Helen Osborne, MEd OTR/L, shines as this year’s recipient of the AMWA Walter C. Alvarez Award. Dr Alvarez was a beloved and well-known 20th century American pioneer in medical communication. He pulled medicine down from high dusty shelves and delivered health information directly to the public with compassion and insight through his widely syndicated column and popular texts. In the spirit of his legacy, Helen Osborne’s work is at the very core of effective health care communication for the public.

For more than 2 decades, Helen has advocated for health literacy and has motivated medical professionals and others to “communicate about health in ways that patients and the public can understand.” She is author of the award-winning book *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*, as well as other publications. Helen works as a plain language writer and editor on a wide range of topics, several of which have earned Gold Plain Language Awards from the National Institutes for Health. Helen can also be credited with inaugurating October as “Health Literacy Month” nearly 20 years ago as an annual reminder to promote better health communication. In addition, Helen produces and hosts the podcast interview series *Health Literacy Out Loud*. Helen

**Walter C. Alvarez Award**

The Walter C. Alvarez Award is named in honor of Walter C. Alvarez, MD, a pioneer in the field of medical communication. The award is presented to either a member or nonmember of AMWA to honor excellence in communicating health care developments and concepts to the public. The Alvarez Award is presented during AMWA’s Medical Writing & Communication Conference.

**Helen Osborne Highlights Health Literacy Awareness, Action, and Advocacy**

By Liz Kuney, MS, CCRP

When I chose to devote this issue of the *AMWA Journal* to showcasing our AMWA Medical Writing & Communication Conference content, I knew that we would not be able to contain everything we wanted to share in the print issue alone. So we have developed this online-only supplement to the Spring 2018 issue. Herein you will find presentations by Helen Osborne, recipient of the Walter C. Alvarez Award, and Steven Woloshin, MD, MS, and Lisa M. Schwartz, MD, MS, recipients of the John P. McGovern Award, as well as information from many of our exhibitors and reproductions of our conference posters.

We also are pleased to present the remaining open session reports. Let me again express my thanks to the cadre of volunteer reporters who attended and have provided brief reports on most of the open sessions presented at the conference. These brief reports are designed to share some basic information from each session so that those who could not attend this year might nevertheless be informed of topics and trends of interest among our colleagues in the industry. If you see something particularly interesting, please feel free to reach out to the individual presenter.

As you can see, if you missed the annual Medical Writing & Communication Conference, you missed a lot! I hope to see you at the next conference in Washington, DC, later this year!

Yours in AMWA,

~Jim
contributed to the Fall 2017 issue of the *AMWA Journal* in an article highlighting social media as a powerful tool for health literacy. An esteemed member of AMWA, Helen has been a featured speaker at regional and national AMWA events as well as for her local chapter in New England.

Despite these well-earned accolades and successes, Helen, in her Álvarez Award acceptance speech, was quick to shed the spotlight and shine it on the efforts of a beloved colleague she considers to be her “Health Literacy Hero,” Archie Willard. Although he attended school just like other kids his age, Archie did not really learn to read until after being diagnosed with severe dyslexia at the age of 54. In the years that followed, Archie became an “ardent and articulate advocate” for health literacy by leading seminars, speaking at conferences, sitting on expert panels, and serving as a reviewer of patient educational materials. Although Archie Willard has recently passed on, his commitment to health literacy from the perspective of a “new reader” (an adult who recently learned to read) lives on.

From the start of her stirring presentation, Helen set each of us in the audience squarely into the mindset of someone with poor health literacy. What would it be like if you were unable to adequately read and write? Or understand basic medical terminology? The first demand on many patients at the doctor’s office is to read and then answer a series of health history questions. How vulnerable a person must feel when already under the stress of illness to be confronted with this daunting task! This simple scenario focused the audience on the realization of what can be an enormous hurdle and seared into our hearts the essence of health literacy—which most AMWA members (including myself) undoubtedly take for granted. Clear communication is essential to adequate health care and, to be effective, must fundamentally conform to the capacity of the receiver. To improve health understanding, the onus is primarily on the communicator to design and deliver effective messages that align with the needs of the audience. Helen’s working definition is that “health literacy happens when patients (or anyone receiving health messages) and providers (or anyone communicating these messages) truly understand one another.”

To improve health understanding, the onus is primarily on the communicator to design and deliver effective messages that align with the needs of the audience. Helen’s working definition is that “health literacy happens when patients (or anyone receiving health messages) and providers (or anyone communicating these messages) truly understand one another.”

Being true to her mission and delivering a presentation with empathy and generosity, Helen employed the very methods she was teaching to the awards ceremony audience:

- Create a welcoming and warm environment. Beyond the physical environment, this includes a tone in which people can think, disagree, and ask questions.
- Communicate in ways people can understand. That includes using modalities such as images, storytelling, written words, interaction, and humor.
- Confirm that the intended audience understands health messages. Strategies include getting feedback on written materials and using “teach-back” when talking with others.

Helen’s presentation was rich with tools that medical communicators can use. She reinforced the basic principle of “know your audience.” One way to do this is by asking, “as a result of communicating this message, what do I hope or expect that the intended audience will know, do, and feel?” Helen stressed that good writing takes a team. Members should include a content expert who is responsible for the accuracy of information, along with a writer who uses plain language strategies and is an unceasing advocate for readers. Equally important on the writing team are reviewers representing health literacy needs of the audience. Each membership role is critical to the whole.

Helen added that the writer has added responsibilities of managing the modes of expression, developing plain language (not as simple as it sounds), and “weighing the ethics of simplicity.” She offered examples of the skill and nuance necessary to translate complex scientific information into clear and simple directions. Helen gave a simple illustration: instructions for taking medicine may include the word “once” (as in “take one tablet once a day”). In English, “once” means “one time”; in Spanish, however, “once” means “eleven.” Misunderstanding this everyday word could be the cause of serious medical consequences.

Most importantly, Helen invited the audience to apply our unique abilities as medical communicators. She urged everyone to get involved—our skills have the power to benefit so many. “Writers can make a huge difference!” In the spirit of
Communicating Benefit and Harm: Avoiding the NNE (Numbers Needed to Exaggerate)

By Steven Woloshin, MD, MS1; Lisa M. Schwartz, MD, MS1; Emma Woloshin2

1The Center for Medicine in the Media, Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, NH; 2University of Vermont, Burlington, VT

The McGovern Award is especially meaningful because it comes from a group of writers committed to fairly and effectively communicating complex medical information to the people who need it. We know how hard that can be.

Our work has focused on helping people make good decisions. We have learned over the past 20 years boils down to this simple model: people need the facts and clarity about their values to make good decisions. This model falls apart without the facts. Unfortunately, there are a lot of bad facts.

Consider a Sloan-Kettering Cancer Center ad that says, “The early warning signs of colon cancer: You feel great. You have a healthy appetite. You’re only 50.” The message is meant to persuade people to get screened—not to inform them. This kind of scary message undermines peoples’ resilience. Don’t trust how you feel. If you feel healthy, you are probably sick. Yet most people who feel great, have a healthy appetite, and are 50 do not have colon cancer and will not get it. This ad—like many exaggerated messages—uses hype to generate fear to encourage some action.

Exaggerated messages also use hype to generate hope. For example, the president of one of the country’s major cancer centers told CNBC, “It’s actually plausible that in 10 years we will have curative therapies for most if not all human cancers.” That was in 2015. While it hasn’t happened yet, maybe it will in the next 8 years. But that seems pretty unlikely. Hopefully the cancer center president is more accurate than U.S. News and World Report. It predicted the end of heart disease back in 2003; as we all know, it’s still here.

Many exaggerated messages use both hope and fear to promote their product. Mount Sinai Medical Center advertises “An aneurysm is a death sentence. We have the power to grant you a pardon.” But in fact, most aneurysms are not a death sentence; the typical aneurysm found by screening is small and unlikely to cause problems, let alone death. Unfortunately, a small number of people who go for surgery will be hurt, and some may die, so that is hardly a pardon.

Given this state of exaggeration, consumers, clinicians, journalists, and medical writers need to develop a healthy skepticism to help their readers see through and push back