



Using Readability Principles to Improve Print Materials for African American Churches

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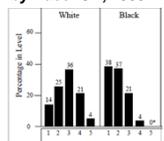
The Need: Targeted, Faith-Based Intervention

More than 40% of African Americans live with high blood pressure.¹ In total, 76 percent of African American adults in California are overweight or obese, compared to 59 percent for all adults statewide.² Health risk factors like high blood pressure and obesity are cutting lives short. African Americans are more likely than all other ethnic groups to die from heart disease, cancer, stroke, and diabetes.³

The National Cancer Institute's *Body & Soul* program is a research-tested and proven, faith-based intervention to increase fruit and vegetable intake among African American church members. The *Network for a Healthy California* has supported the program for 10 years.

Churches needed a guide on how to create and sustain a health ministry, so *Network* staff created a companion manual. The original manual was written at a college reading level, accessible to half of all potential readers.

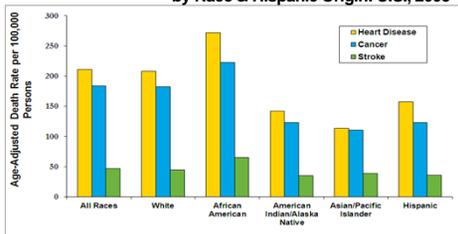
Prose Literacy Level by Race: CA, 1993⁴



According to the American Medical Association, low literacy limits the ability of 90 million Americans to engage in disease screening or lifestyle modifying activities.⁴

The average literacy scores of poor and near poor adults are considerably lower (64 to 73 points) than the scores of adults who were not poor. African American families demonstrate poverty rates up to three times higher than other ethnic groups. Researchers for the National Assessments of Adult Literacy found that 38% of African American participants were graded at Level 1 prose literacy (generally defined as less than fifth-grade reading and comprehension skills).⁵

Age-Adjusted Death Rates per 100,000 Persons Heart Disease, Cancer, & Stroke by Race & Hispanic Origin: U.S., 2005³



The Results: An Easy-to-Read Document

Before	After
Content: Manual was over 80 pages.	Content: Reduced to 34 pages (plus Appendix)
Literacy Demand: Longer sentences and academic language.	Literacy Demand: Shortened the sentence length. Chose simpler words with fewer syllables. Used bulleted lists.
Graphics: Presented abstract concepts.	Graphics: Used concrete examples and included graphs.
Layout and Typography: Use of several fonts, some of them serif.	Layout and Typography: Used Arial font for body of the manual.
Learning Motivation: Readers may not feel connected to the data or the connection to churches.	Learning Motivation: Replaced "African Americans" with "we." Added related quotes and presented the church as a place for social change.



BEFORE: Grade Level 12.9, crowded text



AFTER: Grade Level 5.8, increased white space

The Approach: Suitability Assessment of Materials

Created by Doak et al., this list outlines key factors in readability. It can be used to assess existing materials or build new pieces.⁶

Content

- Purpose is evident
- Content about behaviors
- Scope is limited
- Summary or review included

Graphics

- Cover graphic shows purpose
- Type of graphics
- Relevance of illustrations
- List tables, etc. explained
- Captions used for graphics

Learning Motivation

- Interaction used
- Behaviors are modeled and specific
- Motivation— self efficacy

Literacy Demand

- Reading grade level.
- Writing style, active voice
- Vocabulary uses common words
- Context is given first
- Learning aids via "road signs"

Layout and Typography

- Layout factors
- Typography
- Subheads ("chunking") used

Cultural Appropriateness

- Match in logic, language, experience
- Cultural image and examples

Discussion: Best Practices for Written Materials

Effective print material interventions rely on the practitioners ability to meet the cultural and linguistic needs of the reader. Although the techniques described can be time-consuming and less interesting than other intervention elements, they are crucial to the success of any intervention.

Following layout and design, conduct key informant interviews with members of the target audience.

Doak et al. recommend these criteria:

- **Attraction:** Does the reader find the material appealing at first glance?
- **Comprehension:** Can the reader explain the meaning of what has been written?
- **Self-efficacy:** Does the message feel "doable" to the reader?
- **Cultural Acceptability:** Is the message appropriate for the reader? Does it have credibility?
- **Persuasion:** Is the reader persuaded to act upon the message?

¹ National Center for Health Statistics. *Health, United States, 2008*. Hyattsville, MD: National Center for Health Statistics; 2008.

² Behavioral Risk Factor Surveillance System Survey Data: 2007 [Unpublished data file]. Sacramento, CA: Network for a Healthy California, Policy, Partnership, and Planning Section; Cancer Control Branch; California Department of Public Health.

³ Department of Health and Human Services, National Institutes of Health, United States, 2007 <http://www.cdc.gov/nchs/data/atus/hus07.pdf#029> Table 29

⁴ Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association. Health literacy: report of the Council on Scientific Affairs. *JAMA* 1999 Feb 10;281(6):552-557.

⁵ Kirsch, I.S., Jungblut, A., Jenkins, L. & Kolstad, A., (1993) Adult Literacy in America: A first look at the results of the National Adult Literacy Survey. Department of Education

⁶ Doak CC, Doak LG, Root JH. *Teaching Patients with Low Literacy Skills*. Second ed. Philadelphia: J. B. Lippincott Company; 1996.

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