Fact Sheet: Adapting Interventions for Specific Audiences

Cultural and Linguistic Appropriateness

Glossary

- **Culture** is the set of beliefs and practices that an individual possesses as a member of an organized social group. Culture reflects what is shared by the group; members of a cultural group have a sense of identity and a shared language or dialect. Their shared history and experiences shape the groups’ values, goals, expectations, beliefs, perceptions, and behaviors.

- **Ethnicity** is defined as the perceived differences in cultural, national origin, historical experience, and language by which groups of people are distinguished from others in complex societal environments. Ethnic groups are categories of people who see themselves as sharing an ethnic identity (culture) that differentiates them from other groups or from the larger society as a whole.

- **Racial Groups** are categories of people whose members are identified as sharing distinctive physical characteristics (such as skin color, hair color or type, or body structure) that set them aside from other groups in the society with different physical characteristics. While race is assumed to be biological or physical, racial classification systems and identifications are also cultural and vary tremendously from society to society.

- **Acculturation** is the term which is used to describe the degree from a particular cultural or ethnic group can display behavior which is more similar to the culture and language of the majority or mainstream society. The degree to which people become acculturated is related to the amount and kind of exposure to majority culture and society.

Ensuring Interventions are Appropriate for Your Audience

Many ethnically and linguistically distinct subgroups are disparately affected by the burden of disease in the U.S., including chronic diseases such as diabetes. We use the words cultural, ethnic, and racial to refer to the cohesive social sub-groups within our society, which are important to understand and consider when adapting interventions to these different groups. Each of these factors, along with degree of acculturation, is important to think about when examining whether an intervention will be appropriate for your target population or if it needs to be modified to be appropriate to their culture and language.
To make sure that a selected intervention is culturally and linguistically appropriate:

- Use evidence-based interventions that are already proven to be appropriate for your audience
- Work with members of the target cultural/ethnic groups during the planning process to ensure that the interventions are adapted appropriately
- Find information about your audience’s values, health beliefs, and cultural perspectives
- Get advice from community organizations that work with the target audience
- Carefully select a qualified translator who is familiar with the target audience
- Remember that non-verbal aspects of materials are also important - for example, not all ethnic groups feel comfortable seeing photographs of people, and certain colors may convey unintended meaning

**Diversity among Cultural Groups**

It is important to remember that no cultural group is homogenous, and that every ethnic group contains great diversity. Within-group as well as across-group differences influence how individuals will respond to interventions. Thus, adapting existing interventions to be more culturally and linguistically appropriate can be much more challenging than just getting materials translated or having a person from that particular ethnic group to implement the intervention.

It is also important to remember that non-verbal aspects of materials are also important. It is important to explore these types of considerations when preparing intervention materials.

**Translating Intervention Materials**

- A qualified translator is typically a native speaker of the target language, has ten or more years of experience in translation, and is preferably certified by a recognized institution.
- A qualified translator will produce documents that reflect the message and content of the source document. If the source document is not written clearly or in plain language the translated document will reflect these as well.
- When materials are intended for audiences with more than one linguistic variation (for example, various dialects of Spanish spoken by Puerto Ricans, Mexican-Americans, and Cuban-Americans), have multiple translators check the translation.
- Avoid literal translations. Allow your translator to select from a wide range of expressions, phrases, and terms used by the audience. Idiomatic expressions in one language do not translate well into other languages. Allow your translator more flexibility to choose something that is more culturally and linguistically appropriate.
- When using already translated materials, have bi-lingual representatives from the target audience read through them and determine whether they will be suitable.
Reading Level and Health Literacy

Glossary

- **Literacy** is the ability to use printed and written information to function in society, achieve one's goals, and to develop one's knowledge and potential. Research shows that about 30 million adults in the U.S. struggle with basic reading tasks.

- **Health Literacy** is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions. Only 12 percent of consumers have proficient health literacy skills, and even very highly educated individuals can have limited health literacy skills.

Ensuring Interventions are Appropriate for Your Audience
When using written or verbal language in any form, the reading level and the health literacy level of the target audience should be considered. Written materials and verbal communications with participants must be appropriate to their reading and health literacy levels so that the information is being communicated in a way that is easy for the target audience to understand, process, and use.

Resources about Literacy and Health Literacy
Several excellent guides exist to assist in adapting existing materials or developing new materials to make them easy to understand. Three of these guides are described in the table below.
Title and Web Link | Description
--- | ---
Simply Put [http://www.cdc.gov/healthliteracy/](http://www.cdc.gov/healthliteracy/) | Includes information on how to make messages clear, the importance of text appearance, using visuals and translations, and testing for readability. It also provides resources such as checklists, communication planning tools, and readability formulas, among others. Developed by CDC.

Health Literacy Universal Precautions Toolkit [http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf](http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf) | Focuses on how to improve clinical practice through techniques that enhance health literacy within the primary care setting. Although developed for interaction between health care providers and patients, it contains useful information and guidance that can be used in other settings as well. Developed by the Agency for Healthcare Research and Quality.

Improving Health Literacy for Older Adults: Expert Panel Report 2009 [http://www.cdc.gov/healthliteracy/pdf/olderadults.pdf](http://www.cdc.gov/healthliteracy/pdf/olderadults.pdf) | This guide addresses health literacy in older adults, a group with high levels of chronic diseases. Provides information on foundational research with many useful recommendations. Developed by CDC.

### Accommodating Populations with Sensory, Motor, or Cognitive Impairments

#### Ensuring Interventions are Appropriate for Your Audience
Many individuals with sensory, motor, or cognitive impairments have higher rates of chronic disease. As such, your coalition may need to adapt interventions to accommodate populations with particular impairments. Respecting the human dignity and capacity of all persons is fundamental to implementing successful interventions with all target audiences, but especially when working with individuals who may be facing challenges.

Similar advice should be observed in working with these groups as with ethnic or cultural groups. The most important thing is to involve members of these groups into the planning process, into selecting and adapting interventions. Working with organizations that serve individuals with impairments and their caregivers will give you valuable insights, resources, and new partners that can extend your reach into high-risk communities.
Resources
The table below contains other factors to consider when working with particular communities; again, agencies and organizations that work directly with these populations may have resources that can be used.

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<th>Community</th>
<th>Considerations</th>
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| Visually Impaired    | • Includes individuals with low vision and those without any visual capacity at all  
                         • Many of the visually impaired can use materials that are produced using large fonts on pages not crowded with text  
                         • Audio materials that present the same information are also helpful                                                                 |
| Deaf Community       | • Includes an array of individuals with degrees of hearing  
                         • Use of captioned materials and sign language interpreters can make interventions accessible to these individuals |
| Physically Impaired  | • It is important to consider issues of physical accessibility and transportation access  
                         • Guidance about legal requirements and resources can be found on the Americans with Disabilities Act homepage |
| Cognitively Impaired | • These individuals often use concrete instead of abstract thinking processes  
                         • Materials should be reviewed for reading and cognitive levels  
                         • More repetition of content with more examples may be required for retention of the material. |