



How to construct inclusive Advance Care Planning (ACP) Resources

The healthcare sector is great at developing resources for the public – but do they meet the needs of everyone?

Many expert groups in the world of ACP have been creating various resources to meet the needs of people who process information differently. Often the resources were disease specific, which continued to not quite reach everyone in need. “Easy-Read” is simplified to help anyone who may process information differently:

- People living with brain conditions such as Dementia, Huntington’s disease, ALS, Parkinson’s disease, or tumors
- People living with impairments for health events such as aphasia from Stroke or other limitations from Brain Injury
- People living with disabilities
- People with limited English literacy (when translation is not available)

Step 1: Environmental Scan

- What already exists?
- Does it meet the needs of the population?

Step 2: Needs Assessment

What challenges/barriers are present with existing resources? Examine:

- Density and complexity – can you simplify or adapt what already exists?
- Intention of resources – are they mainly informational resources? Do they contain any actionable components? Access what already exists and any gaps for your intended audience or goal.
- Available supports – does it contain a coaching component or "Live agent" to answer and clarify questions?
- Accessibility – is it accessible to all people? Consider things such as format (e.g., paper vs electronic), age (e.g., appropriate examples for multiple generations), different visual abilities (e.g., reproduced in Braille or for usable for reader software), etc.



Step 3: Design, Design, Design

Literacy:

- Target a grade 5 reading level.
- Utilize the Gunning Fog index in Microsoft Word to assess the literacy level of your content.
- Consult evidence-based plain language lists.

Graphics:

- Relatable, culturally appropriate icons assist with language processing. Use universal graphics instead of specific cultural images (e.g., to demonstrate food, don't use a cornucopia).
- Font Size and Type – use sans serif fonts and size 12-14 for visibility.
- Design consistency – use the same style graphics throughout.
- Limit bolding, italics, and underlining.
- Consider character, word and line spacing to reduce distractions to the eye.
- Text boxes and visual cues – use framed or shaded text boxes to the side or below the main text to speak to other members of the audience.
- Don't be afraid of white space.
- If graphics cannot be used, find other visuals to support meaning (e.g., numbered scales, color gradients).
- Provide large notes areas for various forms of handwritten text.

File type:

- PDF allows to you to easily convert to fillable format, and is the most common file type for reader software.

Step 4: Feedback, Feedback, Feedback

Consider gathering feedback in a standardized method from different perspectives (e.g., health specific, design networks or associations that support the audiences you are trying to reach).

Not only do you want to hear from the experts at these organizations; you NEED to hear from the people who use their services. Have clients and caregivers of varied abilities test your resource and provide feedback. There are experts in the health care world that specialize in designing appropriate educational resources – reach out to them.

Development of this resource is based on the learning and insights from Lauren Thomas and team at Fraser Health in the development of the My Voice In Action: A Workbook for Advance Care Planning – Easy Read Version.

References: Carol Wilson. (2019). Process for developing patient education materials. British Columbia; Fraser Health Authority.



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