

Profile

An interview with Blanca Mayor Serrano on the state-of-the-art of health literacy in Spain

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There seems to be a move towards 'patient-centred' health care as part of an overall effort to improve the quality of health care and to reduce costs. Individual patients and providers have to work together to ensure effective communication. Patients need to take an active role in health-related decisions and develop strong health information skills; healthcare providers have to utilise effective health communication skills; health educators have to write printed and web-based information using plain language.

Not many professionals have a better understanding of the Spanish healthcare scenario than Blanca Mayor Serrano (BMS). She has a PhD in Translation and Interpreting Studies and a Master's in Terminology. She is the brains behind the blog *Comunicación y educación en salud/Health Communication and Education*¹ as well as the LinkedIn Group *Alfabetización en salud/Health literacy*. She has published more than 40 papers on teaching medical translation, contrastive analysis, medical communication, and revision of medical texts for patients, among which the book *How to write patient information leaflets*² received an excellent welcome from field professionals. *Medical Writing* (MEW) turned to her to address some of the most interesting issues within this field.

MEW: Health literacy is defined as 'the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make basic health decisions'.³ In your opinion, are patients unable to understand basic health information or are we unable to write it?

BMS: Let me ask you a question, quoting Stockton's paper on health literacy⁴:

Can you read this?

.htlaeh ruoy tuoba egassem tnatropmi nA

Probably, but would you have even tried if

Your reading skills were limited?

Your native language were other than English?

You were overloaded with work?

You were scared, stressed, or sick?

Probably not, in which case you would have missed

'An important message about your health'.

In Spain, a good deal of health information for patients is usually too complicated, explained in terms that are meaningless to them and loses sight of their communicative needs and background knowledge. This fact deters people from reading it, mostly those with low literacy skills. That is why designing clear, visually appealing, and easy-to-read patient education materials is of immense importance.

I must say, nonetheless, that various Spanish 'health actors' – non-profit and educational organisations, patient organisations, health centres, and hospitals, for example – are getting more concerned about the importance of health literacy. This is both for patient safety and for healthcare system sustainability. But although its importance is increasingly recognised and the interest in health literacy has become more internationalised over the past decade, there is still plenty of room for improvement with regard to accessing, understanding, appraising, and applying health-related information within the health care, disease prevention, and health promotion settings.

MEW: We find many scientific publications concluding that poor understanding is associated with poor prognosis. This may have huge ethical consequences for the general population. What are our responsibilities when writing texts for patients?

BMS: Research has shown that people with low health literacy make more errors with medications, are less likely to complete treatments, and are more likely to use healthcare services⁴ like hospitalisation. The latter may even imply longer length of stay. That is why all health actors ought to ensure support of disadvantaged groups. And whatever the text is and its target audience, it ought to observe the three essential features that should characterise every scientific language: truthfulness, precision, and clarity.

MEW: Then, how can we approach a population with low health literacy?

BMS: In Spain the concept of health literacy is only marginally integrated in research, policy making, and in practice. Moreover, we had no data on the Spanish population health literacy level until recently. Now, thanks to the European Health Literacy Survey⁵ conducted across eight European countries (Austria, Bulgaria, Germany,

Greece, Ireland, Netherlands, Poland, and Spain) during the summer of 2011, we know that only about 37% of the Spanish respondents have an adequate functional health literacy. Therefore, researchers, policy makers, and healthcare professionals still have a long way to go.

As medical writers we cannot formulate health literacy policies, pursue public policy changes, or implement initiatives and programmes enhancing patient empowerment and health literacy. But we can indeed improve patient health literacy by fostering effective communication – which is a cornerstone of patient safety. We can do this by creating information appropriate to the health literacy needs of a specific population and by providing audiences with information in ways they can understand.

MEW: What key advice would you have for someone having to prepare written materials for patients?

BMS: A person engaged in writing patient materials should have a very good command of language in the field of medicine and health care. This might sound obvious, I know, but in practice we can find lots of examples of misleading texts due to such lack of knowledge.

Having a good command of medical language does not only mean being able to use terms appropriately but also knowing how language varies in different genres for different audiences. For example, drug slang is quite common in leaflets on HIV/AIDS directed to drug addicts – something unthinkable if the target audience is the general population.

Also, how ‘determinologisation’ functions to make concepts relevant to and understandable by non-experts is a must for medical writers preparing written materials for patients. But, what is determinologisation all about? – you’ll probably wonder. Determinologisation is a cognitive and communicative phenomenon covering a set of strategies for the treatment of specialised lexical units. These strategies, aimed at making texts understandable to lay readers, are, for instance, explanation, definition, exemplification, analogy, and comparison and substitution by a more popular term.

And last but not least, knowing the complex and broad spectrum of medical and healthcare

communication and settings in this field is essential. For example, the following should be considered: What will be the channel of communication? What genre are we going to use – handouts, leaflets, guides, comics, booklets, informed consent forms? Is the material intended to be disseminated in digital campaigns or for pick-up in waiting rooms? Are we designing the material to fulfil the wishes and needs of a specific group of patients, e.g. the elderly, kids, or teens, or is it intended for educators, patients’ relatives, or the general public? Are we elaborating audiovisual materials to promote healthy behaviour? Being able to deal with all these and with many other questions is critical before preparing written materials for patients.

In short, I would say that the tricks of the trade are: a very good command of the language, knowledge of procedures required to make specialised information accessible to non-experts, an understanding of the target group and its specific cognitive, social and communicative needs, an appraisal of the communicative situation, and aiming for readability of the material.

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