in this area, there is some evidence that distribution by health care provider tends to result in higher proportions of people recalling receiving the materials. This difference is likely to be largely due to the fairly high rate of inaccuracies in most of the databases used for mailing materials.

Distribution by health care professional also tends to result in higher proportions of people reporting having kept the materials although it doesn't seem to have a major impact on the readership of the materials.

The major disadvantage of this form of distribution is that it is usually much slower method than mailing the pamphlets. For example, GPs are the most visited health professional and still only about 70% of the Australian population visit a GP within a 12 month period.

So, you'll need to weigh up these issues when considering how to distribute your pamphlets.





## *Maximising Receipt & Readership*

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### *Alternative Distribution Methods*

- *Children*
  - *Schools*
  - *Kindergartens*
- *Elderly people*
  - *Nursing homes*
  - *Bowling clubs*
- *People at high risk of HIV*
  - *Gay bars*
  - *Needle & syringe exchange*

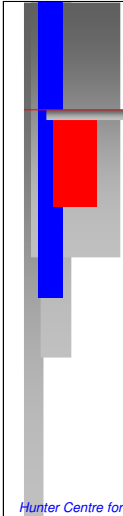
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You should also think about your target group and whether there are any other convenient methods of distributing the pamphlets to them. For example, if your pamphlet is aimed at children, you may consider asking schools or kindergartens to distribute them for you.

Similarly, nursing homes or bowling clubs may represent good access points for elderly people.

And you could try gay bars and needle and syringe exchanges if you were targeting people at high risk of HIV.



## *Maximising Receipt & Readership*

- *Maximising the credibility of mailed pamphlets*
  - *Use personally addressed envelope*
  - *Use ordinary mail*
  - *Seek endorsement from appropriate bodies*
  - *Include credible organisation on envelope*

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If, after considering your other options, mailout remains the most feasible method of distributing your pamphlets, there are some strategies you can use to maximise the credibility of your pamphlet.

First, people are more likely to read them if they come in personally addressed envelopes through the ordinary mail than if they are addressed to “the householder” or just dropped in the letterbox.

Other strategies are to seek endorsement from appropriate bodies - such as the Cancer Council for cancer-related materials - and trying to include the name of the credible organisation on the envelope.

*Maximising Comprehension*

- *Use short words*
- *Use short sentences*
- *Use the active voice*
- *Use the positive voice*
- *Check the reading age*

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The second issue you had to consider was maximising comprehension of your pamphlet.

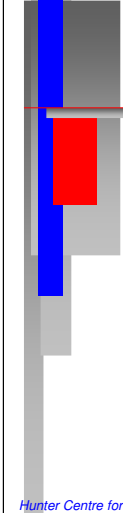
Five main strategies have been found to improve the comprehensibility of written education materials:

Using short words and sentences: in standard writing, there are an average of 17 words per sentence and 147 syllables per 100 words - so about 1½ syllables per word.

Next, using the active voice: ie - “Your family doctor can check your blood pressure.” as opposed to “Your blood pressure can be checked by you family doctor.”

Also, using the positive voice: ie - “You should quit smoking.” instead of “You shouldn’t smoke.”

Finally, you should ensure that the pamphlet requires a low reading level: this tends to follow on naturally from the previous strategies but you should always check it.



## *Maximising Comprehension*

- *Indicators of readability*
  - *N words per sentence*
  - *% sentences in passive voice*
  - *Flesch-Kincaid grade level*

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The manual includes instructions for how to use a tool in Word to assess the readability of your pamphlet. You are basically interested in three issues:

- the number of words per sentence (aim for less than 17)
- the percentage of sentences written in the passive voice (aim for 0%)
- and the Flesh-Kincaid Grade Level (aim for 6 or less).

The Flesh-Kincaid Grade Level is based on the average number of syllables per word and of words per sentence. The grade levels roughly correspond to years of schooling. For example, people would need at least a Grade 8 level of education to be able to read a pamphlet with a Flesh-Kincaid Grade Level of 8.

## Maximising Comprehension

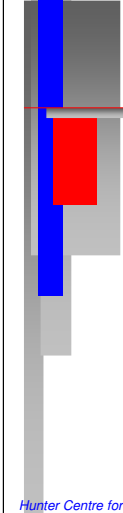
<b>Flesch-Kincaid Grade Level</b>	<b>Defintion</b>	<b>% can comprehend</b>
4	very easy	90
5	easy	86
6	fairly easy	80
7 - 8	standard	75
9 - 10	fairly difficult	40
11 - 14	difficult	24
15 - 16	very difficult	2

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As you can see, standard writing is generally classified as Grade 7 to 8 and is expected to be comprehended by about 75% of the population. We tend to try to achieve a Flesch-Kincaid grade level of 6 or less, making our pamphlets accessible to at least 80% of the population.

Of course, you need to consider your specific target group and their likely reading ability. For example, elderly people tend to have less formal education - so, if you are writing a pamphlet for them, you may aim for an even lower grade level.



*Maximising Retention of Main Message*

- *Decide main message first*
- *Keep it simple*
- *Only a few key points*
- *Use recall-enhancing techniques*

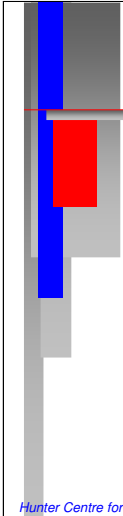
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The third issue to consider when developing a pamphlet is how to maximise people's retention of the main message.

The best way of ensuring that people grasp the main message of your pamphlet is to put it first and to keep it simple. Don't include too much information. Before you start writing, sit down and consider the key points: try to keep it to a maximum of five - and write a brief piece of information addressing each key point.

Having decided on the information you want to include, there are a number of recall-enhancing design techniques you can use.



## *Maximising Retention of Main Message*

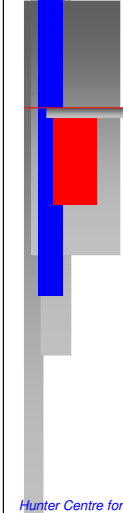
- *Recall-Enhancing Techniques*
  - *Use a title*
  - *Put key points first*
  - *Repeat key points*
  - *Visually emphasise key points*
  - *Use question-based paragraph headings*
  - *Avoid symbols*
  - *Use illustrations*

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Seven techniques have been found, in the literature, to improve people's ability to identify and/or remember the main messages of written materials:

1. Using a title which clearly explains the materials.
2. Putting the key point first.
3. Repeating the key points.
4. Visually emphasising the key points - ie: bolding, underlining, using colour, etc.
5. Using question-based paragraph headings.
6. Avoiding the use of symbols.
7. Using illustrations - try to make them as appropriate to your target group and topic as possible



### *Maximising Retention of Main Message*

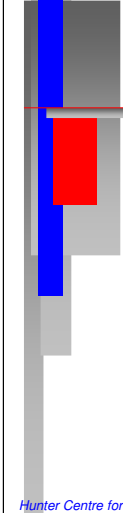
- *Other common sense practices*
  - *use an appropriate font size*
  - *use 1½ spacing*
  - *use space between paragraphs*
  - *make headings stand out*

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These techniques have been tested and found effective. However, you should also use your common sense when developing a pamphlet. For example, don't use anything less than a 12 pitch font - if you can't fit all your text onto the page, reduce the text, not the font size. If you are targeting elderly people, you may need to use a larger font size - to allow them to read it without straining their eyes. Similarly, it's best to try to use 1½ spacing and to spread out your paragraphs - if it's too cluttered, people just won't read it.





## *Maximising Behaviour Change*

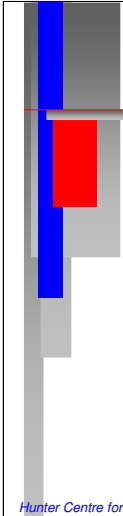
- *Apply models of behaviour change*
  - *Health Belief Model*
  - *PRECEDE-PROCEED Model*

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The final issue to consider when developing pamphlets is ways of maximising behaviour change.

As with any other attempt at behaviour change, the standard behaviour change models can be applied to written education materials. Two of the most commonly-used models are the health belief model and the PRECEDE-PROCEED model.



## *Maximising Behaviour Change*

- *Health Belief Model*
  - *Severity*
  - *Susceptibility*
  - *Benefits*
  - *Costs*

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According to the Health Belief Model, the likelihood of an individual engaging in a desired health behaviour is related to four factors:

- how severe that person perceives the related disease to be
- their perception of their personal susceptibility to the disease
- the perceived benefits associated with engaging in the behaviour
- and the perceived costs associated with engaging in the behaviour.

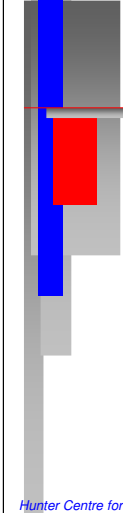
Therefore, you should address each of these issues in your pamphlet.

## *Maximising Behaviour Change*

- *Health Belief Model - Example*
- *Getting women over 50 to have mammograms*
  - *1 in 12 women get breast cancer (severity)*
  - *risk increases with age (susceptibility)*
  - *higher chance of cure and breast conservation (benefits)*
  - *time taken - < ½ hour (cost)*

For example, if we were developing a pamphlet to encourage women aged over 50 to have mammograms,

- we could state the lifetime risk of breast cancer to indicate the severity of the disease
- to promote personal susceptibility, we could remind the women that the risk of breast cancer increases as they get older.
- among the benefits to emphasise are the fact that breast cancers detected through mammographic screening have a higher chance of being cured and less chance of requiring a total mastectomy.
- finally, as mammograms are free for these women, the main cost associated with having a mammogram is the woman's time. Therefore, we would emphasise how little time it takes to have one.



## *Maximising Behaviour Change*

- *PRECEDE-PROCEED Model*
  - *predisposing factors*
  - *enabling factors*
  - *reinforcing factors*

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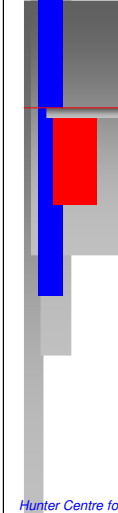
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The PRECEDE-PROCEED model of health promotion suggests that three types of factors influence the uptake and maintenance of any health behaviour.

These are

- predisposing factors, which increase or decrease the individual's motivation to change;
- enabling factors, which help or hinder the individual's attempts at behavioural change
- and reinforcing factors, which increase or decrease the likelihood of a behavioural change being maintained.

Therefore, you should also try to incorporate information relating to each of these factors in your pamphlet.



## *Maximising Behaviour Change*

- *PRECEDE-PROCEED Model - Example*
- *Getting women over 50 to have mammograms*
  - *up-to-date techniques & equipment, x-rays double-checked (predisposing)*
  - *it's free, where & when available (enabling)*
  - *can join reminder service (reinforcing)*

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Sticking with the same example,

- predisposing factors would include ensuring women of the efficacy of mammograms at detecting breast cancers. So we could assure them that they use up-to-date techniques and that all Xrays are checked twice.
- enabling factors include things like telling the women where and when they can get a mammogram and reminding them that it's free.
- finally, reinforcing factors would include things like the reminder service they can join when they attend for their first mammogram.