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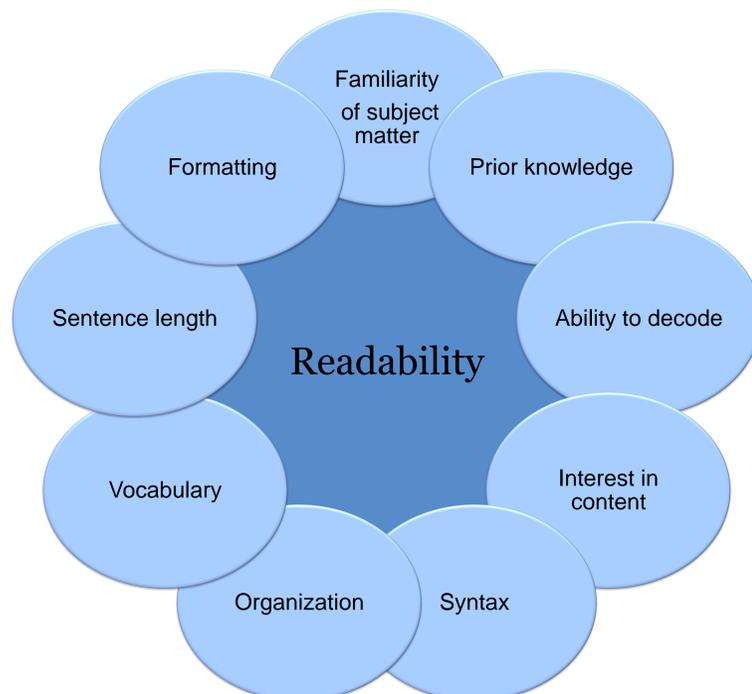
## Objectives

- Define readability and the elements that affect it;
- Demonstrate data on adult literacy in the United States and explicate the relationship between readability and literacy levels;
- Present ideas for unobtrusively evaluating the literacy levels of the clients and families we serve without causing unnecessary additional burden or stress;
- Demonstrate ways that UCEDDs can consider readability and varying literacy levels in materials they create and distribute; and
- Consider how the literature on readability and literacy relates to the materials provided at UCEDDs, taking particular subpopulations into account.

## What is readability?

"The sum total (including all the interactions) of all those elements within a given piece of printed material that affect the success a group of readers have with it. The success is the extent to which they understand it, read it at an optimal speed, and find it interesting" (Dale & Chall, 1949, p. 23).

## Elements affecting readability



## Why should I consider readability?

- 90 million U.S. adults have difficulty locating and integrating information in written texts consistently and accurately (Kirsch, 2001).
- 11 million U.S. adults are illiterate in English (National Center for Educational Statistics, 2009).
- Everyone deserves to be able to access materials developed for them.
- By taking both readability and clients' literacy levels into account when developing materials, we enhance the likelihood of successful access by all stakeholders.

## Determining clients' literacy levels

### Formal assessment

- Graded word lists
- Oral fluency passages
- Informal reading inventories

### Informal assessment

Chew, Bradley, and Boyko (2004) developed a brief literacy questionnaire to evaluate whether current materials provided were accessible by patients. This questionnaire is adaptable to context.

### Sample questions

How often are patient educational materials written in a way that is easy to read and understand?

(1) Always (2) Often (3) Sometimes (4) Occasionally (5) Never

How often are hospital or clinic signs difficult to understand?

(1) Always (2) Often (3) Sometimes (4) Occasionally (5) Never

How often do you have problems completing medical forms because of difficulty understanding the instructions?

(1) Always (2) Often (3) Sometimes (4) Occasionally (5) Never

How often do you have problems learning about your medical condition because of difficulty understanding written information?

(1) Always (2) Often (3) Sometimes (4) Occasionally (5) Never

How confident are you filling out medical forms by yourself?

(1) Extremely (2) Quite a bit (3) Somewhat (4) A little bit (5) Not at all

## Guidelines to enhance readability

- Use words that are short and familiar;
- Avoid jargon;
- Use culture-and-gender-neutral language;
- Use correct grammar, punctuation, and spelling;
- Use simple sentences, active voice, and present tense;
- Begin instructions with an action verb; and
- Use simple graphic elements such as bulleted lists and numbered steps to make information visually accessible.

These guidelines were adapted from Hackos and Stephens (1997).

## Special populations

### Speakers of languages other than English

Individuals who speak a language other than English as their primary mode of communication may be uncomfortable asking for modified and/or translated materials (Swain & Lapkin, 1995).

Are multiple language materials available and in the same location as the English language material, or are there signs clearly posted in multiple languages that indicate that translated materials are available and how to obtain it?

### Individuals who are blind

Have Braille materials been provided whenever possible? Are individuals who are vision impaired able to access the same materials as their sighted counterparts?

## References

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