

TOOLKIT for Making Written Material Clear and Effective

SECTION 3: Methods for testing written material with readers

PART 6

How to collect and use feedback from readers

Chapter 1

Introduction to Toolkit Part 6

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services



TOOLKIT Part 6, Chapter 1

Introduction to Toolkit Part 6

Background on the Toolkit		1
What is Toolkit Part 6 about?		2
Why get feedback directly from readers?		6
How can you use th	ne results from feedback sessions?	g
How can you use T	oolkit Part 6?	11
End notes		11
List of figures in t	his chapter:	
Figure 6-1-a.	Examples of problems you can discover by doing reader feedback sessions	Δ

This document is the first of 19 chapters in Part 6 of the *Toolkit for Making Written Material Clear and Effective*. The Toolkit has 11 Parts. It was written for the Centers for Medicare & Medicaid Services (CMS) by Jeanne McGee, McGee & Evers Consulting, Inc. The guidelines and other parts of the Toolkit reflect the views of the writer. CMS offers this Toolkit as practical assistance to help you make your written material clear and effective (not as requirements from CMS).

Background on the Toolkit

Toolkit Part 6, *How to collect and use feedback from readers*, is a step-by-step guide to methods of testing written material with the intended readers. It is part of the *Toolkit for Making Written Material Clear and Effective*. To provide context for this guide to methods of testing, we begin by describing the Toolkit as a whole.

What is the Toolkit?

The *Toolkit for Making Written Material Clear and Effective* is a health literacy resource (see Toolkit Part 1). It's a detailed and comprehensive set of tools to help you make written material easier for people to understand and use.

This Toolkit is from the Centers for Medicare & Medicaid Services (CMS) and it is oriented toward the programs administered by CMS. These programs include Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). In this Toolkit, we focus on material in printed formats that is written for people with Medicare or Medicaid and the parents or guardians of children with coverage through CHIP. These "CMS audiences" are culturally, linguistically, and demographically diverse, and they include significant numbers of people with low literacy skills. Much of the discussion in the Toolkit also applies to material that is written for those who work with or assist members of CMS audiences. To give just a few examples, this includes material written for family members of people with Medicare, outreach workers, agency staff, community organizations, and care providers.

As indicated by the title, this Toolkit promises to help you make your written material clear and effective. By "clear and effective," we mean that it must attract the readers' attention, hold their attention, make them feel respected and understood, help them understand the main messages, and help move them to action. This definition of "clear and effective" reflects the reader-centered approach of the Toolkit. This approach stresses the need to learn about your audience of intended readers and the benefits of actively involving them in the development and testing of your material. The more you understand your intended readers, the more responsive you can be to their information interests and needs, and the more successful you will be in motivating them.

The Toolkit has 11 parts that cover a broad range of topics to help you evaluate, write, design, test, and translate written material. It takes a reader-centered approach and provides detailed guidelines for writing in clear and simple language, using graphic design to help readers understand the text, and translating material from English into other languages in a culturally appropriate way. Written in non-technical style for people with limited time and resources, this resource includes many practical tips and examples to help you understand and apply the guidelines and other suggestions it offers.

What is Toolkit Part 6 about?

This part of the Toolkit, Part 6, gives you step-by-step guidance on how to collect and use reactions from readers to improve written material. It's a book-length guide with 19 chapters on methods of testing. We teach you how to conduct "feedback sessions" with people who represent the intended readers of your written material. These sessions will help you look at the material from your readers' point of view, making it easier for you to identify and remove barriers to your readers' attention, comprehension, and use of the material.

What happens in a feedback session?

In a feedback session, you sit down with readers, show them the written material, and get their reactions to it. During the session, you are collecting evidence to help you judge how well the material is working and how it might be improved. To collect this evidence, you need to get readers to engage with the material in ways that reveal which parts are attracting their attention, how they are interpreting what they read, and whether they find it appealing and useful. Here are the methods we teach you to use:

- "Think aloud." You encourage readers to share whatever comes to mind while they are going through the material, and listen carefully to what they say.
- Ask questions. In all of your feedback sessions, you will be asking questions to get readers to reveal how they are reacting to the material and what they think it is about. For example, to check on how well they understand the material, you can ask them to say in their own words what they think it's about. You will also use questions to follow up on what people say about the material, to clarify and to get them to give a more specific response.
- Give them tasks to perform. To test the "usability" of the material, you can give readers a task to perform, such as looking up a particular topic, using the information it contains to make a decision, or filling it out if it's a form. By giving readers tasks to perform, you find out whether they can actually use the material for its intended purpose.
- Watch what they do with the material. When you are getting feedback from readers, you can get insights by observing their behavior. For example, you can take note of what they look at first in the material, where they hesitate or linger, and which parts they skip. You can also watch for non-verbal cues such as smiles, frowns, or wrinkled brows.

[A note on terminology: You may have heard other names for the methods we have just described. These four methods are the ones used in "cognitive interviewing," an approach that is often associated with

3

testing of survey questions (for example, see Willis, 2005; Presser et al., 2004). The method of giving tasks for the reader to perform is the main method used in an approach called "usability testing," which focuses on assessing ease of use (for example see, Dumas & Redish, 1999) Usability testing is often associated with the testing of websites (for example see, http://www.usability.gov). Since this Toolkit is written in non-technical style for people without a formal research background, we keep our terminology simple and inclusive. "Feedback session" is the general term we use to mean collecting readers' reactions to written material. For purposes of this Toolkit, a feedback session might include any or all of the methods of cognitive interviewing and usability testing.]

What can you learn from readers?

Getting readers' reactions to written materials is informative and fascinating. By watching and listening carefully to readers, you can learn about the background, experiences, and assumptions they are bringing to the task of reading the material. The feedback you get will demonstrate the active ways in which they seek meaning in what they read (see Toolkit Part 2, *Using a reader-centered approach to develop and test written material*).

As you listen to readers and watch what they do, you will find out what is working well with the material and what is not. When your goal is to make improvements, it's especially helpful to identify what isn't working well. For example, in your feedback sessions, readers may stumble over words you assumed they would know, or struggle to make sense of something you thought would be perfectly clear. They might show little interest in the messages you are trying to stress, react negatively to a color scheme, be put off by the tone of the material, or misinterpret the advice you give. Figure 6-1-a below gives some real-life examples of the types of things you can learn when you sit down with readers and show them your material.

Figure

6-1-a. Examples of problems you can discover by doing reader feedback sessions.



Readers can interpret words and images in ways you don't anticipate

- A man is participating in a feedback session to give reactions to a pamphlet about hospital discharge planning. When he sees a photo of an empty hospital bed, he is alarmed. Since the bed is empty, he figures the patient has died. But actually, the people who created the pamphlet had picked the photo of the empty bed to indicate that the patient got better and went home sooner.
- A woman is reading a brochure about children's preventive health care services. She skips over an entire section after glancing at a photo. When the interviewer asks why, she explains that when she saw the picture of the baby, she knew that she didn't need to read that part because her children are not babies anymore.
- A woman is looking at the table of contents for a booklet about choosing a Medicaid health plan. Intrigued by an entry that says, *What do the stars tell you?*, she wonders why a booklet about health care would be saying something about movie stars or horoscopes. Turning to page 6, she is surprised to find a chart filled with star symbols that show ratings of the health plans she can choose from.
- The interviewer shows a member handbook that describes health benefits and services. The title is *Evidence of Coverage*. The man who is giving his feedback on the handbook says this title makes him uneasy. It makes him think of courtrooms and legal paperwork, and that he might have to prove something. He tells the interviewer that if he got the booklet in the mail at home, he would not even open it.





Folding a piece of written material in an unconventional way can cause problems

A man is reading a pamphlet about diabetes care, but he misses most of what's inside the pamphlet because he never opens it up all the way. He doesn't realize that the pamphlet has been folded twice in an unusual way that requires people to open it like a book, and then lift up to reveal the rest of what's inside. He opens it like a book and doesn't notice that it's still folded. Since he doesn't lift up the fold, he misses all of the information that is buried under the fold.



Navigation and reference skills you take for granted might be unfamiliar to your readers

- A woman is reading a health plan member handbook and sees the words, "Look in the appendix for more about this." She is perplexed, because, as she tells the interviewer, an appendix is something doctors take out during an operation.
- A man is reading a Medicaid application form and he notices a little star at the end of a sentence. He doesn't search for the footnote, because he's not familiar with asterisks or footnotes. He tells the interviewer that he figures the little star is there to tell him that the word right next to it is pretty important.



Source: Adapted from feedback sessions conducted by the Toolkit writer and by members of the CAHPS I reports team, researchers on a CMS project, and researchers on a project for the MAXIMUS Center for Health Literacy.

Interviews or group sessions?

When you are getting readers' reactions to written material, you can work with them individually or in small groups that are sometimes called "focus groups." Although focus groups are better known and more widely used than interviews, this Toolkit emphasizes using individual interviews. Interviews provide privacy and greater flexibility than group sessions, and they work better for many feedback purposes (see Toolkit Part 6, Chapter 6, Should you do individual interviews or focus groups?). If doing feedback sessions is new for you, you'll find it easier to do a one-on-one interview than to manage the complex

interaction of a focus group discussion. In addition, depending on how you design your sessions and recruit the participants, interviews can be a more efficient and cost-effective choice.

Emphasis on printed formats

To keep the scope manageable, all parts of the Toolkit focus on written material in printed formats. This means that Toolkit Part 6 focuses on methods for testing material that people read in a printed format (typically, printed on paper). This could include booklets, posters, pamphlets, comparison charts, and other types of written material that tell about the CMS programs or about health-related topics. It also includes written material that asks the reader to give a response, such as enrollment forms, health history questionnaires, or satisfaction surveys.

It's beyond the scope of this Toolkit to cover ways to test material that people read on a computer screen while they are online. Reading something while you are online is quite different from reading something in a printed format (see Toolkit Part 8, *Will your written material be on a website?*). However, websites are sometimes used as a way to distribute written material that has been designed specifically to be downloaded, printed, and then used as a printed document. Once you have printed the file, the written material is in print format, and so the methods we describe can be used to test it with readers.

Why get feedback directly from readers?

Just because material is widely used does not guarantee that it is working well for the people who use it. A large body of evidence shows that much health-related written material is too difficult for its intended readers, and the consequences can be serious (Agency for Healthcare Research and Quality [AHRQ], 2004; Institute of Medicine [IOM], 2004; National Library of Medicine [NLM], 2004; Rudd, Kaphingst, Colton, Gregoire, & Hyde, 2004; Schwartzberg, VanGeest, &Wang, 2005). To be sure that your written material is clear and effective, feedback from readers is a powerful and indispensable tool. It's the most meaningful way to assess written material.

Feedback from readers is the gold standard of evidence on whether your written material is clear and effective.

7

This Toolkit gives you detailed guidelines to help you write and design material that is clear and effective (see Toolkit Parts 3, 4, and 5), and warns about the pitfalls of relying on readability formulas to judge the suitability of written material (see Toolkit Part 7, *Using readability formulas: a cautionary note*). But the ultimate test of whether your material is clear and effective is the reactions you get from readers.

No matter how carefully you create or select written material, it's the intended readers who decide whether the material is worth reading, and whether they can understand and use it. This means that feedback from readers is the "gold standard" of evidence on how well your written material is working. **Ultimately, nothing else matters much if the intended readers find the material unappealing, hard to understand, or unusable**. Since readers' reactions let you know what is not working well, they are, by definition, the best evidence about what needs to be improved.

Doing feedback sessions to get reactions directly from readers will give you valuable insights that are hard to get in any other way. Here are just a few examples:

- Testing material with readers helps you catch problems that can affect the quality and outcomes of medical care. For example, during a physical therapy session, therapists often show patients a series of new exercises and then give them written instruction sheets for reference at home. If patients forget what they were shown, and do the exercises incorrectly because the written instructions are not clear, it can impede their recovery. Reader feedback sessions would reveal this type of problem. For example, you could hand the instruction sheet to the participant during an interview, and ask him or her to do the exercise that is pictured. What if only half of the participants are able to do the exercise correctly just from reading the instructions, and several do it in a way that makes their injury worse? Without the feedback sessions, you might not know.
- Feedback from readers lets you know whether they find the material culturally acceptable. Readers' reactions are the ultimate test of whether the materials are culturally acceptable. If the written material is not culturally acceptable, it's a waste of time and money to produce it, because people will not use it. For example, an Asian person with diabetes who generally eats Asian foods will find it hard to relate to a diabetes nutrition guide that shows only western foods in its guidelines and examples. You would identify this problem very quickly if you showed a draft version of the diabetes nutrition guide to readers of different cultural-linguistic backgrounds.
- Getting feedback from readers will show you the variation in how readers approach written material, which reminds you to be realistic in what you assume. When you work on developing written material, it's tempting to assume that your intended readers will start at the beginning, notice everything, and read it from beginning to end. But after you have done feedback sessions where you watch what readers actually do with the material, you'll find that this assumption doesn't hold. Observing a reader's behavior can help you find out whether the layout and organization are working well for the whole range of readers who have different ways of approaching and using the material.

■ Observing what readers do with the material can give you important clues about possible problems. For example, if you are watching closely, you may notice that most readers skip over the top part of a particular page. This behavior by readers is a clue that maybe there's a problem with the top of this page. For example, is there something about the layout or design that is causing people to overlook that part of the page? Are they skipping it deliberately due to lack of interest in the topic? Or are they skipping it because it uses words they don't know and it looks hard to read?

When you are a skilled reader yourself, you tend to forget how intimidating written material can be to some people. You can also forget that just because you think the material meets a real need doesn't automatically mean that your intended readers will, too. Typically, there will be many gaps between you and your intended readers. You will likely differ in subject matter knowledge, literacy skills, attitudes and assumptions about the subject matter, and views about the usefulness and importance of the material (see Toolkit Part 2, Figure 2-b, *Common differences between those who create written material and the readers who use it*).

When the gaps between you and your intended readers are large, it can be hard for you to see the written material from your readers' point of view. And if it's hard to see the material from your readers' point of view, it's easy to end up writing the material for the audience you know best, which is you and others like you. For example, clinicians who are creating patient education material about asthma may think it's best to start by showing cross-sections of airways that are swollen and irritated. Starting with anatomy works well for clinicians, but it generally doesn't work well for patients (see Toolkit Part 4, Chapter 2, Figure 4-2-b, Six ways to organize and present information). By letting you see your written material from the reader's perspective, doing feedback sessions will help keep you from creating material that works well for you but not for your intended readers.

Benefits to you and your organization

The skills and experience you gain by doing reader feedback sessions will help you produce suitable materials in a more efficient and cost effective way.

- The insights and the skills you develop and refine by learning directly from readers will carry over into your other projects. The more you watch, listen, and learn from readers, the more you will be able to see the written material from their point of view. This will change the way you look at information materials and sharpen your skills.
 - O People from your organization might want to sit in on a feedback session to see for themselves how readers react to the written material. Or they may watch a videotape or listen to an audiotape of the interview later on. This first-hand experience can be especially helpful to writers and graphic designers who have had little direct exposure to readers who are engaged in using the materials they have created. Whether the comments

- are positive or negative, it is compelling to hear them directly, in people's own words. Many find it quite enlightening to watch and listen.
- o Whatever your background and purpose in collecting readers' reactions, the more you do it, the more insights you will gain about what it takes to make written materials clear and effective for a particular audience. Building your skills can save you time and money. As you learn to anticipate more accurately what will and will not work well for readers, it will become easier and more efficient for you to produce or select materials that are clear and effective.
- Readers' reactions provide compelling evidence to convince others that a document isn't working well. When feedback from readers reveals problems with written material, sharing the themes and anecdotes of this feedback can help you make the case to others in your organization that it's time to make revisions. Hearing readers stumble over an acronym or misinterpret a sentence can be more convincing than hearing a staff member say that the material needs rewriting. Sharing feedback from readers is a powerful way to mobilize support from others and get a commitment for the resources you need to make revisions.

How can you use the results from feedback sessions?

Here are three ways to apply what you learn by getting feedback directly from your intended readers:

1. To guide the development and revision of the material

If you are developing written material, getting reactions from readers at an early stage will help you understand what information they really want and need. Readers' reactions to draft versions of the material can help you spot problems, and their reactions may give you ideas about how to fix these problems. Once you've made revisions, it's helpful to get more feedback from readers to see how well the changes are working and to make sure that you didn't create any new problems.

2. To evaluate materials and pick the most effective ones

If you are evaluating written materials, you can use readers' reactions to help select the ones that work best with the audience you are trying to reach. Getting reactions from some representative members of the intended audience will tell you which of the materials are culturally appropriate and easiest for people to understand and use.

3. To identify areas of potential confusion so that you can clarify them when you give the written material to clients or patients

If you give forms, handouts, instruction sheets, or other written material to clients or patients, you want to be sure that this material is clear and effective. You can use the methods in this book to find out first-hand from your clients or patients how well they can understand and use the material. If their reactions reveal any problems, there are several options. You may be able to select other written material that works better, or make revisions to clear up areas of confusion. If not, perhaps you can figure out ways to compensate for the weaknesses that you have identified. For example, instead of just handing the material to your clients or patients to read later on their own, you can take a moment to go over it with them and offer clarifications or additional explanations. It may help to add a few handwritten notes of clarification as you discuss the material with them.

Improved communication can lead to many good outcomes

Whether you use reactions from readers to improve materials, to evaluate them, or to adapt how you use them with people, the **immediate benefit** is the same: more effective communication with the people you are trying to reach. Improving communication by making written materials exceptionally clear and effective can lead to a number of good outcomes. These include direct monetary savings and other less tangible benefits that occur when the materials are successful in helping to change readers' behavior. These benefits vary depending on the information and its purpose, and the impact on behavior. Dollar savings can result from such things as reductions in unnecessary care, administrative paperwork, and staff time. For example, information materials can contribute to better health outcomes and more cost-effective care when they influence women to show up for prenatal care in their first trimester, or when people stop smoking, or children wear bike helmets. When information helps enrollees understand how to use their Medicare managed care organization to get specialty care or after-hours care, enrollees have fewer questions and misunderstandings, which means fewer calls to customer service, less need for problem solving or personal assistance, and less frustration for everyone.

As we explain in the next chapter on planning your project, you can include an evaluation component to help document the benefits of producing effective written materials. This documentation will help demonstrate the value of investing in sessions with readers.

How can you use Toolkit Part 6?

How you use Toolkit Part 6 depends on your role and the written material you work with:

- If you have never done sessions with readers to get their reactions to your written material, we hope to convince you of the value of getting feedback directly from readers, and give you the encouragement and information you need to begin.
- If you have experience working with readers to get their reactions to written materials, we hope to give you some fresh insights and useful tips on technique. For example, if you generally rely on focus groups as your method, this part of the Toolkit shows you how individual interviews can work better than focus groups for many purposes.
- If you supervise the people who develop written materials, or you hire outside consultants to do this work, this part of the Toolkit will help you understand the value of incorporating reader feedback sessions in the development process and show you some cost-effective ways to do it.
- If you use handouts or other written material in your work as a care provider or patient educator, you can use the techniques we teach in this book to get feedback from your clients or patients on the materials you are using. This feedback will help you determine how well the written materials are working and identify places where you may need to offer additional explanation or clarification when you talk with your clients or patients.

End notes

Acknowledgments

CMS joins the Toolkit's writer, Jeanne McGee, PhD, in thanking the many individuals, government agencies, and other public and private organizations that contributed ideas, shared experiences and knowledge, reviewed drafts, provided critical feedback, and offered suggestions for improving this part of the Toolkit. Toolkit Part 6 benefited enormously from their contributions.

Special thanks to the wonderful group of people who worked with the Toolkit writer on cognitive interviewing projects done during the early years of the CAHPS Intergrantee Reports Teams, including

TOOLKIT for Making Written Material Clear and Effective SECTION 3: Methods for testing written material with readers PART 6: How to collect and use feedback from readers

CHAPTER 1: Introduction to Toolkit Part 6

Elizabeth Hoy, Shoshanna Sofaer, David Kanouse, Lauren Harris-Kojetin, Judy Hibbard, Susan Kleiman, Kristin Carman, Mark Spranca, Lee Hargraves, and others. Thanks also to the project officer, Chris Crofton, and the Agency for Healthcare Research and Quality, for their strong support of consumer testing as a way to improve written material.

Special thanks as well to many other people, including Mark Evers, Penny Lane, Melissa Barker, Len and Ceci Doak, Ginny Redish, Tina Wright-Raburn, Mercedes Blanco, Chris Zarcadoolas, Holly Smith Mirenda, Judy Mohr-Peterson, Martha Kudela, Pamela Dardess, Kelly Devers, Roger Levine, Maureen Maurer, January Angeles, Lily Clark, Erica Eisenhart, Karen Frazier, Rebecca Matthew, Charlotte Chang, Heather Onuma, Helen Osborne, Margaret Gerteis, Fred Manske, Karen Peterson, and Wendy Mettger.

Finally, the guidance offered in Toolkit Part 6 on methods for testing written material with readers reflects things the writer has learned by conducting dozens of focus groups and hundreds of interviews to get feedback on written material. Many thanks to the people who participated in these sessions.

References cited in this chapter

AHRQ (Agency for Healthcare Research and Quality)

2004 Literacy and health outcomes. AHRQ Publication No. 04-E007-2. Prepared by RTI International—University of North Carolina Evidence-Based Practice Center. Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 540 Gaither Road, Rockville, MD 20850. Available on website: http://www.ahrq.gov/downloads/pub/evidence/pdf/literacy/literacy.pdf (accessed September 8, 2006).

Dumas, Joseph S. and Janice C. Redish

1999 A practical guide to usability testing. Revised edition. Portland, OR: Intellect Books.

IOM (Institute of Medicine of the National Academies)

2004 *Health literacy: A prescription to end confusion*. Institute of Medicine of the National Academies, Committee on Health Literacy, Board on Neuroscience and Behavioral Health. Lynn Nielsen-Bohlman, Alison M. Panzer, and David A, Kindig, Editors. Washington, D.C.: National Academies Press.

NLM (National Library of Medicine, National Institutes of Health)

2004 *Understanding health literacy and its barriers*. Prepared by Marcia Zorn, Marin P. Allen, and Alice M. Horowitz. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. National Library of Medicine, Reference Section, 8600 Rockville Pike, Bethesda, Maryland 20894. Available on website: http://www.nlm.nih.gov/pubs/cbm/healthliteracybarriers.html (accessed September 8, 2006).

Presser, Stanley, Jennifer M. Rothgeb, Mick P. Couper, Judith T. Lessler, Elizabeth Martin, Jean Martin, and Eleanor Singer

2004 *Methods for Testing and Evaluating Survey Questionnaires*. Hoboken, NJ: John Wiley & Sons.

Rudd, R., K. Kaphingst, T. Colton, J. Gregoire, and J. Hyde

Rewriting public health information in plain language. *Journal of Health Communication*, 9 (3), 195-206.

Schwartzberg, Joanne C., Jonathan B. VanGeest, and Claire C. Wang

2005 Understanding health literacy: Implications for medicine and public health. Chicago, IL: American Medical Association.

Willis, Gordon B.

2005 *Cognitive interviewing: A tool for improving questionnaire design.* Thousand Oaks, CA: Sage Publications.

CHAPTER 1: Introduction to Toolkit Part 6

To view, save, or print all or parts of this Toolkit from your personal computer, visit http://www.cms.gov and select Outreach & Education.

CMS Product No. 11476 September 2010



