Episode 5: Helen Keleher

Helen It's not expensive to make sure that the information you're putting out is fit for purpose. It's actually fundamental for an organization and there are many fundamentals. Hand hygiene or masks and gowns or whatever it is: There's a cost to all of those things. They're all about prevention and good practice. So it is about funding good practice.

Bob Welcome to Top of Their Game, the show where we speak with the people making communications clearer, fairer, and just plain better. I'm your host, Bob Milstein, a lawyer and plain language trainer, practitioner, and advocate. Our guest today is Dr. Helen Kelleher. Helen is adjunct professor in health science with Monash University and life member of the Public Health Association of Australia. She has an extensive background in working with health and community services and has expertise in public health, gender equity, prevention of violence against women, and population health. She is first editor of the textbook *Understanding Health* for Oxford University Press and has written dozens of journal articles and reports that have been influential with generations of students learning in the health sciences. Helen's focus is on fairness and equity and how we can strive to make the world a fairer place. In today's interview, we explore Helen's career as a passionate advocate for health literacy and clear communication. And now Helen Keleher.

Helen, thank you so much for joining us today.

Helen Thank you very much, Bob. Good to be with you.

Bob Helen, what first drew you into public health? Was there, for example, a moment or an experience that made you realize how communication shapes well-being?

Helen There certainly was, and I am going back a bit now. I started nursing when I was 17 at the Royal Children's Hospital in Melbourne and we'd often see children come in with diseases that were preventable. And that sparked something in me. But it wasn't until much later that I realized that by doing much better communication with people, we could actually get better outcomes. And one of those was when I'd stopped nursing but I was working for a local shire while I was studying — just very part time. But one of the things we did (I was working on vaccinations) was with the grade 6 girls (it was a local school getting rubella vaccinations) and the environmental health officer said to me, “Oh, the girls will all be hysterical, you know.” And I said, “Well, perhaps I could pop out the week before and just have a chat to them about why it's important.” And he was kind of like, “Really? Why would you do that?” Anyway, I said “okay,” so I got some resources from one of the big organizations and went to chat to the girls. And the next week when we did the rubella vaccinations, they were great. They were fine with it. And he was amazed. And I realized then that a simple thing like a little bit of explanation can go a long way. But then in the early 1990s (by then, I was doing a masters) and I went to my first Public Health Association conference and I felt like they were talking my language. This was my tribe. And it just absolutely changed the way I think about, not just health communication, but prevention and populations and so on.

Bob Looking back over your career, what do you think has changed in the way Australians understand the concept of health?

Helen I think the biggest shift has been from just seeing health as the absence of disease to something much more proactive that we can all work on. And the way we talk about health now is about how we can support

people to find their own healthy ways of being and doing. So I think that the idea of actually living well and that health supports us to live well and not die too young or not have things happen … But I think we're much more aware of what we can prevent now than we were 40 years ago.

Bob Does that intersect in any way with the so-called wellness movement?

Helen I guess it does. The wellness movement, to me, feels like it's a big oversized product push. And I'll come to that shortly too, because there's a lot of misinformation in that. Nonetheless, there has been a really big shift towards health not just being the absence of disease, but it has been commodified hugely.

Bob You've worked across academia, policy, community health. How have these different worlds influenced the way you think about clarity and access to information?

Helen Well, each of them has been full of learning and they run alongside each other. Academic study changes people's lives. And I still run into students today who say, “Oh, I so remember this or that from the learning.” What I always tried to do was to make that learning attached to real worlds. You can't just teach theoretically. You have to show people what it means for them and for other people's lives and the impact that they themselves can have. So I did enjoy that. But I also think with policies, policies can have clarity or they can not, but actually they can prioritize core information performance in organizations. They can require them to be doing more in terms of making information accessible. And it's shifted thinking from just saying information is available to saying information is understandable and usable. And that has now crept into accreditation standards for health organizations. So it's coming under the quality and safety domains of accreditation, so it reframes that clarity as a requirement. But I think we've got a way to go for that to be seen as an equity issue in organizations, not just simply a communication task, but we'll get to that.

Bob I imagine that need to engage with the relevant reader and to make it come alive for them was very much a focus you had way back when you had that initial chat with the girls at school about making it matter for them.

Helen Yes, it was a real lightbulb moment for me and I could also see opportunities for how we could work differently in the future. And that's why the world of public health actually captured me.

Bob I know one thing you're very passionate about is fairness and equity as being central to health. I was hoping you could say a bit about what do those values look like in practice, in a real world, day-to-day situation.

Helen In relation to health information, which is kind of the core of what we're talking about, it looks like services that not just say they're accessible but actually demonstrate their accessibility, that they're culturally safe and they're responsive to individuals’ needs. For about a year, I was seconded half-time to a large inner city Melbourne community health service and they, for example, used to hold — and this was in the mid-2000s — they had a big public dental clinic, but they would run that dental clinic separately early in the morning on a particular day of the week for people who had HIV/AIDS because they'd told the service that they didn't feel comfortable sitting in the waiting room. They were always worried about what other people might say or think or do. And so they ran a separate clinic. And I just thought that was such a simple way to say “We care about you. We want to make this accessible to you. Come and see us.”

So it's about addressing the barriers to people, people accessing services — whether it's geographic or financial or in language or the social barriers — designing care so that no one's left behind. That's what it means to me. Means listening, involving people in decisions, having those community groups that actually tell you what the issues are for them … Listening, listening and building on that lived experience to make sure services are designed to be accessible. And then they're fair. And then we get better equity.

Bob So you've identified the needs of a range of disenfranchised and historically vulnerable groups. What other examples of cultural safety would spring to mind when it comes to these topics of fairness and equity?

Helen Yeah, I guess it depends how you define culture, isn't it? But what first comes to mind is about the movement in Indigenous health (First Nations peoples' health) to have Aboriginal community-controlled health organizations. That's been so important because they define what's culturally safe. They know and they make it accessible to the people who want to use them. I don't think we've done enough for our migrant and refugee communities yet. We're certainly along the way. There are some really good services that know how to work with local people and use community advisory groups and so on to, you know, they're listening to what people's needs are.

Bob Apart from the obvious issue of language for many of those migrant groups, are there any other core challenges that you have in mind when you mention that?

Helen Well, there are sometimes, for example, in some cultures men don't like women being unaccompanied to see a doctor. And some services have worked out how to make that work for women so that they can have a private consult with a doctor. Interpreting services, they seem to be funded, you know, sporadically. They don't always work for people. Sometimes it's a child who has to interpret for an adult. And that can be tricky too, particularly with sensitive information. So I think those things matter. But also another community health service I was doing some work for probably ten years ago realized that all the photos they had alongside the health information on their boards in the hallways and so on were of white people. And yet they lived in a community that had a lot of refugee and migrant families, people. So they realized they needed to get different photo shoots happening. People need to feel represented. They need to see themselves and understand that this service is for them. So that was another way. I think the imaging is really important too.

Bob You got to see it to be it.

Helen You do. Yeah.

Bob Helen, I want to take you back to a topic that sits more traditionally with our general focus on communication: health literacy. Let's start with the basics. Hold my hand, please, and take me through your definition. Or indeed, if there is an internationally recognized definition of health literacy.

Helen Okay, in really plain English—

Bob Thank you.

Helen —or about, health literacy is being able to understand health information well enough to make good decisions. That's it.

Bob Okay, give it to me in a little less plain language then.

Helen Well, there's personal health literacy and there's organizational health literacy. And personal health literacy is about you and I having enough information to make good decisions. Organizational health literacy is more complex obviously, because it's how well organizations help people find information (and this applies to health systems as well) how well it provides information that people can understand using established processes for making information understandable and how they can use that information. What do they need to do next? Not just overloading people with a whole bunch of information, but actually saying, beginning with a fairly straightforward statement, building the complexity slowly through an information sheet or a website — whatever — and then saying to people, “Here are the helplines, here is what you need to do.” Giving people options. Help them understand that they don't have to live with whatever it is they're concerned about without support.

Bob Australia is a pretty developed country, yet, despite that, I know from the research done over decades now by organizations like the Australian Bureau of Statistics that literacy is a challenge on multiple fronts. In my own world, legal literacy is a big deal. Health literacy is a big deal. Why do you think it is so widespread in the developed nations such as Australia?

Helen Of course, there's many types of literacy, as you said, and they're connected. Health literacy, financial literacy, digital literacy. But what is at the basis of them all is literacy: being able to read and write. And we have an older generation, many of whom left school very young, and they have probably sufficient literacy to get them through. And whatever you learnt at school, you do build on if you've got the basics there. But many older people don't necessarily have the skills to navigate what are still quite complex environments. Then we also have a very high proportion of people who've come from countries where English is not their first language. We have probably 1 or 2 generations of young people who were raised in refugee camps, for example, and who struggle to get the basics, let alone, you know, do it in English.

Bob Yeah.

Helen It's not their first language. Sometimes it's their second or third language. So it persists. But also, you know, you can be an engineer or an electrician and have good literacy skills in your field, but not necessarily about health. The higher your education level, the more you're able to work out what you need to know in terms of your health. You acquire those skills much more quickly. But the lower levels of literacy you've got, it's harder to make those connections to actually make sense of it. And there's high levels of influencers out there who are trying to sell misinformation or just nonsense. So it's still really hard to navigate and work out what you actually need to know. But also, I think the system is complex. You know, the services are very often fragmented. You have to work out for yourself what your care partnerships need to look like if you've got something serious going on. I've got a friend who's actually very unwell, and she had complex health challenges before she got a serious diagnosis, and her partner has put together a spreadsheet of all the specialists that she needs to see and how often. And it's huge. And without that, they'd be really struggling from week to week to work out what they need to be doing next to keep her alive, frankly. And look, it's working for them, but not everybody has those skills to work it all out. And then you've got to be able to talk from one provider to another, often retelling your history to move forward. It is really complicated for many people.

Bob Absolutely.

Helen So it is still a complex health system, despite how well we're doing and despite the level of, you know, sophistication that we have, for everyday people it's still complex.

Bob You've explained that the literacy challenge arises for a range of reasons and has a range of potentially significant downsides. Buying the snake oil is one of them. But just plain old challenge of navigating what is a very complex health ecosystem. Are there any other big real-world consequences of limited health literacy?

Helen There certainly are. One of the issues that's come to light, perhaps in the last 6 to 8 years — maybe a bit longer — is, for example, the difference for women experiencing the symptoms of heart attack or heart disease. And they've not been taught to generations of doctors and nurses and they're really only becoming clear because there are women now saying this isn't the same by gender. It's different. And those messages then need to get through to the general population. But women do tend to ignore (I know men do too) but they don't necessarily understand that the symptoms that men have and that are very widely publicized aren't the same for women.

People can also take medicines incorrectly if they don't understand the labels. The labelling isn't always easy to make sense of and that's why pharmacists are so important now. When they give you the medication, they actually do ask you “Now do you understand this? Have you used this before? Do you need any help? Come back if you need to.” And that's so important.

People also then delay care until they're very unwell if they're uncertain or they're a bit scared. But the most common issue is that people end up not managing chronic disease as well. Diabetes, for example, is one where get huge cost to the health system from preventable hospitalizations. It's huge. And that's one of the most common conditions. Asthma is another one where people are not always sure how to manage. People end up in hospital more often than they should. So people get confused and overwhelmed when they're navigating the system if they're not given clear guidelines about what to do.

Bob So let's talk about possible solutions. Do you think health literacy should be seen as a shared responsibility between individuals and the system?

Helen Absolutely. It's often seen as a personal deficit and it's not. All that means if people don't understand, it's because they haven't been given the information in a way they can take on board. And that's a problem. I think we are seeing a lot more effort now from all kinds of health professionals to make sure that the person they're seeing understands what's going on. That has been a big shift. So it is a shared responsibility at that level, but we also can't make assumptions. As I said before, people can have very high literacy skills and a whole range of areas overall, but still find the complexity of a health challenge to be quite overwhelming. And, you know, it requires good explanations from health providers to help people understand what their risks are, what they need to do to stay well, and so on. So the systems and all providers are responsible for explaining information to their clients and their patients in understandable language. And I think that is the big shift that's changed enormously over the last, you know, 15, 20 years.

Bob Of course, one other communications challenge that arises in a clinical context is that the person who's receiving the information is often at a point in their lives when they are least open to or able to process it because they're just scared or in pain or both.

Helen Yeah. Yeah. So very often the advice now is to bring someone along, take notes, use your phone, record it, and providers are more open to that than perhaps they've been in the past. But, you know, there is

still a lot of blind spots. I think another way that, as people working in the health system, we need to think through is about what is people's experience. Asking them, you know, what do you think's going on? How is this affecting you? And use that as a springboard for the next level of information and then the one after that and the one after that. So yes, people do get overwhelmed, but they can be brought along on that journey with the right approaches.

Bob Helen, a minute ago you mentioned blind spots. Are there any key organizational blind spots that exist in your view?

Helen Oh, there definitely are. One of the blind spots is that organizations want to deliver health information, rather than checking whether that information is clear and accessible and is actually usable for people. And one way you can do that is to test it with real world people: consumers who are likely to read it. Another blind spot is designing communication from the organization's perspective, which is much the same as what I said before, instead of the consumers. So one of the things every health provider learns is jargon. We're terrific at jargon, but we have to break that down and make sure we aren't using jargon, that we're using plain English. And then, of course, every organization wants to use digital tools now and forget how many clicks people are prepared to do to get the health information they want. Usually 2 or 3 clicks and—

Bob Yeah.

Helen —people go “This is too hard. I don't want to know.” So it's getting that right. And they can be blind spots. It does add costs to an organization's communications team, but it's absolutely crucial. In the end, it's a core safety and quality issue. And that's the way it's being seen now in many organizations, that the work they're doing is part of their quality and safety committees and they hold responsibility for making sure that they've got processes in place to review material and make sure it's fit for purpose.

Bob Your observation that organizations and institutions often write for the purposes of the writer, rather than the purposes of the reader, is a really big issue in a whole lot of technical writing worlds. It goes fundamentally to the international definition of plain language, which ultimately focuses on making the information usable for the target readers as opposed to fitting the needs, purposes, strategies, insecurities, exposures of the writing organization.

Helen Absolutely.

Bob Can you share an example where improving communications made a measurable difference in community health outcomes?

Helen For sure. If we think to some of the major public health campaigns that have happened over the last 20, 25 years, the most well known — and the one that's made a measurable difference to people's outcomes — is the Slip, Slop, Slap campaign, which is now also “Seek” shade and “Slide” on sunglasses.

Bob Now, now Helen, just in case we are broadcasting this to millions of international viewers — and there's every chance we would — you might want to say a bit more about that initiative.

Helen Okay, so it's an Australian campaign to prevent sunburn, which very, very often leads to skin cancers in later life. And it is the most successful public health campaign in Australia and it has significantly reduced the incidence of melanoma and people's understanding of how they can prevent melanoma.

Some of the visuals I think about mental health have also helped some. The mental health has always carried such stigma, but they've been really good efforts to ensure that the world understands that mental health is something we all carry. We all have moments in our lives. Well, many of us have longer periods in our lives where we feel like we have poor mental health. But it’s started to be normalized now and there are many tools available to say it's okay not to feel okay. Do you need help? Here's where to get help.

So I think some of those examples have made a huge difference to outcomes for people. So I think it's not just having words. It's also having images that convey the message that can be picked up quickly. And the words then have to reinforce the image. I've seen brochures where there's a lovely image of something, but the words don't actually relate to the image at all. So there are some skills in writing, as you know, good technical information that is also in plain English that makes the point. But I think we're getting better and better at that in public health.

Bob In your view, how early in life should we start teaching health literacy and how could schools or media better support any linked initiative.

Helen Well, we have to in the early years, don't we? And we do. You know, we encourage very, very young children to wash their hands, clean your teeth. I keep reminding my grandchildren that their teeth need to last them till they're very old, like me. And then I say how many years that is and I think it hits the mark. They kind of realize you've got to look after them now. But there's much more to it than that. We need to be delivering the right health messages at every stage of life. Children become teenagers and suddenly they're exposed to so much peer pressure and social media and so on. We need to keep giving them information that's going to help them understand what matters. I think respect for others is another really big one that we're learning to reinforce with teenagers, because it's so often a time when they use disrespect because it's funny or their peer group think it's, you know, the way to go. And then young adults who, somehow some transition happens where they think they're invincible, that they're not as vulnerable to risks, and we need to use plain language to remind them that we're all vulnerable to speeding cars, not wearing seatbelts, getting tanned, drinking too much, overloading on sugar. All of those messages in some way need to be delivered and they're very simple messages, but they do need to be delivered at every stage of life. So we start young and we go right through life.

Bob Fascinating. Many health organizations struggle to write clearly. Why is plain language still such a challenge — even recognizing that the general standard is probably increasing over the last few decades — but it still seems to be a challenge. Why do you think that is?

Helen I think the system's been built around clinical language and the people who run the system are very often got a clinical background and don't always put in those safeguards within organizations to make it happen. I mean, if you walk into a new wing of the hospital and the sign on the door says “Nephrology,” you think, well, the nephrologist knows where to go, but do people understand that that's the kidney department? Like, I think that kind of thing is changing. I don't know how many hospitals I've been into where renovations are going on and you're told to follow the blue line, but it just suddenly stops because things have changed. One of the greats in health literacy in the United States is Rima Rudd, and she has story after story about doing audits of hospitals and how easy they are or aren't to navigate. And I think it's still a problem. You mentioned before that, also, staff often write in language that's familiar to them. Perhaps it feels more comfortable to write using clinical language and they think they've made it easier to understand, but the

people who are the best judge are the consumers. So having a consumer oversight process is critical. Whether it's a hospital or community health service or local government, having that consumer oversight of the information that goes out is a great leveler for organizations who are struggling to get processes in place. It's to test material with real world users so that they understand where people are getting lost and can change it.

Bob Okay, so that's obviously a key ingredient, but you facilitate lots of organizational change. What are the other ingredients of a culture that values plain speaking, plain writing and true understanding?

Helen In many organizations that I was working with, there'd be a champion for health literacy in plain English, plain language. But if that champion gets frustrated because there's no systemic approach or that champion leaves, moves on, then any degree of change that that person might have managed to make happen will usually stop. So we need to have systemic processes. They need to be built in. So when they're built into accreditation standards, that's a start. But the risk is that an organization will then rush around 2 months before accreditation and try to make some change happen. I think it needs commitment from the top and it needs to filter right down through the whole organization that this is how we are, this is who we are, we're here for people, and it's our job to make sure that they know that we're here for them and that they can access us without fear or judgment.

Bob So making these changes, of course, takes time and it takes effort and probably resources. With that trinity, what do you need to do in order to persuade the budget holders, the leaders within organizations, that, yeah, we should do this.

Helen It's actually not expensive to have consumer groups checking over material and getting back to you. We could have people with lived experience of real-world people reading things over for nothing, but that's not fair either. They're doing a job and they should be recompensed for that. But most organizations have community advisory groups who could be doing that work as well. It's not expensive to make sure that the information you're putting out is fit for purpose. It's actually fundamental for an organization. And there are many fundamentals. Hand hygiene or masks and gowns or whatever it is: There's a cost to all of those things. They're all about prevention and good practice. So it is about funding good practice.

Bob Let's talk about another fundamental that I know is close to your heart. You've said that equity is at the heart of everything you do. How does health literacy fit into that vision?

Helen It's a good question. Health literacy is an equity issue because when people struggle to find, understand, or use health information, they're at risk of poorer health. And those people are sometimes, not always, the ones who are facing other disadvantages. But even if people, as I said earlier, have a good education, it doesn't mean they know how to translate information to manage a particular condition. And, you know, diabetes comes to mind, heart disease, of course, musculoskeletal things. So access to understandable information that people need to be healthy is everyone's right. And that's an equity issue. So it is a rights issue and it is an equity issue.

Bob If you could make 1 system reform to ensure fairer access to health information, Helen, what would it be?

Helen I think we need to start teaching about the importance of health literacy to students to make sure that it's at least on their radar and it needs to be part of their thinking for all of their health careers. It is a form of advocacy on behalf of people. If we really want better health in the whole population, then we need to

understand that health literacy is one of the tools, and good health information is one of the tools that's going to make that happen.

Bob You've been part of international networks in public health for a long time. How do the different countries approach health literacy and what, if anything, can Australia learn from them?

Helen I think the US has been very influential (well, we know it has in the health literacy world) because originally a lot of the work was funded by Pfizer and so it was very focused on medical writing and it was really almost based on a personal deficit kind of model. I think they've improved. They've come a long way. And that's because of the influence of the social scientists like Rima Rudd, who have said we have to write much more broadly than that. But a lot of the research was funded by Pfizer, and they had a particular purpose in doing that, but there'd been other foundations in the US that have been very influential. And because their funding reaches all corners of the globe, I think that's how their work in health literacy has also been influential. I don't know about South America, but if, you know, Paulo Freire has had anything to do with it, they'll have a very bottom-up approach to learning literacy and health literacy in particular. So I'm hopeful, but I don't actually know.

Bob Who is Paulo?

Helen Paulo Freire was an educator, South American, and he had a pedagogy about community-based participatory learning. He was very influential in research as well. A lot of people coming into social science realized that that kind of bottom-up learning — participatory models of community organizing and education — actually work.

Bob If you could ban 1 phrase from every health brochure in Australia, what would it be?

Helen *Should*. The word *should*. “You should do this. You should do that.” I find it very irritating.

Bob Is that because it's a bit of a finger-waggy word?

Helen It's a finger-waggy word. And there's a little bit of me that says, “Well, who's going to tell me what I should or shouldn't be doing?” Give me a reason. Give me the facts. Tell me how it is. Yes, I just hate it. I hate it in recommendations, in a report. I refuse to use the word “you should.”

Bob So how would you redraft it?

Helen Well, it's about saying what is the actual problem here that we're trying to fix and stating that problem. The problem is that without vaccinating children, they're at risk of getting life threatening diseases. Then you make the point by taking children to get vaccinated, you increase their chances of living longer, of not getting that disease. I just don't like the word “you should.”

Bob What phrase do you most often overuse?

Helen I think you have to ask my children that.

Bob Okay. Outside of work, Helen, what keeps you grounded, or inspired for that matter?

Helen Working in activism around gender equity and the prevention of violence against women. I really try hard to stay connected around amazing people whose motivation for justice and equity are so energizing. And I'm almost fully retired — not quite — but those people are what keeps me going. Yeah.

Bob What do you read for pleasure and does it influence how you write or speak professionally?

Helen I read fiction and nonfiction. I like short form and long form essays. I've really enjoyed the narrative memoir called *The Salt Path* and its sequels, by Raynor Winn. And I know there's been a little bit of controversy about some aspects of that, but I found her writing beautifully poetic. I felt like I was there on the salt path. I like a book that takes me somewhere else. Overall, I lean to women writers. I'm currently reading *Devotion* by Hannah Kent, an Australian writer. In nonfiction work, I read politics and, you know, the kind of long form essays in *The Monthly* and the *Quarterly*. And every now and then, I kind of throw it across the room and go, “No, I'm not finishing this essay. It's rubbish.” But, you know, I'm a bit of a political animal and I know like to know what's going on.

Bob Australian politics or more broadly than that?

Helen Mainly Australian, but also the *Guardian* because you get some European and UK news.

Bob Now if you wanted to point someone at the start of their public health career to examples of great health or scientific writing, where would you direct them to and what makes those examples so good?

Helen An undergraduate student or a student just finding public health, I would say, subscribe to the daily newsletter called *Global Health Now*, which comes from the Johns Hopkins’s Bloomberg School of Public Health. They present the latest, they explain it in a paragraph that's easy to understand, and then they link you to the original piece of research. It's fantastic. I look at it every day. And then the other one I get is *Nature Briefing*. So *Nature's* one of the top series of journals in the world and they have a blog as well (it comes out every day) and the briefings that they provide distill the scientific findings into bite-size paragraphs. And again, the links are there if you want to delve further, should you be interested. So I find them both quite irresistible really. I do browse through them every day. Yeah, I would point people to those for a start. And the links that they have to various other publications I think are going to be reliable and scientifically sound.

Bob So would you point those people to those resources as exemplars of what really good writing looks like?

Helen Yeah, absolutely. Yes.

Bob I want to close by asking you 2 more messaging-related questions. One is if you had a manifesto for clear communication in 1 sentence, Helen, what would it be?

Helen Every person has the right to information that they need at the time they need it and in a form that is usable to them. And if we don't provide that, then it's a dereliction of our duty.

Bob Wonderful. Final question: If you could leave 1 message with policymakers, what would it be?

Helen Health literacy is not something that individuals themselves are expected to fix. It's something the health system must enable. So policies that strengthen organizations and their capacity for clear communication and services that people can navigate and that are culturally safe, that is in itself essential health care. And we can't reduce demand on hospitals for preventable illnesses and we can't achieve better equity without organizations taking responsibility for how they and all their staff actually provide information to people. We just can't expect that to happen. So it is really fundamental and it's not something we can cut funding for. We have to keep on doing it and we have to learn how to keep doing it better.

Bob Right. Couple more hard-hitting questions for you, Helen. Dog person or cat person?

Helen Both.

Bob Oh.

Helen I've acquired my first dog 4 years ago. I didn't think I was a dog person, but she's very good company. She's very sweet.

Bob Oh, we love dogs. Coffee, tea, or something stronger when you write?

Helen I tend to write in the mornings. I can get up with a pot of tea and start. But by 9 o'clock, I need that coffee. One a day. But as my children will tell you, it's a cheat one-a-day coffee because it's triple strength.

Bob Well played. If you could have dinner with any writer, living or dead, who would it be?

Helen I love this question. From history, it would be Mary Wollstonecraft. She was a humanist who pioneered writing about women's rights and her book, *Vindication of the Rights of Women*, which she wrote in the 1700s, was life changing for me. I reckon we could have a really good yarn over dinner about how things have or haven't changed for women.

Bob That would be a fun night.

Helen It would be.

Bob Helen, it's been wonderful to have this opportunity to hear your insights and your wisdom drawn from such extensive experience. Thank you so much for your time and your commitment.

Helen It's been a pleasure. Thank you very much, Bob.

Bob Thank you.

Helen reminds us that there's a lot of good things happening in the world of health literacy, but there's lots more we need to do in order to address the challenges of both personal health literacy and organizational health literacy. And that's because the bottom line is that better health literacy helps to generate better health outcomes and it's also a human right. To learn more about Helen's work, be sure to check out our show notes.

 If you enjoyed today's episode, share it with a colleague, leave us a review, or, better yet, rewrite something terrible and send it to us. We will love you forever and so might your target readers. I'm Bob Milstein and, until next time, go forth and clarify.