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Health Literacy From A to Z: Practical ways to communicate your health message (Second Edition)

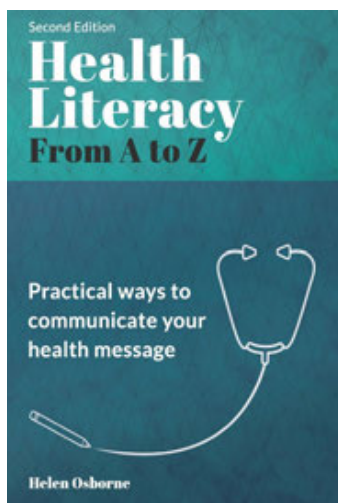
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The EU Clinical Trials Regulation requires sponsors of clinical trials to produce a plain language summary that describes the results of the clinical trial in a format understandable to laypersons. According to the Multi-Regional Clinical Trials Center of Brigham and Women's Hospital in Boston and Harvard University, "The purpose of creating and disseminating [a plain language summary] to clinical trial participants is to ensure that study participants are informed about the trial results, that they know that their participation is respected and appreciated, and that they understand the value of their contribution to science and public health."¹

The writing of plain language summaries is a new area of medical writing that will require many medical writers to acquire and develop different writing skills. As such, there is a need for the writer to appreciate the audience they are writing for and to understand how to communicate complex clinical trial results in a language that the layperson can understand.

Helen Osborne is a recognised expert in the world of health literacy, helping professionals communicate health information in ways that both patients and the public can understand. Her book, *Health Literacy From A to Z: Practical ways to communicate your health message*, is intended as an easy-to-use guide which can be used as a starting point for health communication between patient and doctor. The author uses her experience as an occupational therapist, training as an educator, and perspective as a patient and family caregiver to inform her recommendations for communicating health messages.

This is the second edition of *Health Literacy From A to Z*. The new edition includes the following new topics: the business side of health

literacy; communicating when patients feel scared, sick, and overwhelmed; the general public: talking with patients about what they learn from the media; organisational efforts: health literacy at the community, state, and national levels; regulatory and legal language; and writing for the web. An expanded focus on knowing your audience, timely information about technology, stories from practice, and checklists

are also all new additions to this second edition.

The book consists of 42 chapters which are arranged alphabetically. Each chapter contains a section on *Starting Points* (introductory information providing context for the strategies that follow); *Strategies, Ideas, and Suggestions* (loads of practical, how-to ways of communicating health messages clearly and simply); *Stories from Practice* (real-life experiences from a wide range of perspectives); *Citations* (references used in the chapter); and *Sources to Learn More* (a list of books, articles, web sites, podcasts, and additional resources to continue learning about each topic).

The first chapter of the book gives the reader insight into what health literacy is and how it began – including facts about the founders of health literacy, Len and Ceci Doak. It also gives a better understanding of why health literacy is so important in this day and age. When Len and Ceci met, Len volunteered as a tutor with people who could not read or write and Ceci was a health educator. She was concerned about how people with low literacy skills could understand medical advice, e.g., from their doctor. Thus began their journey into health literacy. The first chapter sets the tone for the whole book: easy and quick reading, which makes you want to learn more.

I thought all chapters contained interesting and useful material, but I especially benefitted from Chapters 6 and 7, which deal with confirming that laypersons have understood the information they have been given, and also provide some strategies and tools which could

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be put in place to make sure the patient understands what he/she is being told by a healthcare professional, e.g., a doctor. One of these strategies is the teach-back technique, where the patient repeats back to the healthcare provider what he/she has just been told. This is used to assess the patient's recall and comprehension of important information that has just been given.

The author discusses document design and provides some good ideas on how to structure written material, including web material, so as to be inviting and appealing to the reader (Chapter 9). Advice is provided on what font size to use (if writing for an older audience, use a bigger font size of at least 14), use of capital letters, alignment of text (left align text, because justifying text can lead to odd-sized spacing), use of bullet lists, and use of contrast (headings that are bolder than the rest of the text or pictures of varying sizes, and different colours to highlight certain parts of the page) – all strategies designed to keep the reader engaged.

To write an effective plain language summary, the writer must understand the audience they are writing for, and knowing your audience is discussed in several chapters of the book (Chapters 17 to 23). The author outlines various types of audiences that require medical advice, such as children and young people, people from different cultures and languages (if English is not their first language), people with differing emotions and cognition, people with hearing loss, people with different levels of literacy, older adults, and people with visual problems. Some different approaches for different audiences are described, including: when engaging with children one should talk directly to the child about health, prepare the child for medical procedures, encourage laughter, and teach in ways that children and parents can learn; and when engaging with someone from a different culture or language background, create a welcoming atmosphere, work with interpreters/translators, ask who

makes the decisions, speak at a slower pace (when possible), use common words, and invite questions.

Chapters 33 to 36 concentrate on technology. The reader is introduced to podcasts – what they are, how they work, and how to find them. The author especially loves listening to podcasts and has her own series, *Health Literacy Out Loud*. The advantage of podcasts is that you can listen at your leisure, when and where it suits you. The author also discusses the use of blogs, social media, email and text messaging (which are increasingly being used to communicate health information), and interactive multimedia.

Throughout the book, the author provides useful resources to help the reader keep up to date and continue learning about health literacy.

I found the book very easy and quick to read, with simple, uncomplicated language (which of course is the aim). The chapters are short and the

format of the chapters also makes for quick and easy reading. The majority of the paragraphs are short, and the author makes use of bullet points and boxed text, which draw the eye and keep the reader engaged. I particularly liked the *Stories from Practice* sections as they give insight into the public domain and the practicalities of everyday problems/issues with miscommunication and health literacy.

In conclusion, I found this book very interesting and would recommend it. It focusses on the healthcare environment and how best to provide laypersons with medical information which is easy to understand and digest. The author provides lots of tips and ideas on how to communicate with patients and how to make sure that patients understand everything that is being said to them.

Although the book does not provide all the necessary information for writing lay summaries, it does provide an understanding of how to

communicate clearly with patients. There are many ideas and concepts in the book that could be of value to a medical writer new to this area of medical writing.

References

1. The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard. 2017–11–22 Guidance Document: MRCT Return of Aggregate Results to Participants Guidance Document Version 3.1. 2017 Dec 06 [cited 2018 June 05]. Available from: <http://mrctcenter.org/wp-content/uploads/2017/12/2017-12-07-MRCT-Return-of-Aggregate-Results-Guidance-Document-3.1.pdf>.

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