



# Ink Matters

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## How Well Does Your Message Translate?

We don't have to look at the results of the 2000 Census to see how diverse our population is becoming. Just look around you. The workplace is growing more diverse. And your target audience may not be all native English speakers.

So how does this impact your organization's written materials? It means when writing for your target audience, you need to consider its cultural make-up as well as its native language(s).

The English language is one of the hardest to learn. And

when native English speakers write it, they naturally use idioms that are particular to our language. This can work well in certain circumstances, but in those situations where your audience includes members of other cultures, you may miss the mark of understanding.

When writing your first draft, just write. Get your ideas or teaching points down on paper and don't be too concerned about phrasing. When you begin massaging the language, look at what you're say-

ing and ask yourself this: If I were explaining this to a person who had recently immigrated to this country, would he or she understand what I am saying?

You want to put yourself in the shoes of someone who has very little, or no, knowledge of the subject, and from that standpoint, look at what you have written.

Look at any metaphors or idioms you used. Does their meaning translate, or would they be understood only by someone native to the English language?

“Virginia’s Fairfax County School District boasts children from 180 different racial, national and ethnic groups who are fluent in more than 100 different native languages.”

—from *Changing America*, A report of the Council of Economic Advisers

## A Short History of Immigration

More than 20,000 years ago, the first people to migrate to America came across the Bering Strait.

The next great wave of immigrants came between 1840 and 1860. By 1865, about one in five Union soldiers was a wartime immigrant.

Many of our grandparents and great-grandparents entered the US through

Ellis Island, the doorway into this country for 12 million people.

In the past, it was typical for children of immigrants to learn English, but not their parent's first language. More recently, however, as Americans have grown to value diversity, children grow up being bilingual as families focus on celebrating their ethnic and cultural heritage.

Immigrant communities enrich our culture. They introduce all of us to their cultural heritage, rituals, and traditions that speak to who they are and what they offer.

“This is the secret of America,” John F. Kennedy said. “A nation of people with the fresh memory of old traditions who dare to explore new frontiers....”

“Low literacy is a problem that knows no age, education, income levels, or national origins. Most people with low literacy skills were born in this country and have English as their first language.”

—Plain Language at Work Newsletter, <http://www.impact-information.com>



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Kristina Anderson has been in the freelance writing and editing business since 1990. Her wide range of experience includes managing bookstores, volunteers, and nonprofit programs. She works with health promotion publishers, health providers, nonprofit organizations, literacy organizations, marketing agencies, educational institutions, technical companies, corporations, book publishers, and authors. Her expertise includes writing for low-literacy and limited English-speaking audiences and assessing readability and literacy levels of printed materials.

### Comparing consent....

**12th grade** Your participation in this study is strictly voluntary. You have the right to choose not to participate or to withdraw your participation at any point in this study without prejudice to your future health care or other services to which you are otherwise entitled.

**6th grade** Taking part in this study is your choice. If you decide not to take part, this will not harm your relations with your doctors or with the university.

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## To Know or Not to Know

Decades ago, a diagnosis from the doctor usually included little information other than brief verbal instructions. But with accelerated advances in medical research and the availability of health information on the Internet, patients can become more informed about diseases, treatment, and the options available to them.

Today's health care system encourages us to learn more about our health. We are encouraged to be our own advocate, take charge of our health, ask questions, and when we don't understand, ask again. When we leave our doctor's office, we need to understand

our diagnosis.

Americans *want* to know more. But in some cultures, knowing can conflict with cultural beliefs. Telling a patient she has a terminal illness can be considered insensitive and inappropriate. In some cultures, the family fears she will lose hope and die sooner.

You have most likely signed consent forms that protect your right to know. In recent years, some health care institutions have created consent forms that protect a patient's right to *not* know.

As more immigrants enter the US and its health care system, the

more health care providers and health care institutions seek to learn about different cultures and their beliefs.

One Web site that offers a wealth of information is Ethnomed ([www.ethnomed.org](http://www.ethnomed.org)).

For more articles about working with other cultures, see the Fall 2002 and Winter 2003 issues of *Ink Matters* at <http://www.easyreadcopywriting.com>.

"Disclosure of a life-threatening illness is extremely difficult even in American culture. It gets more complicated when the patient is a refugee who is simultaneously undergoing the stress of adapting to a new culture."

—from the article "Medical Disclosure and Refugees" by Yewoubdar Beyen, PhD, *Cross-cultural Medicine*