Messages for All Voices

Integrating Cultural Competence and Health Literacy in Health Materials, Forms, and Signage

NOVA SCOTIA
NOUVELLE-ÉCOSSE
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QUICK REFERENCE GUIDE

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About This Quick Reference Guide

What is our goal?

This quick reference guide is intended for health-care and health promotion professionals and community partners who create, assess, and/or adapt health materials, forms, and signage.

It is a summary version of a more in-depth resource. The complete resource is available online at **www.gov.ns.ca/health/primaryhealthcare/healthliteracy.asp**.

Our goal in writing this guide and full resource is to share key concepts and practical tools needed to create health and health promotion materials, forms, and signage that:

- are clear and understandable;
- are appropriate and responsive; and
- reflect the **culture, language** and **health literacy** levels of the people we serve.

Culture refers to groups that share common experiences that shape the way group members see and understand the world. Culture is multi-layered and evolving. It includes groups we are born into and those we choose. Culture includes, but is not limited to, race and ethnicity, language, gender and gender identity, sexual orientation, (dis)ability, religion and/or spirituality, age, geographic origin, and socio-economic status (class). People have multiple cultures.

Health literacy is the ability to find, understand, and use health information, services and supports that help us make informed choices about how to be healthy.[1] Health literacy requires communication, math and reading skills, and an ability to navigate forms and health systems.

Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.[2]

1. *Nova Scotia Working Group on Health Literacy,* Terms of Reference *(2007).*
2. *Terry L. Cross and others,* Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*, vol. 1 (Washington, DC: Georgetown University Child Development Center, 1989)*

Cultural competence is not simply a technical skill, problem solving approach or communication technique. It requires a fundamental change in the way we think about, understand and interact with the world around us. Because culture is dynamic, shared and continuous, so is cultural competence. It is a process of becoming, not an end to be reached.[3]

The *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia* (2006) originated as a response to needs and barriers identified through a process of engagement with Nova Scotia's diverse minority communities (see Appendix 1). This resource supports the implementation of Guideline 9:

> *Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.*

How were these tools developed?

We chose the format and content of these tools through a series of consultations with cultural competence and health literacy staff, people who create health and health promotion materials, and members of cultural groups working in health care. A list of some of those consulted is included in the front of this document.

We scanned the literature and best practice resources in cultural competence and health literacy to create a working draft. We made changes to the draft based on feedback and further consultations.

How should these tools be used?

Use this as a quick reference when creating, assessing, and/or adapting health materials, forms, and signage. It contains an assessment guide and a list of how-to highlights for considering cultural competence, language and literacy/health literacy.

Refer to the full on-line version of this resource if you need:

- more information on key concepts
- starting point information about health and culture in Nova Scotia
- practical tools on consultation and minimizing language and health literacy barriers

You can find the online version at
www.gov.ns.ca/health/primaryhealthcare/healthliteracy.asp.

3. *A. M. Dunn, "Culture Competence and the Primary Care Provider,"* Journal of Pediatric Health Care *16, no. 3 (May 2002): 105–111.*

Why integrate culture, language and literacy in health materials, forms, and signage?

Integrating culture, language, and literacy in health materials, forms, and signage means better health for all Nova Scotians.

To be healthy, we need access to health and health promotion information that is in a language and at a literacy level we understand and that values our cultural identities. This is true for our interactions with health-care providers, the patient education materials and health information we receive, the forms we complete, and the tools we use to navigate health facilities and systems of care.

Including culture, language, and literacy in health and health promotion materials means they will be more accessible, accurate and appropriate. They will be written the way people speak, in words and languages people understand, with images and content mirroring culture, income, and education levels. This will enable health literacy. More people will read and understand health education materials. They will see themselves reflected in health promotion materials. Forms will be easier to complete, with the diversity of individuals and families included. People will be better able to navigate health systems and make better-informed decisions about their health.

Providing **culturally competent** programs and care, which includes paying attention to culture, language, literacy, and health literacy, thus builds inclusion and aims to:

- reduce long-standing health inequities;
- improve access, quality of service and health outcomes; and
- decrease liability and improve health system efficiency.

Assessment Guide for Culturally Competent Health Materials

When writing, adapting, or choosing health materials, ask yourself, "Have I considered culture, language, and health literacy?"

QUESTIONS TO ASK

1. **Do I understand culture, cultural competence, and health literacy?**

2. **Who is my audience? Did I engage with them? Have they identified their needs? Do my materials meet their needs?**

3. **Have I considered . . .**

Culture: What cultural groups do I work with? Did I include these groups in my health materials? What issues do they face? How do I reflect their life experience, culture, and biomedical reality? How will they have access to my information?

Race/ethnicity: Did I consider the needs and lived experience of local racially and ethnically diverse individuals, such as Aboriginal people, Acadians and francophones, African Canadians, immigrants and refugees? Did I consider race and ethnicity in content, images and examples?

Sex/gender: Did I consider the needs and lived experience of men and women, boys and girls? Did I make sure I have not stereotyped roles and behaviours? Did I consider sex and gender diversity in content, images and examples?

Gender identity: Did I consider gender identity—a person's self-image about being female, male, both, or neither—in content, images and examples?

Socio-economic status: Did I consider the effects of low social status and low income on health? Can those on low incomes relate to this? Will they have access to it?

Sexual orientation: Did I consider sexual orientation in content, images and examples? For example, did I consider same-sex relationships? Health concerns? Confidentiality?

Ability: Did I consider people with differing levels of physical or mental ability?

Location: Did I consider where people live, including rural and urban realities (for example, safety, access to services and transportation)?

Age: Did I consider different age groups, for example children, youth, seniors, and the middle-aged?

Spirituality: Did I consider diverse faiths, spiritual beliefs, and practices?

QUESTIONS TO ASK

4. Have I minimized language barriers?

Did I develop or adapt this in partnership with local groups whose home language may not be English (for example, Aboriginal people, francophones and Acadians, recent immigrants, and refugees)?

Did I consider the Deaf and those with hearing loss? The deaf-blind?

Did I make this information available in languages spoken/read/signed in my local community (for example, French, Mi'kmaq, Braille, American Sign Language, and local newcomer languages)? Do I need to have it translated? Adapted to a non-print format?

Did I look for other ways to share this information so that my message will be heard and understood?

5. Have I minimized literacy and health literacy barriers?

Is my material easy to read and understand? Is it written at a literacy level appropriate to my audience? Will it empower people to take action for better health?

Did I include diverse photographs, images, and diagrams that assist with understanding?

Can I provide this in alternative formats, such as audio, digital, or DVD (described format)?

Do I need to provide a large-print version?

Can I combine this with clear verbal communication? Will my message reach the intended audience?

6. Have I assessed culture, language, and literacy/health literacy in forms and signage?

Are intake, assessment, and consent forms easy to read, appropriate, and inclusive?

Are signs easy to read and understand and inclusive?

Are maps, signs and other tools designed to help with navigation? Are multilingual staff/volunteers on hand to help?

How-to Highlights

How to engage the target audience

- Identify your audience. To whom are you writing? What is their age, their culture, their education, their language and literacy level? What groups most need this information? Where will it have the most impact?
- Engage people in identifying their needs and capacity. When your materials are developed, ask people to read them. Can they understand the material? Does it meet their needs? Can they see themselves reflected there?

How to consider culture

- Consider all expressions and intersections of culture.
- Learn more about the cultural groups in your local community. Identify needs and develop relationships through a process of meaningful engagement. Use this information to adapt, choose, or develop health information so it is culturally appropriate. Test it with your audience to be sure it meets their needs.
- In images and content, reflect the voice, culture, and lived reality of cultural groups. Consider historical, economic, social, environmental, and political context.
- Ensure that materials consider biomedical and physiological differences, disease burdens, and skin colour of the people you serve.
- Use inclusive language, such as "seniors" instead of "the elderly." Include male and female voices. Consider using the "singular they" or varying "he" and "she" in the text; do not use forms such as s/he or (s)he. Think of parents, same-sex couples, single parents, and extended families.
- Include diverse individuals in images and diagrams.
- Profile culture in case studies using names and relevant issues. Choose words and images that do not reinforce stereotypes. Use examples that make health concerns of cultural groups more visible.
- Reflect culture by considering complimentary/traditional providers and practices, the role of family, food, birth and death rituals, community supports, spirituality, and traditions in cultural beliefs and health practices.
- Do not assume Internet use.
- Do not assume heterosexuality. Do not assume only male or female gender identity.
- Consider the profound influence of poverty and status on health.
- Do not suggest approaches that are unrealistic for people with limited incomes.

How to include language

- Provide culturally appropriate health materials in the languages used in your service area. Consider signed and spoken languages.
- Develop written materials in partnership with people whose home language is not English.
- Make sure that translated material is easy to read. Avoid or explain technical terms.
- Find alternative (non-print) ways to communicate and deliver health information.
- Use cultural health interpreters or American Sign Language (ASL) interpreters, supplemented by health materials. If there are no trained interpreters in your area, investigate telephone or video interpretation options.
- Provide information in alternative formats such as large-print, Braille, audio, or digital format/CD/DVD (described format).

How to create inclusive forms

- Translate forms into key languages. Make them available in large-print, Braille, audio, digital, or DVD (described format).
- Make forms easy to read and navigate. Have someone on hand to answer questions and clarify.
- Use inclusive questions and terms: consider food, spirituality, gender identity, sexual orientation, racial and ethnic identity, same-sex couples, single parents, partners versus husband and wife.
- Keep forms confidential. Train staff to ensure that information is confidential.
- Ask only what you need to know.

How to create inclusive signs

- Consider large font, contrast, universal symbols, and diverse images and languages.
- Include signage for cultural health and ASL interpretation services where available.
- Encourage, promote, and increase French signage in health-care facilities through the Bonjour program.
- Provide and identify single-stall washrooms for transgender individuals.
- Have multilingual staff/volunteers on hand to help.
- Use maps, signs, colour-coding and other tools to help with navigation.

How to include literacy and health literacy

- Identify your audience. Assess their needs. Consult with them.
- Adapt, choose, or write materials for the literacy level of your audience.
- If possible, hire a plain language writer.
- Write with clarity and understanding in mind. Use shorter and familiar words and clear language. Avoid jargon, acronyms, abbreviations, and technical terms. Explain difficult words and necessary medical terms.
- Use fewer than 20 words per sentence. Use a logical order with one main idea per paragraph. Put the most important information first.
- Write the way people speak. Use a friendly and inviting tone. Use "you" and 'we" not "patient," "consumer," or "client."
- Write in the active voice. For example, "Cats eat fish" instead of "Fish are eaten by cats."
- Include only what is necessary.
- Use bias-free, inclusive language.
- Use lists to summarize key information. Emphasize key words and phrases with bold or in text boxes.
- Use clear layout and design. Make your document look clean and inviting, not overwhelming. Limit the amount of text on each page. Use headings and other tools to help readers navigate the material. If possible, hire a designer with experience in this area.
- Avoid the use of italics and shadowing. These are hard to read.
- Use at least a 12 point font that is easy to read. The Canadian National Institute for the Blind (CNIB) recommends Verdana (12) and Arial (14). Left align the text and leave the right margin ragged.
- Provide alternative formats, such as large-print, Braille, and audio or digital format/DVD (described format).
- Use images, diagrams, and text descriptions that assist with understanding.
- Use clear verbal communication in tandem with easy-to-read, inclusive health materials.
- Use personal and community channels to share health messages.
- Keep in mind the stigmas facing people with limited literacy and health literacy skills.
- Encourage and empower people to ask questions and learn more through the materials you provide.

Our Vision of the Future

In the future, all Nova Scotians have full access to culturally and linguistically appropriate health resources in order to reduce health inequities and improve health outcomes.

To achieve this, our vision is to provide health information that:

- is clear and understandable;
- is appropriate and responsive; and
- reflects the **culture, language** and **health literacy** levels of the people we serve.

Our health promotion and patient education materials are

- accurate and regularly updated
- clearly written and easy to read and use
- culturally competent—inclusive and appropriate for all cultural groups
- available in multiple formats including written, large-print, audio, and audio-visual
- available in local languages

Our forms are

- clearly written and easy to read and use
- culturally competent—inclusive and appropriate for all cultural groups
- available in local languages and accessible formats

Signs in our facilities are

- clearly written and easy to read and use
- represent diverse local populations in images and content
- available in local languages and accessible formats

All staff, including front desk staff,

- use culturally competent approaches
- understand the extent and stigma of health literacy barriers
- use clear verbal and written communication
- know how, when, and where to access health resources for people of diverse cultures and languages
- relay this information respectfully and appropriately to people of all cultural groups and literacy levels

Meeting Cultural Competence Guideline 9:

Nova Scotia district health authorities, the IWK, and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia (2006)

For a full copy of this resource, see
www.gov.ns.ca/health/primaryhealthcare/healthliteracy.asp

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