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Effective Materials for the Low-Literacy Population

by Jane H. Root, PhD

If you think about it, the AIDS-avoidance message is so simple it should be etched in the memory of everyone older than 10:

1. Abstinence is the safest choice.
2. Sex with only 1 partner you know is HIV-negative is safer sex.
3. In any other sexual contacts, always use a condom if there is any penetration of the other person's body.
4. Abstinence from intravenous drugs is the safest choice.
5. Those who shoot drugs should not share needles.
6. If you must share needles, rinse them in bleach and water first.

That's it. Plain and simple.

But do you think that most people know this? Well, maybe—or maybe they know only part of it—or they know it but think they can beat the odds—or they think their partner couldn't be infected—or they decide to skip the precautions just this once—or they have their own methods and ideas.

It's not enough to know the facts. The aim of health education is more than just knowledge. The goal of health education is a *change in behavior*. That's a much larger and more difficult goal.

Health Belief Model

Let's start with the Health Belief Model and go from there. Here's a set of personal beliefs that are critical if we are to beat the AIDS epidemic.

Each of us must believe that:

1. AIDS is fatal and anyone can get it.
2. I could get AIDS through sex or shared blood.
3. I can keep from getting AIDS.
4. I know what to do to be safe or safer.
5. I can and will do what is necessary.
6. Then I'll stay clean and *live*—AIDS free!

That's the mind-set—the Health Belief Model—we must promote as we design and promote AIDS information.

For example, according to recent statistics, only about half of sexually active teens use condoms. But it would be hard to find a teen who didn't know about AIDS, didn't know that the virus is sexually transmitted and didn't know that condoms reduce the risk. Although those messages need to be there, the deeper message we must also deliver concerns attitudes as well as knowledge. This more difficult concept will require careful planning and a variety of approaches. Since we can't yet *cure* AIDS and we do know how to *prevent* it, we must bend every effort to do so.

Talking the Client's Language

Written and spoken words are a primary tool. But every substratum of society has a language with signals unique to its own constituents. It is probably impossible to fill every niche with a message designed expressly for those occupying that niche, but one-size-fits-all is equally unrealistic. So let's at least try to define our primary audiences.

Men and women represent an obvious dichotomy. Teens and adults are another. Street people, Latinos, Blacks, homosexuals, pregnant women, Native Americans, children (of various ages) and people who read with great difficulty all need special consideration.

Some of these audiences are widely distributed. You have them in your own backyard. Others are present to a greater or lesser extent because of location. Maine has few Blacks and almost no Latinos. New Mexico is doubtless short on French Canadians. But men and women, homosexuals, pregnant teens, kids of all ages, street people and

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Low-Literacy Materials

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low-level readers are everywhere.

You will need an extensive collection of everything you can find to provide the materials required to inform and encourage your particular group of audiences. This publication is a prime source for learning about those materials.

Materials for the Low-Literacy Client

The poor-reader audience is receiving increasing attention, and so it should. From the standpoint of numbers, it is a far larger group than many would suspect. About 5% of the U.S. adult public has extreme difficulty in reading *anything*. Another 10-15% of the population read poorly, have lowered comprehension and find print a frustrating source of information. About one-third of the adult U.S. population has some reading problems, and many find reading to be an easily avoidable chore.

For the *least* able readers, video- and audiotapes and direct personal dialogue seem to be the only way to deliver the AIDS message. But for the larger group of less-able readers, we can produce or identify adequate resources to meet the needs for education and update relative to AIDS.

How can you identify a well-designed piece of material intended for those with low-literacy skills? Here's how:

1. The overall message covers relatively few points, with a focus on critical behaviors.

2. There is an absence of jargon; the vocabulary is vivid but simple (3rd to 5th grade reading level).

3. The style is conversational. It may be in story form. It is written in active voice with short sentences.

4. The pages have ample white space. There are headers and summaries to aid the organization of the content. The paper-print contrast is good.

5. There are usually illustrations—simple line drawings are the best. Charts and graphs are absent.

6. It tends to be short *(less is more!)*.

7. It matches as closely as possible the logic, language and experience of the intended audience.

I have a pile of AIDS pamphlets on my desk. Most of them begin by asking and answering the question, What is AIDS? Most readers will already know enough about the disease to make a paragraph-long explanation unnecessary. They may not know that it is an autoimmune deficiency disease—but they probably know it's transmitted by body fluids either through sex or intravenous needles, and as far as anyone knows, AIDS is always fatal.

If we look at the Health Belief Model, it would suggest that our pamphlets *begin* by simply stating that AIDS is the number 1 national health problem, that anyone can get it from the blood or body fluids of a person infected with the AIDS virus and that we can control the transmission by what we do. How this is said is as important as what is said.

The pamphlet titled *Girlfriend Listen Up*[1] is a good example of material with the low-level reader in mind. There are some design problems I'll discuss later, but the message is clear—if you're a Latina or Black woman and are engaging in unsafe sex, you could get AIDS and pass the virus to your unborn baby. The rest of the pamphlet (and it's short on words) is vivid and simple. It tells you what you can and can't do to reduce the risk of AIDS. So far, so good. But it stops short of asking for commitment to change, and it does not indicate the reward of worry-free health if you comply.

The design problems I mentioned are several. This pamphlet begins with a drawing of a phone with the number 411 on it as a substitute for the word *information* in the phrase "The (information) is ...." Filling in this word requires special knowledge. It may confuse and puzzle a reader, and it adds nothing to the message. It is not even necessary in the sentence in which it is used. It should be deleted.

There are a number of lists in this pamphlet. They are strung out all through the piece giving a rather scattered, disorganized appearance. The pamphlet would look better and read better if related information were grouped and enclosed in a box. People who do not read well have difficulty grouping and classifying the information they receive, yet this grouping process is often a requirement for full comprehension and for long-term memory.

Experience this for yourself. Read the next series of words just *once*. Then look away and see how many of the words you can recall: pansy, cow, donkey, hammer, rooster, buttercup, rat, lily, saw, rose, wrench. Unless you are unusual, you could remember no more than 3, 4 or 5 words from that series without peeking. But if words like these were arranged in another way, you could recall what you saw only once with much greater accuracy. Try it yourself.

cherry	fly	garage
grapes	butterfly	apartment
banana	mosquito	church
apple	beetle	factory

Now list your recall. I'd be willing to bet you were far more successful with *this* list because similar items were grouped together. You would find it even easier if the items had headings like: Fruit, Insects, Buildings. (Good readers can often make their own headings for items like these, but that's a high-level reading skill.)

So in evaluating pamphlets for low-level readers, look for concise information organized for easy recall.

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[1] 1989 Minority Aids Project, 5149 W. Jefferson Blvd., Los Angeles, CA 90016. Funded by the California Dept. of Health Services

Emphasizing the Message

Sometimes it is useful to *emphasize* part or all of a sentence. The best ways to do this are by changing the color of the print, by putting the message in a box or by drawing attention by underlining or pointing to it with an arrow. The common practice of using capital letters is *not* a good idea. It is harder to read words written with all capital letters because the added clues contributed by the *shape* of the letters are missing. A word written in capital letters always results in the word forming the shape of a rectangle. Compare:

SHAPE shape

The pamphlet we are reviewing uses color and underlining for emphasis, but uses all CAPS for the most important messages. Putting these messages on a colored background or using a different type face would be preferable.

Use of Space

Most of the 31 AIDS pamphlets on my desk use every inch of white space with some kind of print. It's okay to have white space—it may even be desirable. A page of solid print is not especially attractive even to the good reader. The less-able reader often won't even try.

The pamphlet in question—*Girlfriend Listen Up*—could be reduced from a 3-fold to a 2-fold piece by organizing the information better and eliminating non-essentials. For low-literacy readers, less is more and shorter is better. With planning, the message in *Girlfriend Listen Up* could be augmented with a picture or two or by a statement from someone who has done what is recommended and experienced good results. This modeling by a successful peer is more effective than professional pleading in encouraging the reader to "Go and do likewise!"

So a piece like *Girlfriend Listen Up* gets mixed grades as material for the less-able readers. It is strong on some counts and less effective on others. It will certainly be more effective than many standard pamphlets. So use it, but keep your eyes open for improvements.

Measuring Readability

You may find it useful to get some idea about the reading level of the material you are considering. There are about 40 different readability measures, including some that may be available on your computer as part of a program to analyze your writing.[2] These formulas require continuous discourse. Lists or charts do not provide a good basis for applying a readability formula. One formula that is easily administered and accurate enough for sorting material into easy and more difficult categories is the SMOG Formula, a simplified version of the well-known FOG index for readability.

SMOG Readability Formula[3]

1. Mark off 10 consecutive sentences near the beginning of the text to be assessed, 10 in the middle and 10 near the end. Count as a sentence any string of words ending with a period, question mark or exclamation mark.

2. In the 30 selected sentences, count every word of 3 or more syllables. Any string of letters or numerals beginning and ending with a space or punctuation mark should be counted if you can distinguish at least 3 syllables when you read it aloud in context. If a polysyllabic word is repeated, count every repetition.

3. Estimate the square root of the number of polysyllabic words counted. This is done by taking the square root of the nearest perfect square. For example, if your count is 34, the nearest perfect square is 36, for which the square root is 6. If your count lies roughly between 2 perfect squares, choose the lower number and find its square root. For instance, if your count is 30, take the square root of 25 (which is 5) rather than the square root of 36 (which is 6).

4. Add 3 to the approximate square root. This gives the SMOG Grade—the *reading grade* that a person must have reached if he or she is to understand *fully* the text assessed. In this example the text measures at an 8th grade reading level.

This SMOG formula will not assess material below about the 5th grade level, but it can be used for rough sorting of your materials. Since about one-third of the population of U.S. adults reads below the 7th grade level, materials with SMOG scores above the 7th grade level will be too difficult for many readers.

Matching Material and Client

Suppose you were super-well-equipped with materials and had identified or designed something for every niche in your target audience! This library would then include materials in languages other than English. Now, how would you fit the appropriate material to the client who needed it? How would you know a non-reader when you saw him or her? You wouldn't—but the person who is to read the material knows! If there is a variety of material available (including audiotapes for the non-reader), the client can be invited to choose whatever is most appealing. The likelihood that an appropriate choice will be made is much more enhanced, though there is no guarantee that the low-literacy reader will choose the easier texts.

Audiotapes and the lowest readers. Could you consider an audiotape as a give-away item? In quantities, short tapes are well within the cost range of some of our glossy print materials. And they are not difficult to make. Further-

[2] RightWriter. RightSoft Inc., Dept. 9060, 4545 Samuel St., Sarasota, FL 34233-9912. And there are several others.

[3] *Journal of Reading*, May 1969, Vol. 12, No. 48.

more, many print materials are taken home but never read. An audiotape is almost certain to be listened to—at least once—and nearly everyone has a tape player of some kind available.

But making an audiotape by just reading something from existing print is not enough. The message and the medium should be related. A good way to develop a script is to talk it onto the tape extemporarily, then type and edit your words. This invites the use of your spoken language and ensures conversational style. Dialogue is often effective. And it is important, even on tape, to provide a chance for feedback from the listener, who can be invited to turn off the player, respond out loud to a question and then return to the tape as you provide a likely answer.

With a little imagination, you can develop some very useful additions to your information bank. Be as explicit and complete as needed to fully inform your client. Remember, the non-reader can't look for other sources (except perhaps peers) to get the information available to a reader. But the need for information and resources about what to say and do to maintain control is equally important to this most vulnerable non-reading group. Although many in this group have average or better intelligence, there are also many individuals who have limited intelligence and who are vulnerable to unwarranted pressures. They need well-rehearsed responses to those who might take advantage of them. Saying no to sex and drugs is a viable choice they should feel free to make.

Here are some do's and don'ts for successful audiotape making:

1. Make your messages short—5 to 8 minutes at most.

2. A small glitch or two (a stumble in mid-sentence or a hesitation) doesn't ruin a tape. It may even make it seem more like a natural conversation.

3. A worksheet or booklet to accompany an audio tape may enhance its value. Have the listener turn off the tape, respond to something on the worksheet, then return to hear an acceptable answer. This is a good way to repeat important information. Remember to keep the worksheet simple—pictures to mark, a choice between two previously read or heard answers, yes/no questions and the like.

4. Don't spend much time trying to find ready-made tapes. You will doubtless need to make them yourself. This can have the added value of reflecting the dialect and local customs of your region.

5. If you find speaking on tape is uncomfortable for you, ask someone to tape it for you. There should be a friendly quality to the voice, a delivery that is neither too fast nor too slow, with no speech mannerisms that could disturb the listener. But you neither need nor want a professional voice.

This medium will grow on you if you try it once or twice. Audiotapes are a much neglected educational tool. They are relatively low-tech, attractive to learners, have the potential of being more personal than written materials and are relatively cheap. They are worth a try.

Testing for Learner Verification

You can make initial choices of materials you *think* will fill the niches in your audience grid. However, you would do well to try out your selections on some of the clients you had in mind when you chose a particular material. Most material has never been subjected to such a test, although materials are often critiqued by professional peers. Peer review may be technically useful, but client verification is the real test of usefulness. Submitting your material to users will help you sharpen your perceptions and will alert you to pitfalls you might otherwise miss.

I have just been pre-testing materials developed for the American Cancer Society. The diet to reduce cancer risk recommends eating a "cabbage-y" vegetable twice a week. But the audience I tested didn't know which were the cabbage-y vegetables. That's a fatal flaw, and needs to be modified.

Some of the initial-isms used in AIDS materials may be equally vague to your audience: What is NGU or STDs, HIV or ARC? Are these or other words well understood by your readers? Did they get the message that was intended? Do they have opinions about the pamphlets we think are effective? Do they have suggestions? Are the pictures appealing to them? A pamphlet I recently authored came back from an artist with drawings that were so distorted and angular that it was completely unsuitable. We got a new artist—and clients now love the drawings!

You may think you know your clients well enough to make these judgments for them, but don't be too sure. A panel of "experts" who will be using these materials could prove you wrong.

And Now—

All this may look like a heavy order. First you must identify all the various audiences you serve. Then you determine what each group needs to know. Somehow you also hope to motivate your clients to make responsible choices. From an incomplete array of possibilities, you will take what is best, invent the rest and put it all to the test. And you have a limited budget—and limited time—and there are lives out there depending on you. It's enough to make you wonder how early you can get early retirement!

But if you begin, you can gradually fill your empty niches with materials that will improve over time. There is an army of other seekers and a growing group of providers to keep you company. And for someone out there—someone you don't even know—*you* are the lifeline. Education has never been more important.

Suggested Resources

"Developing Innovative AIDS Prevention Programs for Latino Youth." 1988. Ana C. Matiella. In *The AIDS Challenge: Prevention Education for Young People*, pp. 333-344. ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, (408) 438-4060. $34.95 hardcover, $24.95 paper.

"Developing Low-Literacy Materials." Forthcoming. Jane H. Root. In *Getting The Word Out: A Practical Guide to AIDS Materials Development*, edited by Ana C. Matiella. ETR Associates/Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, (408) 438-4060.

"Developing Materials for Culture Groups." 1988. G. Smallwood. In *AIDS Prevention and Control*, Invited Presentations and Papers from the World Summit of Ministers of Health on Programmes for AIDS Prevention, pp. 59-61. Pergamon Press, Inc., Maxwell House, Fairview Park, Elmsford, NY 10523, (800) 257-8247. $40 (hardcover only).

"Focus Groups: Process for Developing HIV Education Materials." April, 1990. In *HIV Education Case Studies No. 2.* U.S. Conference of Mayors, AIDS Program, 1620 Eye St. NW, Washington, DC 20006, (202) 293-7330. 24 pages. $5.

"Health Literacy Project: A Patient and Professional Education Effort." 1989. S. Furnas, M. J. Langston and R. Groves. Information sheet on project. Health Promotion Council of Southeastern Pennsylvania, 311 S. Juniper St., Rm. 308, Philadelphia, PA 19107, (215) 546-1276.

Making PSAs Work. 1985. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, Bethesda, MD 20205, (800) 422-6237. Publication no. 85-2485, illustrated, 66 pages. Free.

Prostitutes Prevent AIDS: A Manual for Health Educators. 1988. California Prostitutes Education Project, P.O. Box 6297, San Francisco, CA 94101-6297, (415) 558-0450. 71 pages. $25 (+ $1.63 tax in CA only).

Teaching Patients with Low Literacy Skills. 1985. Cecilia and Leonard Doak and Jane H. Root. J.B. Lippincott, East Washington Square, Philadelphia, PA 19105, (800) 242-7737. 171 pages, illustrated, tables. $14.50.

About the Author

Noted professor, author and school psychologist Jane Root has more than 30 years' professional experience in the field of education. She has written and helped develop numerous materials on evaluating and educating those with low-literacy skills, including books, training manuals and literacy tests. She has served as a consultant to health care providers and educators and has been a major speaker at conferences in over 200 cities in the United States, Canada and Mexico. She raised 6 children and has 14 grandchildren. Retired in 1985, she now resides in Maine with her husband, Augustin.

Indepth Reviews

AIDS
Author: Jonnie Wilson
Producer: Lucent Books, Inc.
Year: 1989
Description: Book, 79 pages, illustrated, in English
Available from:
Lucent Books, Inc.
P.O. Box 289011
San Diego, CA 92128-9011
(800) 231-5163
Cost: $10.95 (hardcover only)
Target audience: Late junior high/early high school students

AIDS, by Jonnie Wilson, provides a good overview of the AIDS epidemic for early high school students. Epidemiological, biological, social and political aspects of the disease are all covered in this short book. Wilson includes both basic elements of HIV education and other material less frequently seen in books targeting teenagers. Various personal accounts of persons with AIDS are used to portray the diversity of those affected by the disease. The NAMES Memorial Quilt, research efforts and discrimination issues are discussed.

Information on HIV transmission is detailed and clear, and explanations of HIV prevention are more than adequate. The author incorporates the various advantages of abstinence, monogamy and condoms, as well as the importance of not using intravenous drug needles, into a chapter that also mentions the household mailing of the Surgeon General's Report, the significance of teaching about AIDS in school, and guidelines prepared for health and safety workers.

Kinds of help available to persons with AIDS are enumerated. Citing typical information on AZT, the author also includes discussions on experimental drugs, nutritional supplements and support groups as ways for AIDS patients to remain as healthy as possible. The difficulties

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