

Having health literacy means that those who communicate must reinforce the correct access, understanding and use of health information, through the encoding/decoding process (Hall, 1980) with the responsibility to promote inclusive, formal and informal communication. Literate organizations are also responsible for preparing teams to know how to give the correct access, understanding and use of their services (Brach et al., 2012).

□ CASE 1.

§ A. goes to a primary health care appointment. She is seated at a distance from the entrance to the offices.

§ Someone goes to the waiting room and calls “Mrs. A.” At the moment she is taking a phone call, and does not hear.

§ The assistant returns to the doctor’s office and returns to the waiting room and says out loud: “Her name is A, the blind lady! .....

§ A. gets up and goes to the consultation ... What is wrong here?

□ CASE 2.

§ B. is in a queue to go to an outpatient appointment, in a hospital, and waits in an entrance queue with the necessary distance because of the care to be taken with Covid-19 (SARS). It takes a few seconds to take the step forward to advance the queue.

§ A person behind her says: “hurry up, come on...”

§ A security guard who controls the entrances replies: “don’t mind, she is deaf like a door!”...  
What is wrong here?

We all share the responsibility for creating an inclusive work environment.

Today, it is important to use an inclusive language for political, cognitive and linguistic reasons (Soares, 2017).

The United Nations Convention on the Rights of Persons with Disabilities calls for awareness of stereotypes, to avoid them and to refrain from using stigmatizing language.

In 2008,

A Resolution of the Council of Ministers (nº 161/2008 of 10/22/2008) adopts measures to promote the gender perspective in the central administration of the State and approves

the statute of councilors and councilors for equality, as well as members of the interdepartmental teams for equality. In this resolution (2008) it is stated that “non-discriminatory language practices should be developed, such as:

1. a) the explicit reference to both sexes and;
2. b) neutralization or abstraction of the sexual reference, using the same neutral form to designate both sexes (Resolution 161/2008).

Soares (2017) states that “to write in an inclusive way, it is not necessary to reinvent the wheel” (p. 2), because there are already guiding manuals, such as Abranches’ Guide (2009) for a language that promotes equality between women and men in public administration (2008).

It is necessary to avoid resorting, even if involuntarily, to a language marked by stereotypes, humiliating, paternalistic or pejorative (General Secretariat of the Council of Europe, 2018).

They had to spend almost 10 years in 2017 to create an interinstitutional working group of Portuguese language on inclusive language that would move in this direction of inclusion and therefore also for a process of health literacy of individuals and organizations regarding the use of a language understandable and accessible to everyone according to their profile (Shriver, Cheek & Mercer, 2010).

The words reflect our attitudes and beliefs and that is precisely why it is important to use the right words, and no person likes to be identified by their disability (General Secretariat of the Council of Europe, 2018).

At European level, inclusive language “ensures consistency between EU values (such as equality and non-discrimination, principles enshrined in the Treaties) and the messages it conveys (Soares, 2017).

Referrals are extended to all professionals and health professionals routinely deal with people with disabilities. In relation to people with disabilities, the health professional must assess the profile of their patient, their level of health literacy and adjust their communication skills, while also adapting their speech (Watson Institute, 2020). For example, the repetition of concepts in a slower and more audible way, allows the patient to follow, and more easily retain the information to be transmitted. The development of health professional

skills through the reinforcement of their knowledge, capacity and personal attributes is essential (Vaz de Almeida, 2020).

According to WHO (2020) communication must be accessible, actionable, credible, relevant, timely and understandable.

However, because they have not yet mastered the most updated and inclusive language, many still use expressions that can be stigmatizing as they call “blind” or “deaf” for example. So how to proceed? (Table 1).

Table 1. Reference to the “person”.

<ul style="list-style-type: none"><li>• Emphasize the person (“a person with a disability”).</li><li>• Emphasize the uniqueness and capabilities of each person, rather than defining it as a health problem.</li><li>• Avoid expressions like “suffers from” and words that refer to the idea of “poor” victim.</li></ul>
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Source: Based on the General Secretariat of the Council of Europe, 2018.

Inclusive language treats women and men equally, without perpetuating each person’s stereotyped perceptions based on gender or status, color, religion, culture, etc. (Table 2).

Table 2. Use of the best inclusive language by health professionals.

TO AVOID	HOW IT SHOULD BE TOLD
Avoid collective designations such as the reference to “the blind”, or “deaf”	Visually impaired person or Hearing-impaired person
Paternalistic expressions Expressions for an adult lady: <i>The girl behaves well.</i>	<i>Ms. X must follow these recommendations to feel better.</i>

Paternalistic expressions <i>Stop being sissy! .</i>	<i>Don't be afraid.</i>
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Source. Own elaboration based on the General Secretariat of the Council of Europe (2018).

The United Nations Convention on the Rights of Persons with Disabilities argues that there should be awareness of inclusive language, calling on everyone to combat stereotypes and use of language that can be humiliating, patronizing or pejorative (General Secretariat of the Council of Europe, 2018 ).

The awareness of the importance of communication in the relationship between professional and patient and within organizations that wish to be literate, it's an actual thematic.

Only in 2009, and for the first time, (Rimal & Lapinski, 2009), health communication was linked to the goals of Healthy People 2010, illustrating its growing importance (Parrott).

In these objectives of Healthy People 2010, health communication is seen as relevant in almost all aspects of health and well-being, including disease prevention, health promotion and quality of life (Rimal & Lapinski, 2009).

What can still be done for a more inclusive language within the framework of greater health literacy?

The road is long and is still being done.

There are many regional, national, European, international political, social and health guidelines (Resolution 161/2008; General Secretariat of the Council of Europe, 2018).

However, the reinforcement of some key areas can be considered to structure and consolidate what is intended by Health Literacy on the one hand, respectively in terms of access, understanding and use of information (Sørensen et al., 2012) transversal and promoting effective results in health and, on the other, for the ambition to make the citizen more prepared for a more inclusive, humanistic, intervening behavior, which highlights the need for a more inclusive communication that promotes equality.

Investment in the skills and abilities of health professionals is one of the in addition to

other strategic interventions that promote health results (Vaz de Almeida & Belim, 2020).

Therefore, it is suggested to reinforce the following 17 steps (among others, which certainly exist) for a more inclusive health communication (Table 3).

Table 3. The 17 Steps of Inclusive Health Literacy

1. Contribute to greater Citizenship - this means that it is necessary for society to prepare and develop strategies to give importance to the theme;
2. Include people with disabilities in the construction of health communication programs;
3. Develop training practices that teach health professionals to use and better understand inclusive language;
4. Implement the notion and practice of Respect, with investment in the development of human beings since childhood, through the development of parenting skills, in schools, to formal educators and through a global education that also promotes health education ;
5. Develop appropriate channels of information that can be transformed into knowledge, combining printed, audiovisual and digital media;
6. Know better what the audiences want, how they move and what makes them change;
7. Realize whether people are effective in acting, that is, they have sufficient knowledge for action; Do you understand the reasons behind not saying “the blind” or “outbreak” or “autistic” and talking about the blind person, the deaf person, the disabled person? Because in fact it is the person who is at the center;
8. Understand and resolve issues related to indifference or inertia. If the basis of inertia is understood, more influential and motivating means can be found for people to feel the desire to act for greater inclusion;
9. Discover the influencers, motivators of a greater inclusion that promotes health literacy that uses an inclusive communication and insert them in local, regional, national, international campaigns;
10. Better prepare organizations to train their employees in this inclusive language that also promotes greater health literacy? Has anyone taught professionals in correct inclusive language?
11. Work in a multisectoral network and within communities to understand the beliefs, stereotypes that exist and how to overcome them;
12. Constantly measure results until reasonable levels of success are achieved and then monitor progress on a regular basis;
13. Use profusely the tools of health literacy, useful to communicate better, in a more accessible and transparent way (AHRQ, 2015).
14. Demonstrate the value and results of inclusive communication (in organizations, in the community, in the media);
15. Develop an investigation associated with the theme of inclusive communication in health literacy;
16. Organize and showcase good inclusive health practices that promote better health and citizenship literacy.
17. Cover all citizens in their life cycle.

## References

Abranches, G. (2009). Guia para uma Linguagem Promotora da Igualdade entre Mulheres e Homens na Administração Pública. Lisboa: Comissão para a Cidadania e

Igualdade de Género. Disponível em: <https://www.cig.gov.pt/siic/pdf/2014/siic-Linguagem.pdf>.

Brega, A. G., Freedman, M. A. G., LeBlanc, W. G., Barnard, J., Mabachi, N. M., Cifuentes, M., Albright, K., Weiss, B. D., Brach, C., & West, D. R. (2015). Using the health literacy universal precautions toolkit to improve the quality of patient materials. *Journal of Health Communication, 20*(2), 69-76.

Parrott R.(2004). Emphasizing “communication” in health communication. *J Communication, 54*, 751-787. doi: [10.1111/j.1460-2466.2004.tb02653.x](https://doi.org/10.1111/j.1460-2466.2004.tb02653.x)

Resolução do Conselho de Ministros (2008). n.º 161/2008, Diário da República, I Série, n.º 205, de 22 de outubro de 2008. Disponível em: <https://dre.pt/application/conteudo/438443>

Shriver, K., Cheek, A., & Mercer, M. (2010). The research basis of plain language techniques: Implications for establishing standards. *Clarity, 63*, 26-33.

Soares, H. (2017). Novo grupo interinstitucional sobre linguagem inclusiva. *A folha Boletim da língua portuguesa nas instituições europeias*. Disponível em: <http://ec.europa.eu/translation/portuguese/magazine> N.º 55 — outono de 2017 NOVO GRUPO INTERINSTITUCIONAL SOBRE LINGUAGEM INCLUSIVA — Helena Soares

Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health Literacy and public health: A systematic review and integration of definitions and models. *BMC Public health, 12*, 80.

Who (2020). Why communicate for health. Disponível em: <https://www.who.int/about/communications>

Vaz de Almeida, C. (2020). Health Competencies: Beyond the Biomedical. How knowledge, skills, and attributes improve the effectiveness of results. *Patient Safety & Quality Health Care - PSQH* [online] Retrieved from: <https://www.psqh.com/analysis/health-competencies-beyond-the-biomedical/>

Vaz de Almeida, C., & Belim, C. (2020). Health professionals’ communication competences decide patients’ well-being: Proposal of a communication model. In A. Tkalac Verčič, R. Tench & S. Einwiller, *Joy. Using strategic communication to improve well-being and organizational success*. 12, (5), Bingley, UK: Emerald Publishing.

<https://books.emeraldinsight.com/page/detail/Joy/?k=9781800432413>