As I begin to formulate my presentation and handouts for use in my capstone presentation in Guatemala, it is important that I consider the issue of health literacy. With my audience being physical therapists and physical therapy students in Guatemala, my most significant issue with health literacy is going to be the language barrier—as I speak very little Spanish! Thankfully, this barrier will be easily overcome with the use of a translator. I will have a translator verbally translating during my presentation, and my handouts will also be translated to Spanish prior to the trip. I will need to be sure that I use a reliable source for translating written handouts (Sadye). Having a native speaker review the material is the best way to ensure that the information is accurate and appropriate.1

It is going to be important for me to talk slowly, clearly, and with frequent pauses in order to allow the interpreter to understand me, keep up with me, and give him/her sufficient time to translate my words to Spanish.

While the therapists to whom I am presenting to will have a higher health literacy level than the general public in Guatemala, I will be mindful of the fact that there may be a discrepancy in health literacy levels between American PTs and PTs in Guatemala, and adjust my wording accordingly. It is better to use lower reading level language and have the therapists understand with ease than to use a higher level and risk misinterpretation or lack of understanding.

I will be able to assess the health literacy of the audience throughout the presentation by gauging their involvement and responses. Since my session will include a lot of hands-on activities, I should be able to quickly assess the audience’s understanding and then adapt as necessary.

I will keep the written materials simple, with short sentences, using appropriate pictures, focusing on key points, and most importantly—be sure they are practical and applicable!2 It is my goal for the handouts to be useful to the therapists and something they will refer to in the future. This means they must be easy to read and understand, as well as visually appealing and practical. I will use one or more of the readability scoring rubrics to assess the literacy level of my materials.

Since I have not been on this service-learning trip to Guatemala before, and may not be able to properly gauge the appropriateness of my handout and presentation material wording, I will look to Katie for feedback once I have developed my materials. I will give myself ample time to make modifications as suggested, and also allow extra time for the translation of the written materials prior to the trip.

I look forward to continuing to learn about the Guatemalan culture and health literacy levels as the trip nears, and will continue to adjust and improve my materials as I learn.

1 Culture, Health and Literacy: A Word About Non-English Materials. Available at: <http://healthliteracy.worlded.org/docs/culture/intro_non_english.html>. Accessed February 17, 2014.

2 McCulloch K, DeWalt D, Pignone M. Health literacy 101: defining the problem and what we can do about it. [PowerPoint and Voicethread] Accessed February 17, 2014