

HorizonS
HORIZONS

COMMUNICATION GUIDEBOOK

For Serving Diverse Communities
Outreach to the Asian-American and Pacific Islander
Medicare Beneficiary





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HORIZONS

Health Outreach Information Zeroing in On Needs

Mission

To extend the reach of the *Medicare & You* education campaign to people with barriers to accessing information due to language, literacy, location, or culture.

Vision

All people with Medicare know and trust *Medicare & You* information and resources.

Information Needs

HORIZONS is an integrated and coordinated project, executed at both the national and local levels, for meeting the following information needs:

- **Recognition information:** Information that is *accurate, reliable, understandable, and relevant*, persistently presented to create sustained awareness of the availability of information and assistance.
- **Proactive information:** Information on topics about which CMS wants to increase beneficiary and public understanding.
- **Responsive information:** Information that responds to public interest or inquiry.
- **Crisis management information:** Information in response to unforeseen events.

Target Audience

People of Asian-American and Pacific Islander ethnicity and culture who are currently enrolled in Medicare, those who are aging into Medicare, their caregivers, and those who work on their behalf.

Supporting Research

The information and recommendations in this guidebook are based on analysis of U.S. Census data, available CMS data, and formative research conducted for the HORIZONS project, including the development and testing of product prototypes. The analysis and research were conducted during the period 1999-2002 by the Center for Beneficiary Choices in CMS, working with Magna Systems, Inc. Magna is a management, consulting, and information systems firm specializing in health and human services, with extensive experience working with Asian-American and Pacific Islander (AAPI) populations.

The consumer testing and other formative research consisted of expert panels, focus groups, and in-depth interviews. Such qualitative research cannot be assumed to automatically apply to the larger AAPI senior population. However, the guidance presented in this document reflects those results that were supported by available quantitative research data or that were so consistent as to be likely to reflect the views of the larger group. We have taken some care to note when findings and recommendations are based primarily on qualitative data.

While this research focused on the AAPI population age 65 and over, the recommendations may also prove helpful for communication with younger Medicare beneficiaries who have a disability.

What You Will Find in the Guidebook

Outreach to the Asian-American and Pacific Islander Medicare Beneficiary summarizes lessons learned from the HORIZONS initiative in the form of recommendations for developing and disseminating information products for Asian-American and Pacific Islander (AAPI) Medicare beneficiaries. Initial efforts have focused primarily on Chinese-American Medicare beneficiaries because of the significant number of elderly individuals in this population with communication barriers due to language and culture.

We provide design guidelines for creating print materials, radio and television public service announcements (PSAs)¹, educational videos, and outdoor/alternative media, in translated, transcreated and bilingual formats. “Transcreated” materials have been not merely translated but created using an idiom, tone, and graphic look appropriate for the specific ethnic or national group.

The section on dissemination strategies describes effective approaches for distributing materials to the target audience, including recommendations for partnering with key organizations for the elderly AAPI population.

The research section of the guidebook presents recent information on residential living patterns and epidemiological data for certain AAPI groups. This section also contains in-depth demographic information from Census 2000 and a summary of HORIZONS research findings. Also included are a list of key community-based organizations serving the Chinese-American community and an annotated bibliography.

Drawing on our HORIZONS project work, we provide prototype Medicare informational materials for media channels including print, television, and radio. **This guidebook is designed as a one-stop information source for successful outreach to the elderly AAPI population, particularly Chinese Americans.**

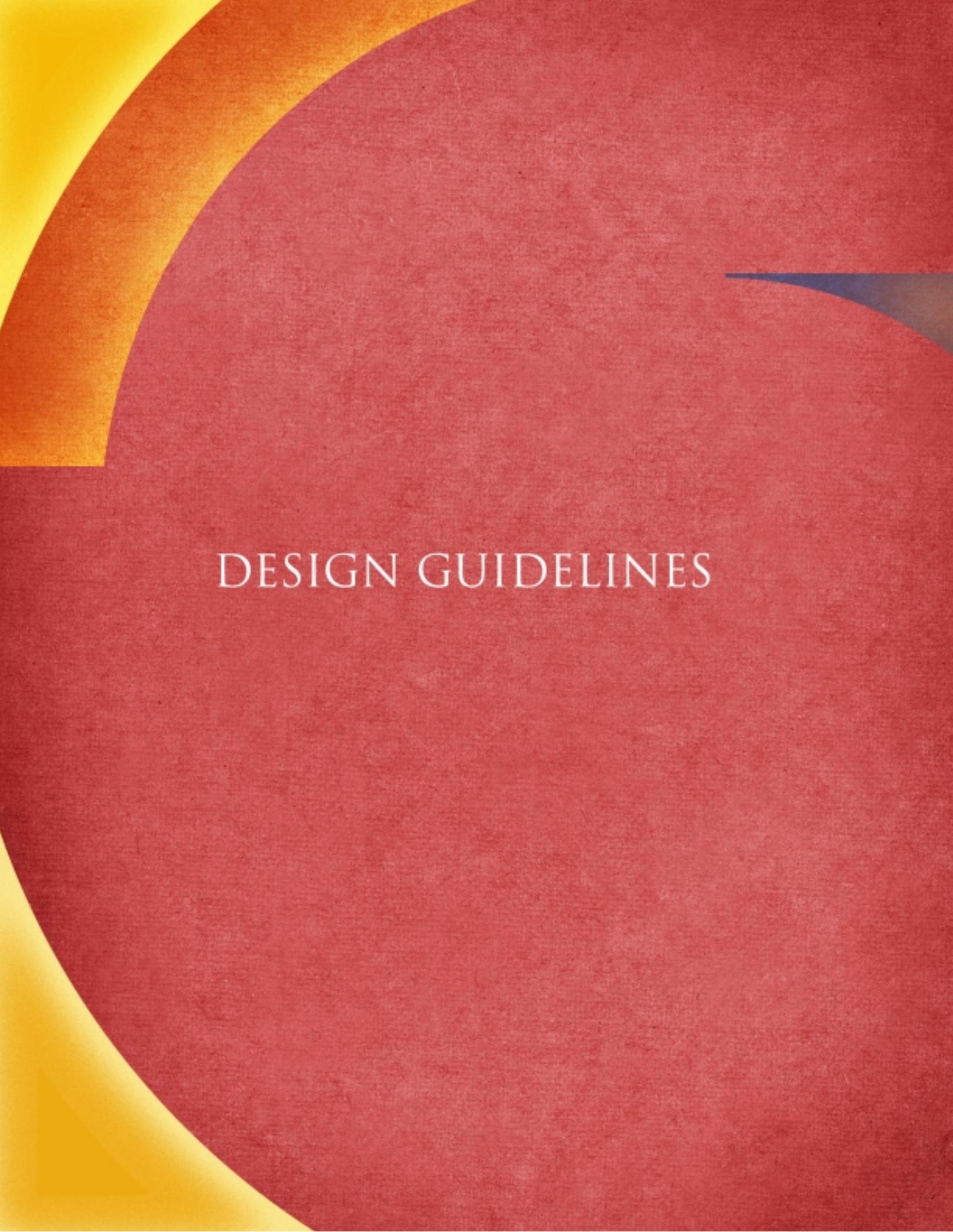
1. The terms “public service announcement (PSA),” “commercial,” “advertisement,” “ad,” and “spot,” may be used interchangeably throughout this document in referring to an information product developed for radio or television broadcast. The section on Media Placement at No Cost or at Discount provides guidance on obtaining free and paid air time.

Additional CMS Resources

CMS licenses a powerful marketing and planning tool called “Market Expert,” which aides in targeting specific populations. The tool can target populations by **demographic variables** (such as race, ethnicity, income, and age), **health status and access variables** (such as likelihood of having diabetes, high blood pressure, and eldercare decision making), **risk factor variables** (such as likelihood of getting a flu shot, smoking, and exercising regularly), **consumer lifestyle variables** (such as likelihood of owning a vehicle, insurance, and advertising preferences), or **media variables** (such as use of magazines, radio/TV/cable timeslots and formats, internet, and telecommunications).

Market Expert contains over 3,000 reportable variables. Many of the reports can be supported by thematic maps that show market sub-areas with the highest propensity to use various services, or the most likely return rate for a marketing campaign. Market Expert can be used to target populations at many geographic levels including county, zip code, or neighborhood.

The Market Expert tool is available as a free resource to CMS and its contractors for CMS related work. For more information, please contact Jodi Duckhorn at 410.786.1820 or JDuckhorn@cms.hhs.gov .



DESIGN GUIDELINES



Design Guidelines²

The diversity among Chinese-American seniors presents unique challenges to designing appropriate print materials. For example, **while written Chinese is fundamentally uniform, several dialects interpret certain characters, idioms, and phrases differently**, depending on the reader's region of origin. This section of the guidebook describes effective techniques for designing communication materials that accommodate the needs of this diverse population.

Living arrangements and length of stay in this country often influence how and where Chinese-American seniors receive Medicare information. The length of time Chinese-American seniors have spent in the United States often relates to their reading level, ability to access health and social services, familiarity with and trust in government services, and receptivity to Medicare information. Many Chinese-American seniors are independent but live in self-contained communities (i.e., Chinatown) where English is not necessarily required and where knowledge of available health and social services and lifestyle options is limited. At the same time, there are independent Chinese-American seniors who immigrated many years ago and are better informed, more comfortable with English, and therefore more likely to seek and use health and social services. Still others live with

Living arrangements and length of stay in this country often influence how and where Chinese-American seniors receive Medicare information.

2. When using this guidebook, CMS employees also should refer to agency guidelines, including clearance and budget requirements, for communication products and services. CBC employees should also refer to the CMS Communications Guide.

their children and depend on family to provide information and counsel. HORIZONS focus group research indicates that the **extended family is a traditional source of assistance** for Chinese Americans as well as other AAPI senior populations.

The following guidelines for communicating with AAPI Medicare beneficiaries take these factors into account. They are also consistent with the HORIZONS research finding that, **for AAPI seniors who do not speak English well, “word of mouth” and oral presentations are often the most effective means of delivering information.**

A. Print Products

We convened several focus groups and panels to find out how Chinese-American seniors responded to existing, transcreated, and newly-developed print materials. (See Research section.) Such qualitative information cannot be assumed to represent the views of the larger Chinese-American beneficiary population. However, the feedback on the overall format and layout of the tested print materials was unanimous in many respects and likely to reflect the views of the larger group. On that basis, we provide the following recommendations regarding design and format of print materials.

- **Design a simple, clean layout.**³ Adequate “white space” gives a clear, uncluttered appearance. It also draws attention to headlines and graphics that highlight important information, and provides a convenient area for user notes.
- **Use illustrations, photography, and other images to add interest and relevance.**⁴ Photos and illustrations must be culturally sensitive and representative of the intended audience in terms of demographics, physical appearance, and cultural elements. Check with your organization to identify photos that resonate with the AAPI audience.
- **Simplify complicated information with graphics.**⁵ Tables, charts, diagrams, and other graphics should be pre-tested to ensure that they accomplish the objective to make difficult information easier to understand.
- **Use appealing and culturally-appropriate colors on the cover and in the body of the product.** Chinese-American seniors prefer bright, cheerful colors. Pastel tints of basic colors such as red, green, blue, and orange also are appropriate, as well as various shades of purple. Deep or dark shades of blue, brown, black, and green should be avoided because this population views them as too serious or unattractive, and sometimes associates them with death.
- **Include a glossary to help the reader understand medical and Medicare terminology.** Define or explain difficult terms using a sixth-grade vocabulary level. Brief definitions should be placed at the bottom of the page for easy reference; a more comprehensive glossary can be included at the back of a brochure. Our testing of 253 medical/Medicare terms with Chinese seniors in six cities confirmed that most terms (57 percent) are not clearly understood by this population.

3. CMS staff should research if there is an existing product on their topic that may be used or modified.

4. For CMS staff, there are specific ways to purchase images so that CMS may continue to use them.

5. CMS graphics professionals are available to assist CMS staff.

- Use an appropriate font size and style. A small font size is uninviting and can be intimidating. Moreover, many Chinese-American seniors are visually impaired and unable to read small type. Respondents suggested that an Adobe Chinese font "Ling Song" or a traditional font such as Taipei, and a text size of 14 pt would be optimal.
- **Add prominent sub-headings to aid comprehension.** Focus group participants and panelists consistently suggested using sub-headings in a color, bolded, or underlined.
- **Provide publications containing a large volume of information, such as the *Medicare & You* handbook, in a single, bound format.** While some focus group participants commented that smaller brochures allow for quicker, easier access to information, most found a comprehensive reference book to be more practical. Include a table of contents with clearly marked sections to make it easy to find specific information.

B. Bilingual Format and Low Literacy

The mission of the HORIZONS project is to provide easily understood Medicare information to people of diverse ethnic or cultural backgrounds with barriers to receiving mainstream healthcare messages. This audience includes people who are enrollees, caregivers, and others who work on their behalf. While the reading ability of this group varies considerably, many Chinese-American Medicare beneficiaries require assistance from community organizations, healthcare providers, social workers, family members, and friends. To reach the greatest segment of this audience, **materials should be written using simple language, at a fourth- to sixth-grade reading level** (HORIZONS Project, Nationwide Demographic Report, September 2002).

Whenever possible, printed materials for Chinese-American beneficiaries should be

Whenever possible, printed materials for Chinese-American beneficiaries should be conceived and developed in-language, that is, in beneficiaries' non-English language.

Focus group respondents overwhelmingly preferred bilingual printed materials.

conceived and developed in-language, that is, in beneficiaries' non-English language. All communication is based in culture. Therefore, the most effective information products typically are created by someone from the culture of the target audience in its preferred language. Translating existing English-language materials is seldom the best way to communicate. However, translation can facilitate production of an information product and is often the most practical approach.

In direct translation, problems may arise when terms with specific policy-related meanings are not easily translatable. In some cases, a literal translation may be confusing and unacceptable. Therefore, **when translating a document, the writer must have enough flexibility to contribute a cultural perspective that ensures accuracy.** For example, a Chinese direct translation of the term "oral cancer drugs" mistakenly conveyed the idea of drugs for oral cancer, rather than the intended meaning: cancer drugs taken by mouth. The most useful translations, then, are adaptations that retain the true essence of the term and communicate it in a meaningful and easy-to-understand manner. Likewise, "brand-name drug," should be translated to a commonly used Chinese term equivalent to "famous-factory drug," rather than the literal translation, which is "popular brand drug." **Make every effort to ensure that translations of Medicare and medical terms are used consistently across all publications.**

Focus group respondents overwhelmingly preferred bilingual printed materials. While the majority of these Chinese-American seniors were more comfortable with their native language, they preferred materials printed in both Chinese and English because they often depend on others who are fluent in English for information and advice. Qualitative research to evaluate various Medicare publications (see Research section) suggested that beneficiaries and caregivers alike believe that the original English information is more reliable than the Chinese version. However, bilingual readers

can clarify meaning by having the English text side-by-side with the translation. They feel that the Chinese-English format is especially helpful in understanding the meaning of difficult sections with uncommon/medical terminology. Focus testing with Filipino, Samoan, and Chamorro participants elicited similar reactions.

Medicare program and plan names should remain in English. For example, it is better to use “Medicare Part A” or “Part B” than a Chinese translation of those terms. If a Chinese definition or explanation is included, it should follow in parenthesis immediately after the use of the term. When fictitious names are used, a Chinese surname such as “Mr. Liu” should be chosen rather than a phonetic translation of an American name.

Avoid using colloquial Chinese. While the goal is to make publications user-friendly and easy to read, Chinese seniors view the use of overly informal phrases as inappropriate for a government publication.

C. Radio and Television Public Service Announcements (PSAs)

The key to effective communication is to understand and connect emotionally with the audience. Ideally, PSAs for radio, television, and other audiovisual media should be conceived and developed by a “creative team.” A creative team comprises two or more professionals working in the area(s) of marketing, advertising, communications, graphic design, interactive design, etc. The team may include a graphic designer, copywriter, art director, and proofreader, who may be employed in advertising agencies or design firms, or may be self-employed freelance professionals. Representatives from community-based organizations who are knowledgeable about a culture can be included in a creative team. Alternately, advertising companies that specialize in working with a particular population can handle the project. Business directories are good resources for identifying such companies. “Multicultural Marketing Resources,” “American Association of Advertising Agencies (AAAA),” “Asian American Advertising Federation,” and “Association of Hispanic Advertising Agencies” are examples of organizations that may have specialized advertising agencies as members. When you contact the radio or television station, ask about the possibility of working with the specialists on staff or for a referral to an appropriate firm.

Once the objective of the PSA has been decided, the first step is to prepare a *creative brief*. This one-page document outlines the information necessary to create a concept, script, and storyboard. It contains a brief description of the assignment and the expected outcome and includes a:

- *Situation overview* – the current environment in which the message will be introduced,
- *Prospect profile* – a brief description of the target audience, which may include demographic and *psychographic*⁶ information, perceptions of the product or service, motivators, and other key insights,

6. Psychographic information relates to the psychological and emotional needs and motivations of a targeted population segment, used as a resource in designing interventions.

Back-translations should not be evaluated or revised just to reflect correct English, but should be carefully checked to assure that the meaning is conveyed accurately.

- *Message strategy*, and
- *Rationale*.

The creative brief provides the “marching orders” for the creative team as it documents key information and begins to create the PSA. Throughout this process, the creative brief is a checkpoint to ensure strategic integrity and adherence to the agreed-upon guidelines. It minimizes subjectivity and the tendency to evaluate concepts on the basis of personal preference.

An important step in the creative team’s development of PSA scripts is *back-translation*. This is the process of using a different translator to translate the Chinese (or other language) script back into English, to validate the accuracy of the content. Back-translations should not be evaluated or revised just to reflect correct English, but should be carefully checked to assure that the meaning is conveyed accurately.

The creative team will usually present the client with a recommended concept and one or two options. The agenda for the *creative presentation* generally consists of:

- Review of the creative brief
- Highlight of key consumer insights that affect the creative development
- Description of the layouts, storyboards or scripts for each option
- Recommendations and discussion

It is critical to obtain feedback on the concepts from the target audience. This is generally done through qualitative research using focus groups, triads, or expert and stakeholder panels. Qualitative research should be used directionally, that is, to provide feedback that can be used to improve the material. The PSA is presented to members of the target audience, and their reactions are analyzed to assess the message communicated, how it is received, and the degree to which it motivates the desired behavior.

Focus groups can be used effectively to test newly-developed audio products to ensure that the message is accurate and attention-getting. (See Research section.) For example, findings from HORIZONS focus tests, supported by standard advertising principles, provide the basis for the following recommendations for producing a Chinese-language PSA:

- **Since there are several Chinese dialects, PSAs should be produced in several versions.** At a minimum, spots should be recorded in Cantonese and Mandarin.
- Use soft, discreet background music. **Many elderly persons are hard of hearing, so minimize any distractions, including sound effects, that distract from the main message.**
- The professional talent selected should reflect the target population. The audience's ability to identify with the announcer or actor fosters the perception of a personal bond and a sense of relevance of the message to their own lives.
- Voices should project authority and confidence. However, it is also important to communicate empathy, humility, sincerity, and respect.
- **The use of celebrities for PSAs or commercials is generally not effective.** Few Chinese-American celebrities in the United States have the “star power” to motivate Chinese seniors by delivering a health or Medicare message.
- Local talent, such as newscasters, may be more effective in motivating Chinese-American seniors. Other effective spokespersons might include highly-respected and well-known physicians and community leaders.
- Talent (professional actors) used in Medicare spots must be union members and paid scale. The 1947 Taft-Hartley Act specifies that nonunion talent may be employed once, but that the second time the talent is used, he or she must join the union and pay dues. Both the ad agency and client are liable for any indiscretion relating to talent fees. Residuals and usage fees are negotiated according to the time period the commercial will be in use, the number of markets it will be played in, the type of media, and overall reach of the media. It is cheaper to negotiate on talent and for maximum usage before the project starts.
- *Direct-response* spots should include a call to action a minimum of two times. Phone numbers or web site addresses should be clearly and slowly stated, then repeated twice if time permits.

D. Outdoor and Alternative Media

Consider using outdoor and alternative media channels in an ethnic media campaign. These non-traditional media outlets can augment mass media channels by targeting hard-to-reach sub-segments of a population.

Outdoor advertising – billboards, bus shelters, bus boards and benches, subway boards, and “wallscapes” – is an excellent way to penetrate a specific market. Outdoor advertising is cost-effective because it provides wide reach and frequent repeated exposure. Outdoor advertising can be purchased in areas with high-density

Direct mail to the Chinese market can be an effective way to communicate, but the challenge of identifying reliable and updated lists can be an obstacle.

ethnic populations or on transit routes in and out of high-density ethnic neighborhoods. For this reason, outdoor advertising is considered a targeted medium despite its wide reach.

While in the early stages of designing the product, call the billboard, bus, subway, or train companies in the target area and ask which locations or routes are available for advertising. Plan to produce an additional quantity of an item (10 percent recommended) to allow for possible damage during installation and the need to periodically repost the product.

When creating any form of outdoor media, keep in mind these tips for design:

- Don't use more than six words; more than this takes too long to read.
- Keep the concept very simple.
- Be sure the type is clear, large, and easy to read.
- Use one large graphic to focus the viewer's attention.
- Make sure the board or poster is illuminated if it receives a lot of drive-by traffic.
- For a subway poster, be sure it is located in a high-traffic area.

Direct mail is perhaps the most targeted communication channel for effectively reaching Chinese-American seniors. Throughout our research for the HORIZONS project, respondents consistently mentioned direct mail as the most preferred and convenient method to receive information. While response rates for direct mail usually average 1 to 3 percent, highly targeted campaigns in ethnic markets result in responses of 2 to 4 percent. Direct mail to the Chinese market can be an effective way to communicate, but the challenge of identifying reliable and updated lists can be an obstacle. Lists of Chinese names are available but are usually compiled through general population sources, segmented by surname. The names may be purchased from direct mail companies or database

management firms. They can also be purchased or borrowed through media or related organizations, but sometimes it is difficult to evaluate the accuracy of lists provided by such sources. Additional formulas combining first names are used to determine Chinese households, but there is still a large margin of error. **Direct mail is most effective in the Chinese market when beneficiaries or prospect lists already exist or are compiled through a special promotion designed to build a database.**

The **Chinese Yellow Pages** telephone directory is a relatively reliable and much-used resource in Chinese households and has a long shelf life. The Yellow Pages are not for listing commercial businesses only. They also publish, free of charge, information related to useful and educational topics, for example, community-related information, travel guides, citizenship information, and articles on medical topics. Chinese Yellow Pages are available in 6 markets: Chicago, Boston, Houston, Los Angeles, New York, and San Francisco.

While our research suggested that Internet usage is virtually non-existent among Chinese-American seniors, **the Internet may be considered an effective media channel for their caregivers.** More than 70 percent of the general AAPI population use the Internet, the highest rate of any ethnic group, of whom 65 percent are 25 to 54 years old. The Internet is extremely flexible. In addition to providing information, content can be designed to engage users in activities that raise their interest level. Significantly, the Internet is one of the few media that can be measured and analyzed through audited research. Sina.com and Chinese Yahoo are the two most popular Chinese-American portals, averaging more than a million hits per day.

Home videos or movie rentals provide a unique opportunity to reach the AAPI market, including beneficiaries and caregivers. PSAs can be inserted on popular rental videos selected for their appeal to a specific audience. Drama series, music and variety shows, game shows, and movies all are imported from China, Hong Kong, and Taiwan and distributed through a nationwide network to more than 300 Chinese video rental outlets. According to research by the Allison-Fisher International LLC, 52.4 percent of Chinese-Americans in Los Angeles and San Francisco watch in-language videos at home. It is possible to insert a spot at the beginning (or end) of the video to inform the viewers about specific Medicare-related information.

Distribution of materials at locations frequented by Chinese-American seniors could augment traditional media programs. Work with local community-based organizations, national and regional associations, churches, and temples to identify gathering places where Medicare and other healthcare materials can be posted and/or disseminated. Participation in health fairs and Chinese cultural festivals provides opportunities to interact with seniors and their caregivers, since most of these events are family affairs attended by people of all ages. **Chinese supermarkets are frequently gathering places for Chinese and other AAPIs.** Information can be disseminated in shopping bags or in-store kiosks; posters and other collateral advertising can publicize healthcare information or call-to-action messages.

E. Community Partnerships

The best method for reaching a target audience is through community-based organizations, community leaders, clergy, civic and business leaders, and other prominent individuals. Community leaders are experts on their constituencies and their needs. They can suggest the best leads for reaching the target audience – directly through the services at their centers, or through other community-based channels such as cultural events, health fairs, and festivals.

Community partnerships are critical for product development. For assistance in conducting HORIZONS product testing and other research, including focus groups, expert panels, and pilot tests (see Research section), we relied heavily on collaborative community partnerships. Outreach events organized through community channels are effective in reaching the target population. For example, in September 2000 we pilot-tested a Medicare brochure, “Choosing the Medicare Plan That’s Right for You” with Chinese seniors at the Moon Festival in Arcadia, California. We were able to collect information about seniors’ reactions to the brochure and to learn about their needs and preferences for receiving it.

Community partnerships may be formed between CMS and AAPI community organizations including AAPI senior citizen programs, volunteer and professional associations, churches and temples, and cultural and special interest groups. Chinese-American political leaders and organizations, for example the Association of Chinese-American Republicans and the Association of Chinese American Democrats, may help deliver bipartisan messages such as the availability of Medicare. **Effective community partnerships are built on knowledge of the population and community, access to community leaders and organizations, and the establishment of personal and organizational relationships.** Cultivating and maintaining contacts may involve visiting various centers and organizations, attending cultural events, as well as making active attempts to educate people on various CMS activities and initiatives that would impact them.



DISSEMINATION STRATEGIES

Dissemination Strategies

A. Media Placement at No Cost or at Discount⁷

Chinese media are often generous and cooperative in providing “bonus” spots for social marketing purposes. Broadcast media are required by law to air a certain number of *pro bono* PSAs. PSAs are often available at no cost for the following channels:

- Broadcast television, cable television, and radio
- Newspaper and magazine editorials on medical, government, and community issues
- Non-traditional channels, such as media-sponsored events and festivals.

However, as in the general market, the PSA may not be shown or played at peak viewer/listener times. For example, a television PSA may be aired only in very late hours.

With a paid government message on a topic such as Medicare, sometimes you can negotiate an additional communications schedule at no added cost. This may facilitate control over the air/view times. Typically, the goal is to negotiate for a comprehensive schedule that contains paid advertising and the donated PSA time and space, as well as vehicles such as interviews, “soft” news stories, and opinion editorials. The total impact of such a campaign will be far greater than its component parts. Some examples of media that offer these opportunities include:

- Television – Interviews, public relations coverage, billboards, and sponsorships
- Radio – Live-remote interviews, public relations coverage, and *tagged* announcements (usually 5- to 10-second announcements or advertisements)
- Print – Magazine and newspaper articles, including editorial pieces
- Media-sponsored community events

7. CMS employees are advised to coordinate media contacts with the Public Affairs Office, and must complete the necessary clearance process.

Generally speaking, in ethnic media, media discounts can be negotiated with every buy.

- Web site development and maintenance
- Distribution of brochures and other collateral materials

Generally speaking, in ethnic media, media discounts can be negotiated with every buy. “Media buy discounts” can be negotiated on the basis of:

- Volume of media spending dollars within a specified time period
- Value or size of the up-front committed media investment
- Bulk buys with special package pricing
- Total dollar amount placed in specific media by an agency
- Aggressiveness of the media buyer and the agency to get the lowest price
- Relationship between the media buyer and the media vendor

There are other, less direct types of discounts, including upgraded ad positions and guaranteed fixed positions. The flexible cancellation policies offered by Chinese broadcast media also have significant monetary value.

B. Community Partnering/Networking Opportunities & Key Organizations

An energetic outreach approach will uncover community partnership and networking opportunities at many levels. At the regional or national level, CMS regional offices might collect information on selected AAPI populations and their respective communities, including demographic information and pertinent community activities, such as Chinese New Year celebrations and the previously mentioned Moon Festival. National AAPI organizations, vernacular publications (such as *Asian Week*), AAPI health and human services-related web sites, and ethnic television and radio programs, are all good sources for identifying national and regional partnering opportunities.

The next level involves contacting statewide (or state-regional, such as Southern California) AAPI health and social service networks, community leaders and organizations, and other stakeholders.

It is essential to identify AAPI organizations, or other groups with access to AAPI organizations, target populations, and materials, as resources for disseminating your materials. Be sure your materials are relevant to the organization and the population it serves. Key organizations for disseminating materials to AAPI Medicare beneficiaries include AAPI senior citizens clubs, social groups, and health and social services programs. Other community resources include churches and temples attended by AAPI Medicare beneficiaries or their care-givers, as well as local AAPI social and cultural organizations, including clan, prefecture (regional), and "mutual assistance associations." Those unfamiliar with community organizations can find a listing in the Chinese Yellow Pages directory under "Community Service."

C. Successful Information Channels

In general, mass media represent a cost-efficient and effective means of communicating with Chinese populations. Since 83 percent of Chinese Americans prefer to speak Chinese in the home, their reliance on in-language information provided through Chinese media is correspondingly high. ("Ethnic Market Report," Market Segment Research & Consulting, 2000.) Consumer testing conducted for the HORIZONS project revealed that **the preferred media for Chinese Americans are, in order of importance: 1) newspapers, 2) television, and 3) radio**, which validates earlier research on the media consumption habits of this population.

Newspapers, therefore, should be the foundation of a mass media effort. They address a core need of Chinese-American seniors for written information. Information provided in the newspaper – the written word – is seen as credible and reliable.

It is essential to identify AAPI organizations, or other groups with access to AAPI organizations, target populations, and materials...

Broadcast media are key to reaching Chinese Americans with low literacy.

More than 75 percent of Chinese Americans read a Chinese newspaper (*Asian In-Language Light Vehicle Makes Image Study*, 2002). The most widely circulated newspapers are *Sing Tao*, read primarily by Cantonese-speaking Chinese, and *World Journal*, read primarily by Mandarin-speaking Chinese. The publications are distributed nationwide, some through subscriptions (mail) but most through newsstands. The “pass-along” factor, which is the number of times a publication gets passed on to another reader, is six times that of U.S. English newspapers. This is primarily due to the fact that Chinese newspapers are generally not delivered to the home but obtained at newsstands or other retail outlets, including restaurants. A restaurant may purchase a newspaper that is then passed on to restaurant patrons.

Broadcast media are key to reaching Chinese Americans with low literacy. This group tends to receive fewer healthcare services and to have less access to information about health programs such as Medicare (*Asian In-Language Light Vehicle Makes Image Study*, 2002). Television is a high-impact medium for this population segment. Television commercials created in-language and in-culture tend to produce positive results, particularly on measures of awareness and motivation. Viewership of Chinese-language television is high but varies by geographic market and accessibility; news and drama programs consistently draw high viewership. Currently only one station – the International Channel – provides national coverage through cable, reaching about 156,800 Chinese Americans and effectively covering 32 markets (areas with high population concentrations). In-depth data and analysis of viewership trends among AAPI populations may be found in the “HORIZONS AAPI (Asian American and Pacific Islander) Targeted Demographic Report” (April 2002).

Chinese-language radio stations, many broadcasting 24 hours a day, 7 days a week, also are evident in key markets. **Radio has proven to be an effective medium, as many Chinese businesses play radio**

throughout the workday. Chinese radio reaches Chinese-American seniors including those with literacy limitations. Radio is used most often as a “frequency vehicle” because the low cost allows for repeated and consistent broadcasting, which builds awareness and familiarity. The flexibility of radio formats is another benefit. PSAs in standard (30 and 60 seconds) and longer (90-plus seconds) formats, infomercials (3 to 5 minutes), and reminder tags (10 to 15 seconds) all can be negotiated.

Both Chinese print and broadcast media are cost-effective in reaching the Chinese-American population. Media costs are a mere fraction of a similar buy in the general market. **A media program that integrates newspaper and television or radio would be highly effective from the standpoint of reach and frequency.** We generally recommend a comprehensive media effort combining these traditional mass media with communication tools such as community outreach, event sponsorships, and supermarket and mall kiosk advertising.

HORIZONS consumer research indicates that Chinese-American seniors prefer to receive detailed information on Medicare in bilingual brochures delivered to their homes. Direct mail ensures that they will receive needed information and allows them to spend the time they need to read it.

For caregivers and family members who are Internet-savvy, information provided online can be effective. **Medicare information could be provided through a Chinese language portal.** One option would be to include an occasional chat line for questions posed online. This provides an opportunity for individuals to get expert advice and information in their native language while protecting their anonymity.

D. Obstacles

Information materials must be culturally appropriate and must address the priorities of AAPI seniors. **Since many AAPI elderly individuals have limited English literacy, print materials**

HORIZONS consumer research indicates that Chinese-American seniors prefer to receive detailed information on Medicare in bilingual brochures delivered to their homes.

should begin with the most basic information and be written at a relatively low level of literacy in English, as well as Chinese, comparable to the sixth-grade level in English.

A primary challenge to AAPI media planning is the lack of standardized measurement. Unlike the general market, **AAPI television and radio programs are not rated; viewership is not measured; and newspaper readership is not audited.** Therefore, rating points are not assigned and impressions (number of person-views) are not calculated. The lack of measurement can be attributed to:

- Relatively small audience numbers for Asian media.
- The cost of subscribing to audits conducted by major firms such as BPA, Nielsen, and Arbitron.
- Limited competition. Since only two or three publications and broadcasters dominate each market, there is little need for ratings research.

Chinese media generally do not have an established policy on PSAs. PSAs are evaluated individually and are aired or printed at the discretion of the station/publication. As noted earlier, while the Chinese media are often accommodating in providing spots for social marketing campaigns, there is no guarantee when or if they will run.

E. Evaluation Strategies

Building an evaluation into your communication plans will give you valuable data to support and improve your continuing efforts. The following evaluation strategies can help you **determine what worked, what did not work, and why:**

- Prior to conducting outreach, **discuss your plans with community partners and stakeholders** to learn about similar programs in the area and any local events that may impact your success.
- Set up a table and display at a shopping mall or other public place, and **interview seniors**, asking if they have seen your product and what they remember and like or dislike about it.
- **Contact the organizations impacted by the promotion or campaign** to see if seniors are using the services being publicized.
- **When producing a print product, attach a tear-off coupon** that can be redeemed at a local merchant. Local merchants are often willing to underwrite the cost of a small product, like a bottle of water, to get seniors to shop with them.
- Keep a book of **news clippings** for future reference.



RESEARCH

Research

A. Key Research Findings

It is important to note that individual AAPI ethnic groups have unique characteristics born of language, culture, and immigration history. These influences may strongly affect access to Medicare program information.

In September 2000, in the early stages of the HORIZONS project, we informally interviewed Chinese-American seniors at the Moon Festival in Arcadia, California. Findings from that feedback indicated that a majority of Chinese-American seniors did not know what Medicare is nor how to enroll, which suggested a need for basic information about Medicare.

We used this information to develop and test print and audiovisual products on Medicare for Chinese-American seniors. Some existing publications were “transcreated,” which involves taking an existing English-language information product and adapting it to be culturally relevant and linguistically accurate for a specific ethnic or cultural group. Transcreated products are not direct translations but are written to address the specific concerns, issues, wants, and needs of the target audience while conveying the essence of the original message. In addition, we reviewed several publications, including a Chinese Medicare glossary developed for CMS in the late 1990s, for accuracy of translation and appropriateness of format. We convened panels and focus groups to test these products and to determine how well they met the needs of the target audience. These activities provided insights on how best to produce and disseminate information to effectively serve the needs of Chinese-American seniors. Major findings from our consumer research include the following:

- A simple, inviting, bilingual format generally was considered most useful.
- Direct mail is an effective way of distributing Medicare information.

AAPI Medicare beneficiaries are a diverse population with approximately 30 ethnic groups, speaking more than 50 languages.

- The Internet is not currently a useful means for communicating with Chinese-American seniors in the United States. However, since younger Asians are heavy users of the Internet, this may be an effective way to reach caregivers.
- A large percentage of Chinese-speaking seniors in the United States cannot read in Chinese beyond the elementary school level.

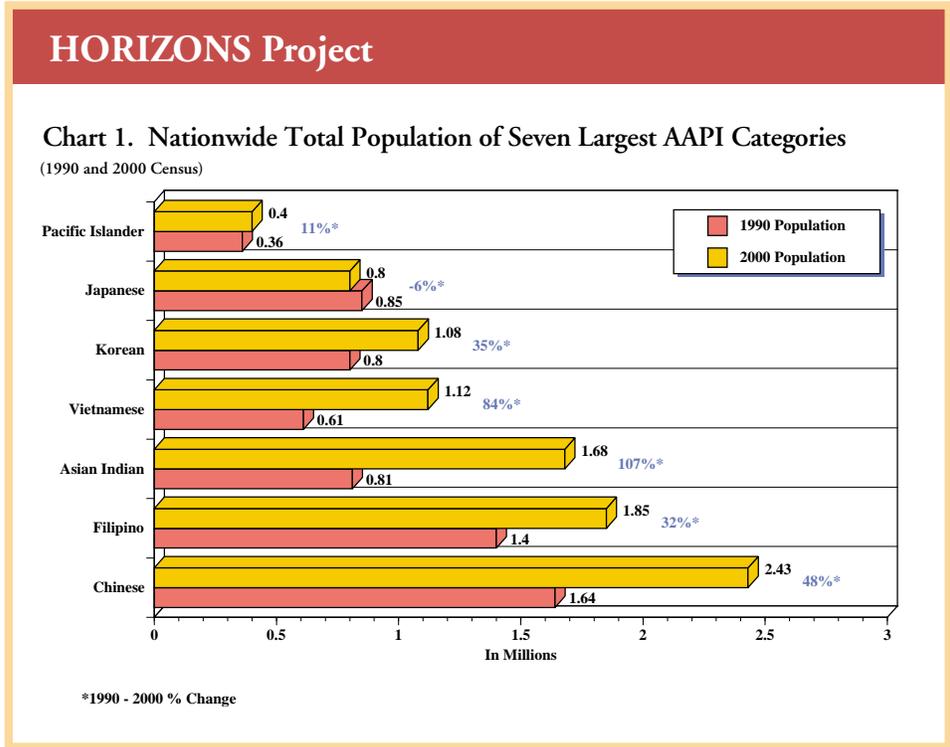
B. Demographic Data Highlights

AAPI Medicare beneficiaries are a diverse population with approximately 30 ethnic groups, speaking more than 50 languages. **Current projections show that the combined AAPI senior-citizen population will triple to 1.9 million by 2010, from 652,000 in 1990. By the year 2050, seniors of AAPI ancestry may constitute 7 percent of all Medicare beneficiaries, an estimated 6.4 million people, according to the National Asian Pacific Center on Aging (1999).**

Patterns of residency in our analysis, which is based on 2000 Census data, are limited to Asian ethnic groups with at least 500,000 residents and Pacific Islander populations with at least 50,000 residents in the United States. (See Charts 1 and 2 below.) Smaller populations include Cambodian/Khmer with 172,000 U.S. residents, Hmong with 169,000 residents, and Lao with 168,000 residents.

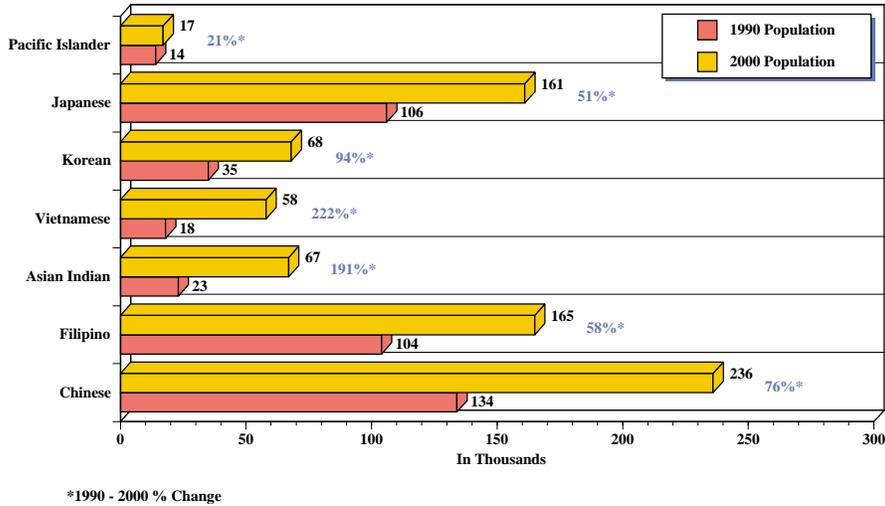
Chart 1 displays the total nationwide population of the seven most numerous Asian-American and Pacific Islander ethnic groups in the United States in the 1990 and 2000 Census. Chart 2 displays Census data for those aged 65 years and older among the seven AAPI ethnic groups. Most of these populations are highly urbanized; Table 1 notes that **more than 90 percent of all Asian Americans live in major metropolitan areas. However, unlike Asian immigrants of previous generations, most Asian Americans now live in suburban communities rather than in the central cities.** Southeast Asians – Khmer, Hmong,

Laotian, and Vietnamese – and Chinese Americans are the only AAPI ethnic groups that continue to live primarily in the central cities of major urban areas. At least 35,000 residents of Japanese, Native Hawaiian, and Filipino ancestry live outside of major metropolitan concentrations, especially in rural areas of Hawai'i (Table 1).



HORIZONS Project

Chart 2. Nationwide Elderly Total Population of Seven Largest AAPI Categories
(1990 and 2000 Census)



HORIZONS Project

Table 1. Asian-American and Pacific Islander Ethnic Populations in Metropolitan Areas and Central Cities (In Thousands) – 2000

Ethnicity	Total U.S. Population	Population in Metropolitan Areas	Percent	Population in Central Cities	Percent
ASIANS					
Asian Indian	1,678	1,625	96.8	629	37.5
Chinese	2,462	2,375	92.6	1,120	45.5
Filipino	1,850	1,749	94.5	759	41.0
Hmong	169	160	94.7	117	69.2
Japanese	797	725	91.0	325	40.8
Khmer	172	168	97.7	111	64.5
Korean	1,076	1,035	96.2	425	39.5
Laotian	168	156	92.9	93	55.4
Vietnamese	1,122	1,094	97.5	553	49.3
PACIFIC ISLANDERS					
Guam Natives/Chamorro	58	52	89.7	22	37.9
Native Hawaiians	141	103	73.0	35	24.8
Samoans	91	85	93.4	37	40.7

In addition to reviewing Census 2000 and pertinent literature, we gathered information on community characteristics from a sample of private, nonprofit agencies serving older adult Asian and Pacific Islander communities. Participating agencies for the various ethnic groups were in the following states: California, Connecticut, Georgia, Iowa, Massachusetts, New Jersey, New York, Ohio, Oregon, Texas, Virginia, and Washington, DC. The results indicate the importance of developing in-language materials, not only for the Chinese-American senior citizen population, but also for many other AAPI groups.

While demographic data normally would include information on the causes of morbidity and mortality, this information is not available for the Asian and Pacific Islander ethnic groups because systematic analyses are not currently conducted in the United States. However, in the next section, Focus Groups and Expert Panels, we present highlights from our research on the incidence of specific diseases among Asian or Pacific Islander populations.

Chinese

Census 2000 reports 235,995 Chinese U.S. residents age 65 and above, slightly less than 10 percent of the 2.4 million Chinese-American residents, excluding people of mixed ethnicity. The elderly Chinese-American population has nearly doubled since the 1990 Census. Many elderly Chinese who are recent immigrants from Taiwan speak Min Nan, rather than Cantonese, and reputedly are unlikely to join family-based “self-help” associations set up by the longer-established Cantonese-speaking majority.

The Chinese are among the most urbanized of the larger Asian-American communities, with almost half (45.5 percent) living in the central cities of major metropolitan areas. More than 62.9 percent of Chinese-Americans over 65 years old (148,330) live in four metropolitan areas: Los Angeles, New York City, San Francisco-Oakland, and San Jose, California. Although long-established “Chinatown” communities are no longer the most important areas of residence – for example, more Chinese live in Brooklyn than in the traditionally Chinese area of lower Manhattan – Chinatowns remain important social and cultural centers for elderly Chinese Americans.

Filipinos

Census 2000 reports 164,768 Filipino U.S. residents age 65 and over, excluding individuals of mixed ethnicity. Increasing by 60,000 since 1990, Filipinos have become the second-largest Asian ethnic elderly population in the United States. Usually proficient in English and one or more of the languages of the Philippines, Filipino immigrants are sometimes described as the “invisible minority.” Because their culture was extensively influenced by three centuries of Spanish occupation, a casual observer may have difficulty recognizing Filipino communities as distinct from those of immigrants from Central and South America.

Census 2000 indicates three distinct patterns of Filipino settlement in the United States:

- California and Nevada are home to half the elderly Filipino residents of the United States, numbering 93,864 in 2000. California's largest elderly Filipino populations are in the Los Angeles metropolitan area (36,000), the San Francisco – Oakland area (32,500), and San Diego County (11,800). More than 4,709 elderly Filipinos live in the lower San Joaquin Valley (San Joaquin and Sacramento counties).
- In Hawai'i, the elderly Filipino population is predominantly rural and suburban; of 22,590 Filipinos statewide, 16,496 (71 percent) live outside the city of Honolulu. Filipinos are the most numerous ethnic group in the "out island" counties of Kauai and Maui.
- Of the remaining 48,314 elderly Filipino residents, 68.9 percent live in seven states, often concentrating in communities with a long maritime history.

Korean

Census 2000 reports 68,505 Korean U.S. residents age 65 and older, only 6.3 percent of the more than 1 million Korean-American residents of the United States. Relatively few older Koreans appear to have immigrated to the United States since 1990; most elderly Korean Americans are long-time U.S. residents.

The Los Angeles metropolitan area and New York City are home to more than 45.5 percent of these elderly Koreans. The Los Angeles/Anaheim, California area is home to about 22,400 Korean seniors (32.7 percent), while the New York metropolitan area has about 8,800 Koreans over age 65 (12.8 percent). Outside of these two large concentrations, elderly Korean Americans display two alternative settlement patterns. Slightly less than 30 percent are distributed among seven largely suburban Korean-American communities in San Francisco, California; Honolulu, Hawai'i; Chicago, Illinois; Seattle, Washington; Fairfax County/Falls Church, Virginia; Philadelphia, Pennsylvania; and Atlanta, Georgia. The largest of these communities numbers about 3,700 (San Francisco Bay area) and the smallest has about 1,150 seniors (an emerging community in the Atlanta suburbs). The remaining 17,000 elderly Korean residents are scattered throughout the United States.

Asian Indians

Census 2000 reports 66,834 Asian Indian U.S. residents age 65 and over, nearly three times the 23,000 counted in Census 1990. In total numbers, Asian Indians are among the fastest-growing population of Asians in the United States. Unlike other Asian national groups, Asian Indians do not share a common culture, ethnicity, or language. Most Asian Indians, however, are bilingual in English and an Indian language.

In Census 2000, 48.3 percent of Asian Indians 65 and over in the United States lived in six locations:

- Slightly more than 12,000 live in the New York City area.
- Approximately 2,836 live in central New Jersey, centered in Middlesex County.
- Four other large concentrations are the Los Angeles metropolitan area (5,515), the Chicago metropolitan area (4,184), the Washington, DC metropolitan area (2,858), and the East Bay portion of the Oakland/San Francisco metropolitan area (4,939).

The remaining Asian Indian population age 65 and over, numbering approximately 34,500, is widely dispersed throughout the United States.

Japanese

Seniors aged 65 and older, numbering 161,890, comprise about 20 percent of the total Japanese-American population in the United States. Interestingly, Census 2000 reports a net decline in the total Japanese population compared to Census 1990. This probably resulted from the self-reporting of many Hawaiian residents as members of “two or more races,” rather than choosing either Japanese or Pacific Islander as their ethnicity. In Census 2000, more than 80 percent of all Japanese in the United States lived in two states, California and Hawai’i, and the Seattle and New York metropolitan areas. One-sixth of all residents of Hawai’i report they are purely Japanese; Japanese Americans are the single largest ethnic group in most rural areas of Hawai’i. This contrasts with California and Washington, where Japanese and Japanese Americans are concentrated in the most populous metropolitan areas. About 55 percent of Japanese over 65 years of age live in Hawai’i (60,160) and the Los Angeles/Long Beach/Orange County, California area (28,300).

Pacific Islanders, Including Native Hawaiians

Census 2000 reports that 20,821 Americans 65 and over identify themselves as “purely” Native Hawaiian or Other Pacific Islander. The three largest groups of elderly individuals within the “purely” Pacific Islander population living in the United States are:

- Native Hawaiians – 10,451
- Samoans – 3,567
- Chamorros (natives of Guam) – 2,845

Most elderly Native Hawaiians (6,709, or 63.9 percent) continue to live in Hawai’i, although they are greatly outnumbered on every island by descendants of immigrants. Only 1,660 (15.9 percent) live in the city of Honolulu. The majority live in rural areas on the islands of Oahu, Hawai’i, and Maui. On the mainland, Native Hawaiians live primarily in California (1,462) and Washington (199). There are growing populations of Native Hawaiians in Nevada (210) and Texas (192).

Samoans are the most numerous Pacific Islanders living in the mainland United States. In Census 2000, more Samoans lived in the continental United States than in the territory of American Samoa. Of the 2,859 elderly Samoans living in the

continental United States, roughly 20 percent lived in the Los Angeles metropolitan area, and another 20 percent lived elsewhere in California.

The Chamorro are both less numerous and more widely dispersed than the other two large Pacific Islander populations. Chamorro often describe themselves as Hispanic and tend to live in communities with large Spanish-speaking populations.

Vietnamese

Census 2000 reports 58,241 Vietnamese U.S. residents age 65 and older, more than three times the 18,000 reported in the 1990 Census. Most notable for Medicare are the implications of a demographic “bubble” of Vietnamese immigrants who are approaching Medicare eligibility. Most Vietnamese refugees arrived in the United States from 1975 through 1985, when they were 23 to 38 years old. In 2002, they were between 40 and 65 years of age. In terms of the entire AAPI Medicare-eligible population, this means that more Vietnamese will achieve Medicare eligibility during the next several years than any other immigrant population except Hispanics.

Vietnamese refugees initially settled in several areas of the United States. Census 2000 reflects this dispersion of Vietnamese in isolated concentrations in several smaller cities and rural areas, particularly in the South. Nearly 60 percent of all elderly Vietnamese in the United States now live in only eight communities in California, Texas, Virginia, and Washington State. Unlike other Asian immigrants, relatively few elderly Vietnamese live in older East Coast and Great Lakes cities such as Chicago, New York, and Detroit, as they prefer to settle in Sun Belt communities. Further, most Vietnamese live in suburban communities rather than in city centers. Vietnamese community life in the Los Angeles area, for example, centers in the three adjacent communities of Garden Grove, Santa Ana, and Stanton, in suburban Orange County. These three small cities have a combined Vietnamese population age 65 and older of more than 4,423.

In areas where they are present in smaller numbers, many Vietnamese live in tightly-knit communities. For example, Vietnamese constitute less than 1 percent of the population of DeKalb County, Georgia, outside of Atlanta, but nearly 1,000 Vietnamese live in a small community there, constituting 11 percent of the population.

C. Focus Groups and Expert Panels

In 2002, HORIZONS partnered with 23 community-based organizations to conduct extensive focus group testing with AAPI Medicare beneficiaries aged 65 or older, and with their social service and healthcare providers, to determine the healthcare and related information needs of the various ethnic populations. (For more detailed information on the methodology and results, see the “HORIZONS Report on Special Focus Groups on Health-Related Behaviors of AAPI,” October 2002). The specific populations we examined are listed on the following page, followed by the findings from this research.

- Chamorro (Guam natives)
- Chinese Americans
- Filipino Americans
- Gujarati Americans (one of the larger Asian Indian ethnicities)
- Korean Americans
- Native Hawaiians
- Samoans
- Vietnamese Americans

Health Issues

The following findings indicate the major health problems described by focus group participants as endemic in the selected populations:

- Elderly Chinese men report a high prevalence of allergies.
- Elderly Filipino Americans report a prevalence of cataracts. Their healthcare providers report depression and tuberculosis scarring. Dental problems appear to be unusually prevalent among elderly Filipinos due to lack of early preventive care and the habit of chewing betel nuts.
- Elderly Chamorros attribute diabetes and arthritis to overindulgence resulting from recurrent family and clan feasting, and to a diet dominated by canned food.
- Cataracts and other eye problems, kidney stones, and chronic obesity are reported to be prevalent among elderly Samoans. Emphysema and lung cancer are mentioned as widespread problems among Samoan smokers. Women described breast cancer and eczema as important health concerns.

Health-Seeking Behaviors

In focus testing, most AAPI seniors, both men and women, said they were likely to select a clinician in Western medical practice as the first source of assistance. Confidence and trust are placed in a primary care physician who is perceived as professionally competent and personally knowledgeable of patients' medical history and health problems. Elderly AAPI men rely on primary care physicians, the Veterans Administration, and HMOs for care information. Some elderly women may first approach a **family or clan member involved in health services. Use of such sources of health care is consistent with the traditional role of the extended family as the source of individual welfare and assistance.**

Those beneficiaries born in China, in northern Luzon in the Philippines, or the Pacific Islands reported widespread use of a traditional healer or herbalist to provide primary or supplemental care. Many said they did so to avoid the often confusing and intimidating mainstream healthcare system. However, traditional healers are mainly available within communities with relatively large concentrations of the specific ethnic group.

...many participants endorsed “word of mouth” and oral presentations as the most effective means of delivering health-related information to older AAPIs.

The focus groups of clinicians serving elderly Filipino beneficiaries reported that the cost of prescription medicine encourages patients to reduce medication dosage, skip doses, or supplement their prescriptions with other patients’ medications, or to use traditional herbal remedies. Some clinicians suggest that elderly Filipinos are highly vulnerable to health-related scams. Some seniors, who are frustrated at the delays and costs of obtaining medical care, resort to intense religious observance as a substitute for treatment.

Linguistic Issues

The majority of Asian-born focus group participants reported that they did not speak English well. Some reported not being literate in any language. Given this background, it was not surprising that many participants endorsed “word of mouth” and oral presentations as the most effective means of delivering health-related information to older AAPIs.

Focus group participants from the Philippines and the Pacific Islands reported more widespread English literacy. However, elderly Samoan, Chamorro, and Filipino participants reported difficulty with complex English-language sentences and terms. They preferred bilingual written materials to ensure comprehension.

Use of family members as interpreters is often impractical in medical settings because younger family members lack sufficient knowledge of Asian and Pacific Islander languages to translate symptoms, diagnoses, and care information.

Specific problems were identified for elderly individuals born in Korea, India, and the Philippines. Focus group participants reported that very few Korean seniors – including those who speak English adequately – are functionally literate in English. Among the Gujarati and the Filipinos, only half of the elderly individuals reportedly are fluent in their respective national languages, Hindi

and Tagalog. Written materials for elderly immigrants from Gujarat and northern Luzon will be widely used only if transcreated into Gujarati and Ilocano.

Medicare and Healthcare Information

Both beneficiaries and healthcare providers indicated that foreign-born patients experience serious confusion and frustration in navigating documentation requirements for healthcare benefits. Instructions from the Social Security Administration, CMS, and the Veterans Administration are often difficult for them to understand, or require documents that are not readily available. Records from overseas often require months to obtain, or may have been destroyed during a war. There was extensive variation in the participants' understanding of who is eligible to receive Medicare and how to enroll for benefits. Some thought that citizenship is a prerequisite for Medicare enrollment, or that it is a form of charity that should be accepted only by impoverished elderly persons.

Although many focus group participants said they appreciated written materials, most reported that oral communication, through seminars, consultation, and small group presentations, was the most effective means of transmitting information about Medicare and preventive services. The identification of specific communication preferences varied among the ethnic groups:

- Primarily men use Gujarati senior citizen centers and community centers; Gujarati women prefer to receive health information at healthcare facilities.
- Sample bilingual materials were well-received among the Filipino beneficiaries, especially those who spoke Ilocano. They said they preferred having entire pages rather than passages devoted to each language. They also liked having the English text positioned on the “dominant” left panel and larger type for individuals with impaired vision.
- Korean-language mass media and faith-based organizations were reported as the most important sources of information on healthcare issues for the elderly population in larger Korean communities. Korean-American community-based organizations in the smaller communities tend to lack resources to address many of the information needs of the elderly.
- Similarly, elderly Vietnamese participants said they rely on ethnic radio and television for information on health care and healthcare benefits. Although word of mouth is important for secondary transmission of information, news shared among friends usually originates in the Vietnamese media. Health-oriented radio talk shows are especially popular sources of health information among Vietnamese in California.
- Among elderly Native Hawaiian women, a “talk story” format was cited as a successful model for healthcare messages, particularly on breast cancer screening, prevention, and treatment.
- Samoan focus group participants generally described health information as a low priority. Some said they read materials about health problems only when they

were currently suffering symptoms of the specific illness. This attitude reflects a cultural view that the purpose of health care is to alleviate the symptoms of illness, rather than prevent illness or maintain good health. Oral presentation in Samoan, through seminars and church programs, was cited as the most effective means of explaining Medicare and reassuring seniors that they could afford health care.

D. Conclusion

The findings and recommendations outlined in this guidebook are only a first step in meeting the challenge to ensure that AAPIs can effectively access and use information about Medicare and related programs. Strategies are needed to help Chinese-American and other AAPI beneficiaries with their questions, concerns, and other needs regarding Medicare-related services. Information on Medicare in traditional and non-traditional media should provide helpful guidance and service resources to AAPI beneficiaries. A media campaign that calls beneficiaries to action needs to be accompanied by in-language customer support, such as bilingual 800 telephone numbers and an information clearinghouse with materials in beneficiaries' languages. The results of focus tests with beneficiaries and community experts, as well as expert panels, have pointed to this need. Therefore, a system that delivers effective responses in-language when AAPI beneficiaries and communities seek Medicare information and services would be a desirable adjunct to the information products and dissemination strategies developed as a result of this research.

E. Key Organizations*

Contacts for outreach to the Chinese-American elderly population:

Alzheimer's Association
Canossa Chan
5900 Wilshire Blvd.
Los Angeles, CA 90036
(323) 938-3379 (p)

American & Chinese Business News
Jade Zhou
932 Hungerford Drive
Suite 25A
Rockville, MD 20850
(301) 424-5978 (p)
(301) 424-5979 (f)

API Older Adults Task Force
Sam Demonteverde, Andrea Spolidoro,
and Ann Trujillo
231 E. 3rd Street, G101
Los Angeles, CA 90013
(213) 473-1640 (p)

Asian American Senior Citizens Service
Center
Donna Lin
309 West Civic Center Drive
Santa Ana, CA 92701
(714)-560-8877 (p)
(714)-836-8188 (f)

Asian Association of Utah
Shu Cheng
1588 S. Major Street
Salt Lake City, UT 84115
(801) 486-5987 (p)
(801) 486-3007 (f)

Asian Community Mental Health
Services
David Young, Executive Director
310 8th Street, Suite 201
Oakland, CA 94607
(510) 451-6729 (p)
(510) 268-0202 (f)

Asian Fortune
Jay Chen
P.O. Box 230879
Centreville, VA 20120-0879
(703) 968-0202 (p)
(703) 968-0203 (f)

Asian Human Services
Ms. Abha Pandya, Executive Director
4753 N. Broadway, Suite 700
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(773) 728-4751 (f)

Asian Pacific American Consortium on
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228 S. E. 160th Avenue
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(503) 254-7467 (p)

Asian Services Center
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477 G Place, N.W.
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(202) 216 9309 (p)

Central News Agency, DC
Edward Han
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(202) 628-6788 (f)

* Accurate as of June 2003

China Times, Washington Bureau
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(202) 347-5670 (p)
(202) 662-7573 (f)

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(213) 253-0870 (p)

Chinatown Service Center
Miriam Suen, Project Director
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Chinatown Service Center for Crime
Victims Compensation
900 Massachusetts Ave. NW
Washington, DC 20001
(202) 898-0061 (p)

Chinatown Service Center of Chinese
Community Church
Lisa Uy, Coordinator
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(202) 898-0061 (p)

Chinese-American Planning Council
David Chen
150 Elizabeth Street
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(210) 941-0920 (p)

Chinese Community Center
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5855 Sovereign Drive
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(713) 271-6100 (p)

Chinese Community Services
Independent Living Resource Center
Albert Cheong, Coordinator
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San Francisco, CA 94105
(415) 543-6222 (p)
(415) 543-6318 (f)

Chinese TV Network – DC Bureau
Bettina Yang
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(202) 331-9119 (f)

City of Houston
Rogene Gee Calvert, Chief of Staff
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Community Center of Sacramento
Valley, Inc.
Donna Yee, Executive Director
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Dept. of Urban & Regional Planning
UCI School of Social Ecology
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(949) 824-3480 (p)

Family Bridges, Inc.
Corrine Jan
Oakland Chinese Community Council
168 11th Street
Oakland, CA 94607
(510) 839-2022 (p)

Golden Age Village
Frances Wu
234 N. Rural Drive
Monterey Park, CA 91755
(626) 571-7977 (p)

Hamilton-Madison House
Chinatown Alcoholism Services
May Lai, Director
253 South Street, 2nd Floor
New York, NY 10002
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(212) 732-9754 (f)

National Asian Pacific American Families
Against Substance Abuse
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Program Assistant
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(213) 625-5796 (f)

New World Times
15209 Fredrick Road
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Rockville, MD 20850
(240) 453-9808 (p)
(240) 453-9818 (f)

Organization of Chinese-Americans, Inc.
Josephine Chung, Vice President of
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(201) 223-5500 (p)
(201) 296-0540 (f)

Pimmit Hills Senior Center
Steve Campbell, Director
7510 Lisle Ave.
Falls Church, VA 22043
(703) 734-3338 (p)

Self-Help for the Elderly
Anni Chung
President/CEO
407 Sansome Street
San Francisco, CA 94111
(415) 982-9171 (p)

Special Services for Groups
David Yim, Program Director
605 W. Olympic Blvd., #600
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(213) 558-1800 (p)

Taiwan TV Enterprise/Channel 56
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Victor and Janet Tsou Foundation
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Taiwanese Association of America
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Tongan Community Service Center
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Union of Pan Asian Communities
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1031 25th Street
San Diego, CA 92102
(619) 232-6454 (p)

United Asian Community Services
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U. S. Department of Health and Human
Services, Office for Civil Rights
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F. Bibliography

Reference: Article
Author: Chen, Y.L.
Year: 1996
Title: "Conformity with Nature: A Theory of Chinese-American Elders' Health Promotion and Illness Prevention Processes"
Journal: *Advances in Nursing Science*
Volume: 19, Number 2
Pages: 17–26
Keywords: Chinese Elderly, Health Beliefs, Cultural Values

Abstract: On the basis of data collected from 21 Chinese elders, the theory "conformity with nature" emerged, with three interrelated subprocesses – harmonizing with the environment, following bliss, and listening to heaven. This theory facilitates an understanding of ways to promote health and prevent illness and offers a guide for providing quality health care to Chinese elderly in the United States.

Reference: Article
Author: Browne, C., Fong, R., and Mokuau, N.
Year: 1994
Title: "The Mental Health of Asian and Pacific Island Elders: Implications for Research and Mental Health Administration"
Journal: *Journal of Mental Health Administration*
Volume: 21, Number 1
Pages: 52–59
Keywords: Mental Health, Immigrants, Asian Elderly

Abstract: A review of recent studies on the mental health of Asian and Pacific Island elders identifies a number of risk and protective factors. Elder AAPIs appear to have poorer mental health than white counterparts, but not the poorest mental health in their own ethnic group. Within-group differences emerge, with recent immigrant groups and colonized populations most at-risk for mental health problems. A critical variable appears to be socioeconomic status, yet an analysis of other demographic variables, notably nativity and gender, remains contradictory. A research agenda is proposed and implications for mental health administrators are suggested.

Reference: Report
Author: Allison-Fisher International LLC (marketing and communications research consultancy with specialization in the automotive and auto-related fields.)
Year: 2002

Title: *Asian In-Language Light Vehicle Makes Image Study*
Keywords: Asian, race/ethnic subgroups

Abstract: Research data collected from a study conducted to measure the image of light vehicle makes among light vehicle users and possible buyers from Chinese (Mandarin, Cantonese) and Korean language households in Los Angeles, San Francisco and New York. The study involved 704 telephone interviews (467 in Chinese and 237 in Korean).

Reference: Article
Author: Sabogal, F., Otero-Sabogal, R., et al.
Year: 1996
Title: "Printed Health Education Materials for Diverse Communities: Suggestions Learned From the Field"
Journal: *Health Education Quarterly*
Volume: 23 (Supplement)
Pages: S123–S141
Key Words: Health Education, Cultural Values, Health Messages

Abstract: Effective development of materials requires understanding of core cultural values of the target audience and, ideally, involvement of members of the target audience in drafting the materials (not translation, but target-specific creation). Health education materials should use testimonials from the target audience in an interactive visual layout. Extensive pre-testing of health messages is important for quality control.

Reference: Article
Author: Mui, A.C.
Year: 1996
Title: "Depression Among Elderly Chinese Immigrants: An Exploratory Study"
Journal: *Social Work*
Volume: 41, Number 6
Pages: 633–645
Keywords: Depression, Mental Health, Chinese Elderly

Abstract: Despite an increase in the population of Chinese immigrants, little is known about their mental health problems. The most prevalent mental health problem of elderly people, depression, often goes unrecognized and untreated. In an interview format, the authors administered the Geriatric Depression Scale and measures of health status, living situation, stressful life events, and informal support to a community sample of 50 elderly Chinese immigrants recruited at senior centers and meal sites. Respondents who rated their health as good, who lived with others, and who were satisfied with help received from family members were least likely to be depressed. The impact of these factors on the mental health of elderly Chinese immigrants can be understood in light of their cultural values.

Reference: Directory
Author: Organization of Chinese Americans, Inc
Year: 1999–2000
Title: *National Directory of Asian Pacific American Organizations*
Publisher: Organization of Chinese Americans, Inc.,
Keywords: Directory, Outreach

Abstract: Contains 2,000 entries of Asian-American organizations, organized by state and topical areas, including organizations' name, address, phone number, web site, and e-mail address. Census data and profiles of Asian-American Congress members also included.

Reference: Article
Author: Huang, G.
Year: 1993
Title: "Beyond Culture: Communicating with Asian American Children and Families"
Publisher: ERIC Clearinghouse on Urban Education, New York, N.Y.
Keywords: Communication, Asian, Cultural Values

Abstract: Cross-cultural communication is an important educational issue for Asian Americans, as many Asian-American immigrants do not speak English well and their communication norms may be different from native Americans. Article provides background information on Asian languages, culture, communication, belief systems, and life experience. Author recommends that practitioners and educators learn to understand other cultures and use "personal reflection," form partnerships with community organizations, and promote parent involvement when helping children learn English.

Reference: Report
Author: National Asian Pacific Center on Aging (NAPCA)
Year: 1999
Title: *Report on Progress, Year Two, Community-Based Capacity-Building for Asian Pacific Islander Elders*
Source: U.S. Administration on Aging Grant Number 90-AM-2078, (NAPCA)
Keywords: Responsiveness, Social Needs, Asian Elderly

Abstract: Report includes information from community-wide conferences and meetings addressing concerns of Asian-American elders. Areas of concern identified include language access, income, affordable housing, access to health care, and obtaining information on available services. Report also assesses effectiveness or responsiveness of the health and social services Asian-American elders receive and discusses strategies for meeting the needs of Asian-American elders.

Reference: Report
Author: Market Segment Research (full-service research company in Florida for multicultural markets)
Year: 2000
Title: *Multicultural Market Report*
Keywords: Asians, Racial/Ethnic Subgroups

Abstract: Research data collected as a result of 3,000 interviews using a combination of telephone and face-to-face interviews. MSR utilizes a large National random digit dialing sample to reach and identify the largest proportion of qualified respondents in the various racial/ethnic subgroups, which includes Hispanics, African Americans, and Asians.

Also available are the following reports developed under the HORIZONS project:

Nationwide Demographic Report (AAPI), September 25, 2002 – Provides detailed demographic information, including Census 2000 findings for specific AAPI populations. Geographical distribution, language listings and short immigration histories are also presented.

Targeted Demographic Report (AAPI), April 1, 2002 – Reviews and summarizes the media channels available to AAPI communities by ethnicity and geographical distribution, including summaries of traditional and non-traditional media.

Communications Plan (AAPI), October 31, 2000 – Includes processes for converting existing CMS materials and developing focus group protocols for testing them among specific AAPI groups. It also provides a generalized analysis of media channels for AAPI communities.

Special Focus Reports on Health-related Behaviors of AAPI Medicare Beneficiaries, October, 2002 – Findings from a series of focus groups and expert panels conducted with members of 8 AAPI populations (Chinese, Filipino, Korean, Vietnamese, Gujarati, Chamorro, Native Hawaiian and Samoan), including Medicare beneficiaries. The topics of discussion included: health issues, patient health-seeking behaviors, and Medicare/healthcare information.

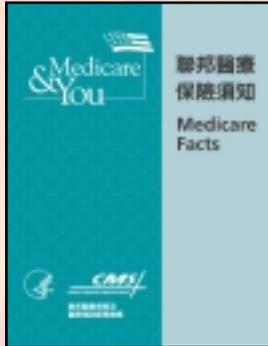
Review and Testing of Chinese Glossary, August 21, 2001 – Results of testing and review of a CMS-developed Chinese language glossary of Medicare and healthcare terms. Chinese seniors in 6 cities participated (Houston, Texas; Philadelphia, Pennsylvania; Los Angeles and Oakland, California; New York, New York; and Washington, DC).

The background features a large, textured red circle that is partially obscured by a bright yellow curved shape on the left and a blue curved shape on the right. The text is centered within the red area.

HORIZONS PROTOTYPES

Chinese

A. Prototype Print Products



Medicare Facts Brochure

Medicare fundamentals are presented in a bilingual Chinese/English format for Chinese-speaking Medicare beneficiaries. Relevant sections from the *Medicare & You 2001* handbook were transcreated for the target audience. The brochure explains eligibility, coverage and plan choices, nursing homes, supplemental insurance, benefits, and other basic Medicare information.



Newspaper Advertorial

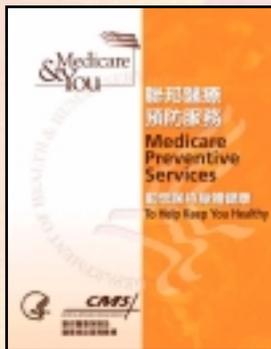
A newspaper advertorial can be placed in purchased space in a newspaper and formatted to resemble an editorial. The material is written and designed to provide detailed information that cannot be conveyed in an advertisement. The newspaper advertorial for Chinese-speaking Medicare beneficiaries gives basic information on Medicare through five articles and a fractional ad. It aims to inform readers about the availability of the bilingual Chinese/English *Medicare Facts* and *Medicare Preventive Services* brochures. The advertorial format was used to provide more comprehensive information than a full-page ad.



Medicare & You 2001

Two design options (bilingual handbook and bilingual mini-booklet series of the handbook) were developed to simplify the information in the original. Design and format were modified to make the materials culturally appropriate for the target audience.





Medicare Preventive Services Brochure

Information on Medicare health care services presented in bilingual format. The objective is to create awareness that Medicare offers tests and services to detect and prevent the onset of certain diseases. The question-and-answer format is user friendly and easy to understand.



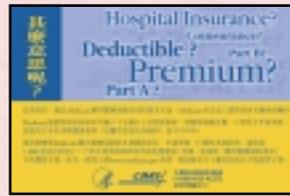
Information Channel Print PSA

The transcreated version of the original Information Channel print advertisement contains call-to-action messages to motivate beneficiaries and caregivers to call 1-800-MEDICARE to speak with an English-speaking representative to obtain Medicare information.



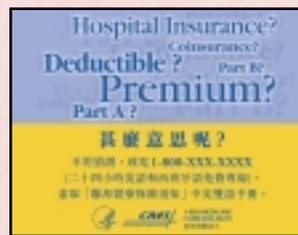
Preventive Benefits Print PSA

The transcreated version of the original Preventive Benefits print advertisement contains call-to-action messages to motivate beneficiaries and caregivers to call 1-800-MEDICARE to speak with an English-speaking representative to obtain information about Medicare preventive services.



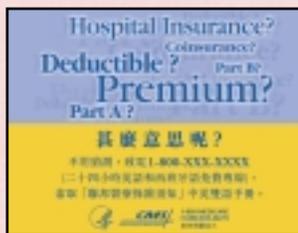
Information Card for restaurants and community centers

The cards contain a short ad to reinforce the message delivered in the audiovisual PSAs. These can be circulated to restaurants, community centers, doctors' offices, community-based organizations (CBOs), and senior centers frequented by the target audience.



Newsstand Advertisement

These ads placed on newsstands in high traffic areas catch the attention of people buying newspapers as well as passersby. They reinforce the message of the audiovisual PSAs.



Shopping Cart Advertisement

Placed on the sides or inside of shopping carts in supermarkets or stores frequented by the target audience, these ads reinforce the message of the audiovisual PSAs.



Flyers and Posters for doctors' offices, CBOs, and senior centers

These advertisements reinforce the message delivered in the PSAs.

B. Prototype Radio PSAs

Winner and Generations Radio PSAs: Two 60-second radio spots developed for Chinese-speaking Medicare beneficiaries give basic information on Medicare and availability of the bilingual Medicare Facts brochure. Each spot ends with a statement informing the audience about the 1-800-MEDICARE number where people can call and speak with an English-speaking representative to obtain further Medicare information.

Information Channel Radio PSA: The transcreated version of a CMS Information Channel radio PSA contains call-to-action messages. The messages motivate beneficiaries and caregivers to call 1-800-MEDICARE to speak with an English-speaking representative to obtain Medicare information.

Preventive Benefits Radio PSA: The transcreated version of a CMS Preventive Benefits radio PSA contains call-to-action messages to motivate beneficiaries and caregivers. The expectation is that they will call 1-800-MEDICARE to speak with an English-speaking representative to obtain Medicare information relating to preventive services.

C. Prototype Video PSA Storyboard



Caregiver Video

The PSA for a 30-second call-to-action commercial can be placed on home videos for family viewers, targeting beneficiaries and their caregivers.

D. Prototype TV PSA Storyboards



Information Channel Television PSA

The 30-second PSA uses existing Medicare information and includes a call-to-action.



Preventive Benefits Television PSA

The 30-second PSA uses existing Medicare information and includes a call-to-action.

Filipino

A. Prototype Print Products



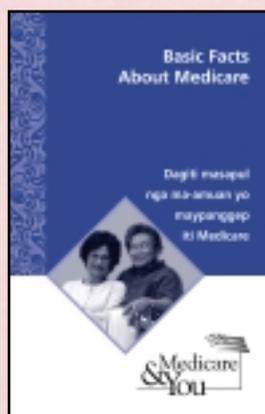
Tricare for Life Fact Sheet (Ilocano)

Information regarding Tricare for Life and Medicare is presented in a bilingual format for Ilocano-speaking Medicare beneficiaries.



Tricare for Life Fact Sheet (Tagalog)

Information regarding Tricare for Life and Medicare is presented in a bilingual format for Tagalog-speaking Medicare beneficiaries.



Basic Facts About Medicare (Ilocano)

The brochure provides information on Medicare eligibility, coverage, and prescription drugs in bilingual format for Ilocano-speaking Medicare beneficiaries.

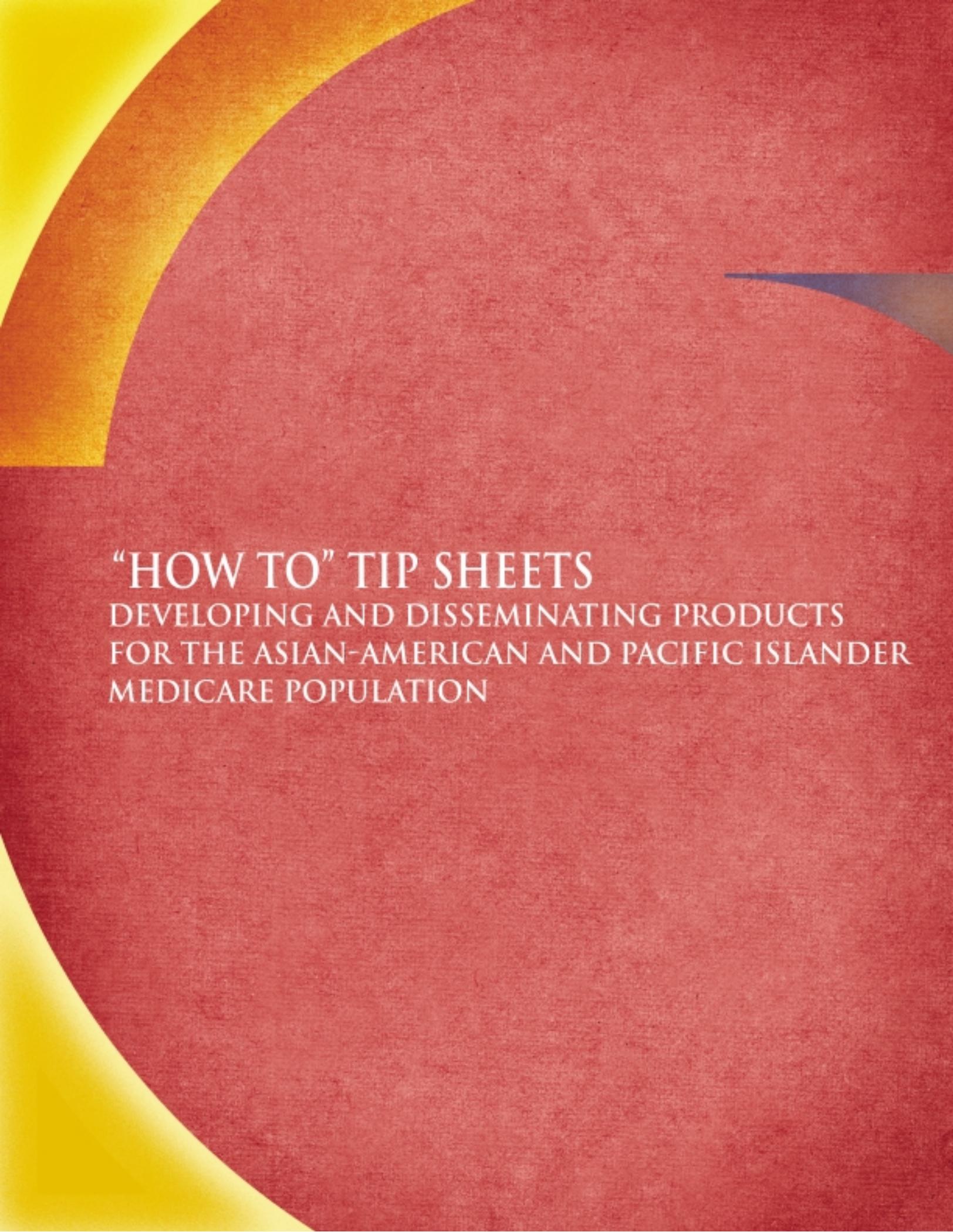
Korean

A. Prototype Print Products



Korean Caregiver Brochure

The brochure provides information on Medicare eligibility and coverage in bilingual Korean/English format.



“HOW TO” TIP SHEETS
DEVELOPING AND DISSEMINATING PRODUCTS
FOR THE ASIAN-AMERICAN AND PACIFIC ISLANDER
MEDICARE POPULATION

The following pages provide step-by-step instructions for developing products and planning events for outreach to the Asian-American and Pacific Islander (AAPI) Medicare beneficiary population. We still have much to learn about this growing beneficiary population group, and consider this information “under construction” (👷). Information marked with a (🌅) is specific to the AAPI population. Additional tips provided can be used with all populations.

Translated Materials & Bilingual Formats for the Asian-American and Pacific Islander Medicare Population

1. Ask yourself:

- Does the information I want to relay already exist somewhere?
- Can I adapt existing information to reach the target audience, or should I start from scratch?
-  Should the information be created in only one language (Chinese), or a bilingual format (Chinese & English copy featured side-by-side), for those comfortable with both languages?

2. Translating copy & choosing a translator

-  Don't provide a literal translation of English word-for-word into Chinese – this does not work well!
-  Choose a translator who is both bilingual and bicultural.
 - A good “transcreation” (a product that is culture- and language-appropriate) uses nuances, concepts, and phrases familiar to the target audience.
-  Test the Chinese or other AAPI translation using a panel or interviews with community outreach workers. Carefully check for nuances in AAPI languages with people who regularly communicate with the target group.
-  Do a back translation (Chinese into English), review content, re-translate as needed, and review. Repeat if necessary, such as after focus testing.
 - If possible, have several editors review. Revise and retest copy as necessary.

3. Bilingual formats

-  Assess language preference and decide if a bilingual format is feasible, or if a single in-language version would be more effective.
-  If bilingual, format the document to feature the languages side-by-side – don't make one language appear dominant over the other.
-  For television and radio ads, send separate Chinese and English formats for broadcast on respective stations.

4. Dissemination

-  Find key organizations in targeted communities to display and distribute the product. (Refer to Guidebook for suggestions of Key Organizations.)

-  Community-based organizations are good sites/contact points for Chinese and other AAPI populations.
-  Call community partners and tell them about the new product; most will be happy to help disseminate it. Target doctors' offices, pharmacies, senior centers, churches, and grocery stores – places frequented by AAPI seniors.
 - Post/promote the product on your web site, and make sure government partners (federal, state, and local) are aware of it.
 - Make sure everyone in your organization who can use this product knows that it exists.

5. Evaluating the communication effort

- When planning your communication effort, include an assessment of what worked, what did not work, and why.
- Some effective assessment tools:
 - Share your plans with community partners and stakeholders, and solicit their input.
 - Conduct face-to-face interviews or focus testing with your audience to obtain feedback.
 - Ask community-based organizations if people are using services more often or more effectively as a result of your effort.
 - Use built-in evaluations, such as coupons.
 - Keep a book of news clippings for future reference.

Outdoor & Alternative Media for the Asian-American and Pacific Islander Medicare Population

1. Ask yourself:

- What format of outdoor or alternative media will best reach the target audience?
- What formats are available in the areas I want to target?
- Do I know the habits of the target audience – for example, are they driving or using public transportation? Ask your target audience, partners, and community-based organizations who assist them. Ask media outlets, review demographic information, and obtain data from public transportation companies.

 Where does the target market congregate? Asian supermarkets are often gathering places for AAPI seniors.

2. Making the right choice

- Outdoor ads, such as public transit advertising and billboards, get great exposure and build image and credibility.

 Consider direct mail for Chinese seniors.

- Ask transit companies what options are available for advertising.
- Remember, billboards stay in one place; your message will reach the audience traveling by your billboard every day.
- Alternative media include subway, train, and bus advertising; sandwich boards (outdoor signage printed front and back); and other places where the message might attract attention.

3. Designing outdoor & alternative media

- Keep it short – six words or fewer.
- Keep the concept simple. For example, say: “Call 1-800-MEDICARE for your Medicare questions.”
- Be sure print is large, clear, and easy to read.
- Feature one large graphic to attract attention.
- Make sure the billboard is illuminated.
- Choose a high-traffic area used by the target audience.

 Test the design and text to ensure effectiveness with AAPI populations.

4. Producing & placing the media

- Call the billboard, bus, subway, or train companies in the target area and ask what locations/routes are available.
- Identify media companies; Chinese Yellow Pages may be a good source.
- Determine costs, including how long the ad will run, production, printing, and installation.
- Ask the transit company for demographic information (the age of their riders, the routes they take, and an estimate of the number of times the target audience will see the message).
- Most media companies will produce the ad if you provide the copy, photos, and concept.
- Be aware of fees, licenses, and other legal requirements.
- Plan to produce an additional quantity of the item, approximately 10 percent, to allow for possible damage and the need for periodic reposting.
- Consider placing ads on smaller posters inside transit vehicles and on kiosks located in stations and depots.

5. Dissemination

- Work with the media outlets to develop a map and schedule to meet your needs.
- The media company will install/place all media and provide a schedule of display times for the locations where signage is placed.



Educational Videos for the Asian-American and Pacific Islander Medicare Population

1. Ask yourself:

- What information needs to be relayed? Research your audience. Consider: Guidebook, community-based organizations, and other sources.
- How much time will it take to convey the message? (Research has shown the audience loses interest after 7 minutes.)
- How should the message be delivered? Copy (script), bullet points, and a narrator might be all that is needed. Professional talent might be more effective in telling a story.



What language(s) does the target AAPI group speak in the community of interest?



Can you use videos imported from China, Hong Kong, and Taiwan, which are popular among Chinese seniors? (PSAs can be inserted at the beginning or end.)

2. Write the script

- Gather the information needed to write the script.
 - Write, edit, and keep the language/dialogue simple.
-  Use a translator if needed, and follow the rules for creating AAPI-language print materials (translations).
- If using just copy and a narrator, jazz it up with animation, color, icons, and music.
 - Allow for transitions from scene to scene.
 - Ensure the dialogue is synchronized to the action on the screen.



Focus test the storyboard and concept with members of the target AAPI group for cultural appropriateness, understandability, saliency, and overall appeal.

3. Pre-production is a must

- A video is a long production; careful preparation is a must!
- Hire a production company to take care of the details. They will have the requisite expertise and insurance for the filming/shooting. With your input they can take care of the following:



Identify culturally-appropriate talent and negotiate buy-outs/licensing agreements.

- Identify locations for shooting/filming and obtain any necessary licenses and permission.
- Hire the crew including lighting technicians, sound technicians, wardrobe, and make-up.
- Schedule production and provide maps, directions, etc.



Whenever possible, ensure that talent possess the physical characteristics of the target AAPI group as members are sensitive to these attributes.

- Buy props.
- Provide snacks and meals.

4. Production

- Leave extra/enough time and prepare for the unexpected. Talent may take a while to get their lines just right, or a piece of equipment might break down.
- If you decide to stick with copy and narration, all production will take place in an editing studio. Sit side-by-side with the editor and tell him/her the concept – together, you can build the video on the studio’s monitor, and narration can be dropped in.

5. The editing process

- Use a professional editor – production studios will provide someone who can carefully cut away to scenes, insert dialogue where needed, and make sure everything is timed just right.
- Make sure you have all the logos and artwork the editor may need.
- There may be a better way to say something, and you may need to work with the editor on ways to insert new dialogue without losing or adding time to your video.
- If your script is well written, and dialogue and scenes transition smoothly, editing should go well.

6. Dissemination

- Send your video package to local public television stations and local cable access stations, and ask them to fit it into their public access schedule.
- Find key culturally-appropriate organizations in targeted communities to display and distribute the product.



Call community partners and tell them about the new product – most will be happy to help disseminate it. Target doctors’ offices, community-based organizations, and other places frequented by AAPI seniors.

- Make sure everyone in your organization who can use this product is aware of it.

Outreach Events for the Asian-American and Pacific Islander Medicare Population

1. Outreach events & community partners

- Community partners are essential to a successful event. They add value and credibility to your outreach effort.
- Search out community partners and key organizations that have the same goals as yours.
- Find out if together you can create an event to reach the target audience. They may have an established event in which your organization can become a partner.
- To take advantage of your common interests, work with local chapters of national organizations such as the American Heart Association or the American Diabetes Association.

2. Planning the event

- Estimate the number of attendees and make sure you have plenty of brochures and items to distribute.
- Enlist trained staff who are linguistically and culturally competent.
-  Write a press release and contact the media to write a feature story and cover the event, preferably in a local AAPI newspaper.
- Remember, you are performing a function of social and economic importance – this fact will help you negotiate ad space to promote the event, or might even get you a media sponsorship.
-  Find sponsors (e.g., AAPI organizations) to contribute free items and share other important health information.
- Make sure there is enough to do. People enjoy receiving free items and information. Services such as health screenings and cooking demonstrations provide an added bonus!

3. Day of the event

- Distribute the products on hand and come prepared to answer questions.
- Don't be surprised if seniors bring you medical bills and other healthcare-related information for you to look over. Be prepared to answer questions and schedule follow-up appointments.
-  Use this event to gather important insight – ask everyone you greet if the products and information you are providing are helpful.

- Use each event as a learning experience and testing ground – keep a log of what worked, what did not work, and other lessons learned.

TV & Radio Public Service Announcements (PSAs) for the Asian-American and Pacific Islander Medicare Population

1. Keep in mind:

-  It is beneficial to create both Chinese- and English-language PSAs – one to reach the majority of Chinese speakers and another for caregivers or others who prefer to receive information in English.
-  There are several Chinese and Filipino dialects, and PSAs may have to be produced in several versions; for example, Mandarin and Cantonese for Chinese or Tagalog and Ilocano for Filipinos.
-  To reach Chinese seniors, use local talent such as newscasters, physicians, and community leaders.
-  Due to production costs, television is more expensive to produce. Yet, for this population it is the second most effective way of reaching Chinese seniors (after newspapers – see the tip sheet on “Print Products for the AAPI Medicare Population”).
-  Radio is the third most effective way of reaching Chinese seniors.

2. Scriptwriting

- Answer the following questions in your script – who, what, why, where, when, and how.
- Remember, radio and television are typically in 60- and 30-second formats – keep words to a minimum!
-  Listen to commercials on AAPI radio stations to get an idea of what may appeal to the target audience.
- Write your message in clear, simple language.
- Take a break and come back later for a fresh look – you may be surprised to find that you need to edit again.
- Always incorporate a call to action and repeat it!
-  Focus test the message/concept with members of the target AAPI group for cultural appropriateness, understandability, saliency, and overall appeal.

3. Choosing vocals & talent

-  The use of celebrities for PSAs or commercials is generally not effective for this population.



Local talent, such as newscasters, highly-respected and well-known physicians, and community leaders may be more effective in motivating Chinese-American seniors.

- Negotiate with the talent to get a reduced fee or services at no charge.
- If you must buy-out the talent (negotiate a contract), know where and how long the PSA is going to air so you can negotiate effectively.

4. Producing the PSA

- Research the local radio and television production studios.
- Discuss budgets with them, and be honest about what you can afford.
- No budget? Then visit the public information office (PIO) of the local radio or television station, and ask to produce your PSA free of charge – stress the importance of the message!
- If you use a production studio to tape the radio or television PSA, make sure everything is included in the package. For television, this includes pre-production, wardrobe, make-up, lighting, a producer, music, sound technician, and editing. You will need a sound technician, producer, and music for radio.

5. Choosing music & soundbeds

- Using music as a soundbed (background music) under the vocals helps attract the audience's attention.
- Healthcare messages often are serious and call for soft, classical music, while messages such as those promoting a healthy lifestyle are enhanced by livelier tunes.
- Use music that does not overpower the vocals.
- Find royalty-free music to keep your costs down.
- If using popular music, research the need to negotiate a buy-out fee.

6. Dissemination

- Call the PIO at each station in your target market and tell them you are sending over a Medicare PSA. For radio, send a DAT (a tape for radio broadcast use) or script, and for TV, ask what format is needed (beta or 3/4 inch).
- Along with the PSA, send instructions (insertion order) to run it as often as possible, including during prime time.
- Follow-up with a phone call to the PIO to make sure he/she received the spot, and discuss the importance of the message.

Print Products for the Asian-American and Pacific Islander Medicare Population

1. Ask yourself:

- What information do I want to relay?
- What would work best ... a brochure, fact sheet, poster, postcard, etc.?
- How will I distribute the products?
- What is the literacy level of my audience?
-  In what language should the product be developed? There is only one written Chinese, although there are several spoken dialects.
- Are there opportunities to focus test this material with the community?
- Is there existing content I can adapt for the needs/interest of the target audience?
-  Is the target market familiar with the terms? Include a glossary. Medicare program and plan names should remain in English (e.g. "Medicare Part A") within the Chinese text. Avoid using colloquial Chinese.
- Who needs to review/clear the material?

2. Using pictures?

-  Use photos of people who look like the target audience, and test them with members of the population.
- Find out if your organization has appropriate photos on file.
- Search the Internet for royalty-free photos.
- Illustrations, line drawings, and icons can be used.

3. Use color in your document

- Use two colors in your document – one for background and one for contrast.
- Use black type on a cream, white, or light-colored background.
- There are times when using several colors may be necessary for a certain effect or to distinguish the document from others.
-  Use appealing and culturally-appropriate colors on the cover and in the body of the product.
-  Chinese-American seniors prefer bright, cheerful colors. Pastel tints of basic colors such as red, green, blue, and orange also are appropriate, as well as various shades of purple.

 Deep or dark shades of blue, brown, black, and green should be avoided because this population views them as too serious or unattractive, and sometimes associates them with death.

- Test any variation with the target audience.

4. Choose a typestyle and format that are easy to read

- Use no more than two typefaces in your document. To show contrast, use one font for headlines (sans serif), and another for body copy (serif).

 For Chinese, use Ling Song font and a 14-point type size.

- Check formatting such as spacing and margins for consistency.
- Don't fully justify copy, as it's easier to read text that is left-aligned and ragged-right.

5. Use short, simple sentences

- Follow newspaper writing rules – answer who, what, why, when, where, and how.
- Keep in mind the education level of your audience – use simple words and definitions.

 When writing in another language, avoid using a literal, word-for-word translation from English. See the tip sheet on “Translated Materials and Bilingual Formats for the AAPI Medicare Population” or the Guidebook for more information.

6. Create a mock-up

- Draw a mock-up in color.
- Write headlines; indicate where photos should be placed, and how copy should be laid out.
- Fold your mock-up to indicate panels for a brochure, or give dimensions for a poster or postcard.

7. Printing the product

- Provide camera-ready or electronic artwork for the printer.
- Make sure the printer is supplied with all the photos, illustrations, and copy needed to do the job – most printers will gladly make the artwork electronic, you just need to ask!

8. Dissemination

- Find key locations in targeted communities to display and distribute the product.

-  Newspapers are the most effective medium for reaching Chinese seniors. *Sing Tao* for Cantonese speakers and *World Journal* for Mandarin speakers have nationwide circulations.
-  Call community partners and tell them about the new product – most will be happy to help disseminate it. Target doctors' offices, pharmacies, senior centers, churches, grocery stores, and other places frequented by AAPI seniors.
 - Make sure everyone in your organization who can use this product is aware of it.

