

"Health Literacy" and the Medical Translator

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On August 19 and 20, 2003, the New York Academy of Medicine and Libraries for the Future sponsored a workshop entitled "Health Literacy: Evaluating Print Materials." The workshop was conducted by Audrey Riffenburgh, an expert in this area, who provided hands-on training for librarians and healthcare professionals on how to evaluate and create easy-to-read health-related materials intended for the general public. .

The term "health literacy" has a fairly short history and most people are still unfamiliar with it. But it is a concept that is gaining ground in the healthcare field and has important implications for our work as translators. The U.S. Department of Health and Human Services defines "health literacy" as "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions."¹ The American Medical Association gives the term a more concrete definition: "a patient's ability to understand common health care communications, such as prescription instructions, test results and insurance forms."²

The federal government and many healthcare professionals are becoming concerned at the disparity between patients' reading ability and the literacy demands of the health-related material they are asked to read. According to the 1992 National Adult Literacy Survey, more than 90 million people in the United States (half the adult population) are poor readers, and about 21 to 23 percent "have difficulty using reading, writing, and computational skills for everyday tasks."³ Those with the lowest literacy skills are also the ones at highest risk for health problems. They suffer disproportionately from illnesses such as heart disease and diabetes, are more likely to be hospitalized and less likely to take advantage of screening and early-detection programs.⁴ In addition, studies have shown that even average and above-average readers find most health information difficult to read.⁵ The reason for this is that health-related materials tend to be written at levels much higher than those accessible to the majority of adults.⁶ Therefore, a large percentage of the population cannot understand crucial information such as directions for taking medication, managing chronic health conditions, filling out intake forms, enrolling in insurance programs, or getting services once enrolled.⁷ U.S. Surgeon General Richard Carmona has stated, "we need to present health information in ways that people of all races and ethnicities, all walks of life, and all regions of this country will understand, and more important, use it."⁸

- ◆ The issue of "health literacy" has sparked a movement to use "plain language" in all written materials directed to the general public. "Plain language" simply means the use of a lower register than the formal, highly technical, syntactically-complicated one used in documents intended for medical professionals. Ms. Riffenburgh's workshop served as a valuable resource for those charged with the responsibility of simplifying health communications. Although it focused on English-language materials, many of the principles discussed can be applied to translations into other languages. At the very least, translators must be aware of these issues, so they will not unwittingly sabotage the writer's intent. The translator needs to be sensitive, not only to the *meaning* of the original, but also to its *style* and *format*, since they also influence comprehension. For example, if the original piece is written at a very

basic level, with simple words, generous use of white space and very little text, the translation should reflect this as much as possible (without violating the conventions of the target language). According to Ms. Riffenburg, “limited health literacy is not restricted to adults with limited overall literacy skills.”⁹ Even those who are highly literate prefer health-related information that is offered in clear, simple terms and presented in an uncluttered format.¹⁰ Therefore, all audiences can benefit from the use of these principles

Here are some points to keep in mind when given a document to be translated, since the writer may consider them important in terms of readability:

- ◆ Maintain the same general layout of the original regarding the proportion of text versus white space. A page with too much text relative to white space is more difficult to read.
- ◆ Use the same type and size font, including italics and bolding. Certain fonts are easier to read than others. Judicious use of italics and bolding provides emphasis for key points.
- ◆ Keep the same headings and subheadings. These break up the text, making it easier to read.
- ◆ Maintain all bulleted and numbered lists, rather than putting the items into paragraph form. This also breaks up the text, making it easier to read.
- ◆ Keep the same number of paragraphs, rather than joining several together. Longer paragraphs tire the reader more easily.
- ◆ Keep to the same register. Whenever possible, avoid complicated words and medical terminology if the original does not use them (for example, if the original talks about “high cholesterol,” use an equivalent simple term – if there is one in your language – rather than the equivalent of “hypercholesterolemia”).
- ◆ If the tone of the original is informal, conversational, and uses the active voice, avoid the use of formal language and the passive voice.

Some translators resist these suggestions, particularly the one that calls for the use of “plain language,” thinking that this means “dumbing down” the material or “talking down” to the reader. A frequent comment is: “This may be necessary in English, but readers of [language] would be insulted if I were to do the translation that way.” It is important to remember that “plain language” does not advocate the use of poor grammar, incorrect syntax, or an insulting tone. Writers in other countries are beginning to pay attention to the topic of “legibility” or “readability” of medical documents. In Spain, for example, researchers have found that consent forms are difficult to read due to the use of overly complex sentences and highly technical language. They have begun to call for the simplification of medical writing.¹¹

Studies show that most patients do not understand health-related communications. During the past several years, the field of health literacy research has demonstrated that following certain criteria in creating written materials makes them easier to read. This applies to the translation of those materials as well. It is our responsibility as translators to render meaning faithfully and accurately, but we must also be sensitive to the mode of

expression, design and layout of the document, since these are just as important for the reader's comprehension.