INTRODUCTION TO INCLUSIVE COMMUNICATION, LANGUAGE AND HEALTH LITERACY

ABOUT THIS SECTION

This section is an introduction to inclusive communication, language and health literacy. It provides background information on the importance of using inclusive communication and language and the key health literacy principles you need to consider when engaging with current or potential consumers

inclusive communication

What is it?

We all understand and express ourselves in different ways according to our cultural, social, educational and personal experiences. For example, in some cultures, people will not make direct eye contact as a sign of respect, but this could be misinterpreted as the person being uninterested or disengaged. Inclusive communication both verbal and written, means developing and sharing information in ways that everybody can understand. How we communicate needs to be tailored to suit each person.

Why is it important?

People can experience barriers to health and community services when information is not written or explained in a clear and accessible format, available in their preferred language or staff are unable to adjust to the person's needs and preferences.[1] As service providers, we need to be aware of our clients' preferred language and use words and examples that are appropriate and relevant to their language, cultural background, abilities and personal experiences. This will ensure people have the opportunity to receive information and express themselves in ways that are appropriate for them.

We want people to identify with the messages, images and the overall design of the materials we produce. The images and style of our communication need to reflect the principles and values of the organisation without being contrived or tokenistic.

When communicating with people in person, we need to be welcoming, positive and demonstrate culturally respectful verbal and body language. For example, if we have a client who does not shake hands or touch people of the opposite gender because of their religious or cultural beliefs, when greeting them we could make them feel at ease by placing our hand over our heart, nodding slightly and saying hello.[2]

The Diversity Jigsaw
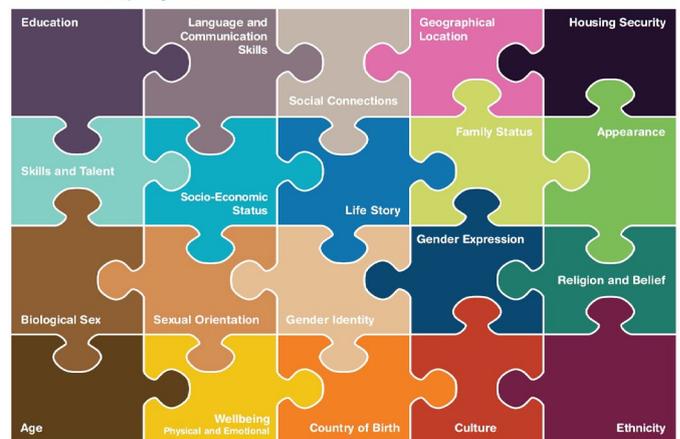
The Connecting the Pieces resource http://www.emralliance.org/connecting-the-pieces.html explores the breadth of diversity through the diversity jigsaw and encourages people to operate within a framework that recognises respect and promotes all aspects of diversity. Working to these principles, enables you to consider how best to develop inclusive communication material that engages rather that alienates and excludes. It may be necessary to adapt your messages, images and language and produce different communication pieces for different communities or groups.

1. http://www.eccv.org.au/library/An_Investment_Not_an_Expense_ECCV_Health_Literacy_Paper_FINAL.pdf

2. https://thinkthink.wordpress.com/2009/04/23/guide-avoid-embarrassing-handshake-situations/

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INCLUSIVE LANGUAGE

What is it?
Inclusive language demonstrates respect and has the ability to make people feel welcome and included. It positively reflects and promotes the abilities of individuals, acknowledges and embraces diversity and is free from demeaning, insulting and complex phrasing.[3] Examples of inclusive language include: 'we are committed to providing a welcoming and safe environment and delivering appropriate services for our entire community; we encourage people of all abilities, cultures and backgrounds to contact us to find out more about our services'.

Why is it important?
Using inclusive language allows us to focus on strengths and abilities rather than deficits or limitations.

Key principles of inclusive language
- Respects a person's values (cultural, spiritual, emotional) and beliefs
- Demonstrates respect of how people describe who they are and what is important to them (relationships, gender, abilities, and identities)
- Focuses on a person's strengths and assets and what they can do, not their limitations or deficits or what they can't do.

PLAIN LANGUAGE

What is it?
Plain language is communication that can be understood the first time it is read or heard. It allows people to find the information they need, understand the information they find and act appropriately on that information. It is an important tool for improving health literacy.[4]

Why is it important?
Plain language saves time and effort for everyone. Our messages become more meaningful when we say precisely what we mean and always speak with the intended audience in mind.[5] It is recommended that clients are involved in developing and reviewing communication material for readability including plain language.

Key elements of plain language
- Organise information so that the most important points come first
- Break complex information into understandable portions
- Use examples to help explain the text
- Avoid jargon and technical terms – explain concepts/ideas in plain and straightforward way
- Use the active voice
- Further information:
  http://www.plainlanguage.gov/whatisPL/definitions/Kimble.cfm

3. https://www.uq.edu.au/equity/content/inclusive-language

4. http://www.plainlanguage.gov/whatisPL/index.cfm

5. https://publicsector.sa.gov.au/wp-content/uploads/20070101-Good-practice-guide-Plain-English.pdf

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HEALTH LITERACY PRINCIPLES

'Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health. Health literacy includes the capacity to communicate, assert and enact these decisions.'[6]

What is health literacy?
Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.[7]

A person's individual health literacy needs to be considered in the context of the demands that they will face when accessing and using our complex health system.

- Individual health literacy - the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action

- The health literacy environment - the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services[8]

> ### Did you know?
> *Just over 1/3 of Victorians aged 15-74 have an adequate level of individual health literacy.[9] This means that the majority of people do not have sufficient skills, knowledge, motivation and capacity to access, understand, appraise and apply information to make effective decisions about their health and take appropriate action.*

Why is health literacy important?
Health literacy is important because it shapes people's experience of the services and healthcare they receive and contributes to the safety and quality of their health care. A person's ability to access, understand and use information about their condition will influence the action they take and the decisions they make about treatment and management.

Poor health literacy can have an impact on people's health and wellbeing. These challenges affect the individual and the community more broadly. Research has found low health literacy to be associated with:

- Misdiagnosis and low rates of treatment compliance

- Higher incidence of chronic disease conditions and later engagement with the health system

- Poor management of chronic conditions and appropriate medication taking, and poorer knowledge about own diseases or conditions

- Poorer ability to interpret labels and health messages

- Less engagement in health-promoting behaviours and poorer overall health status

- Fragmented access to care and reduced use of preventive health services

- Increased hospitalisation and readmissions, greater use of emergency care and longer stays in hospital[10]

It can be difficult to clearly identify the causes of poor health literacy. We do know there are a number of factors that can impact individual health literacy, including educational attainment, culture and language, age, employment and socio-economic status.[11, 12]

Health literacy and communication
The Australian Commission on Safety & Quality of Health Care (ACSQHC) recommends health literacy be addressed in a coordinated way in both individual and environmental contexts. Collaborative action to improve health literacy is promoted across three key areas: embedding health literacy into systems, ensuring effective communication and integrating health literacy into education.

Effective communication includes:
- The provision of clear, focused and useable information about health and health care – the content and format of written and electronic health information needs to be easy to understand for those with low levels of individual health literacy

- Interpersonal communication – this includes how health information is communicated verbally and nonverbally between two or more people

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Inclusive language and health literacy

It is common knowledge that health information that is not understandable or accessible creates a significant barrier for those with low health literacy, preventing active participation and action in health.[13] Whether presented verbally, in written form or electronically, information needs to be clear, focused and useable. However, the role of inclusive language is often not discussed when considering 'health literate' communication.

The relationship between health literacy status and patient-centred communication has recently been explored. Individuals with limited health literacy are much less likely than those with adequate health literacy to report that their health care organisation 'always' provides patient-centred communication.[14] Essentially, limited health literacy is associated with lower reported communication quality. Therefore, ensuring that language is simple, clear and inclusive will help your message reach as many people as possible.

This highlights the range of communication challenges facing patients with limited health literacy, and reinforces the importance of using:

• inclusive/person-centred language in combination with,

• clear, focused and useable written and electronic information, and effective verbal communication

Recommended resources
• https://health.gov/communication/literacy/quickguide/factsbasic.htm
• http://www.ceh.org.au/training/browse/health-literacy-development/
• Matthew K. Wynia, and Chandra Y. Osborn Health Literacy and Communication Quality in Health Care Organizations
• Helen Osborne - Health Literacy Consulting When It's Time to Choose: Thinking About the Right Words

Australian Commission on Safety and Quality in Health Care (ACSQHC):
• Health Literacy: A summary for clinicians
• Health Literacy: A summary for clinicians (infographic)
• National Statement on Health Literacy
• https://www.safetyandquality.gov.au/wp-content/uploads/2015/06/Standard-2-Tip-Sheet-5-Preparing-written-information-for-consumers-that-is-clear-understandable-and-easy-to-use.pdf

Online training:
• Centers for Disease Control and Prevention Free online health literacy training modules

Videos:
• Keep it simple for safety - Don't Use Jargon Improving Americas Health Literacy

6. S. Dodson, A. Beauchamp, R. Batterham and R. Osborne, "Information sheet 1: What is health literacy? In Ophelia Toolkit: A step-by-step guide for identifying and responding to health literacy needs within local communities," 2014. [Online]. Available: http://www.ophelia.net.au.

7. ACSQHC, "Health Literacy: Taking action to improve safety and quality," 2014. [Online]. Available: https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

8. ACSQHC, "Health Literacy: Taking action to improve safety and quality," 2014. [Online]. Available: https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

9. ACSQHC, "Health Literacy: Taking action to improve safety and quality," 2014. [Online]. Available: https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

10. N. Berkman, S. Sheridan, K. Donahue, D. Halpern and K. Crotty, "Low health literacy and health outcomes: an updated systematic review," Annals of Internal Medicine, pp. 97-107, 2011

11. ACSQHC, "Health Literacy: Taking action to improve safety and quality," 2014. [Online]. Available: https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

12. ABS, "Health Literacy," Australian Bureau of Statistics, Canberra, 2006

13. ACSQHC, "Health Literacy: Taking action to improve safety and quality," 2014. [Online]. Available: https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

14. N. Berkman, S. Sheridan, K. Donahue, D. Halpern and K. Crotty, "Low health literacy and health outcomes: an updated systematic review," Annals of Internal Medicine, pp. 97-107, 2011

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