

# CUA brochure readability: On the right track

Denis Lavoie, MD CM, FRCSC

Urology, Vernon, BC

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Having been involved in the Canadian Urological Association (CUA) Patient Information Brochure Project at its inception, I read with interest the paper, “An analysis of readability of patient information materials for common urological conditions.”<sup>1</sup> Like many of my physician colleagues, I wrote patient information handouts on various topics to reinforce and supplement my verbal description presented at the office or the hospital. In June 1998, at the CUA Annual Meeting in Halifax, NS, I suggested to my mentor and then CUA President-Elect, Denis Hosking, that this was a project that the CUA could take on as a benefit to the membership. With its resources, the CUA could develop a product with improved graphic and text content and establish the required infrastructure for efficient distribution of printed patient information materials to urologists, who could hand them out to their patients. I should have anticipated Dr. Hosking’s response, “Good idea. You’re in charge.”

Over the ensuing years, a group of volunteer urologists with an interest in patient information (including Dr. Hosking) came together to write the texts and determine the required illustrations for each topic. The original texts were written by individual urologists according to guidelines that we developed, and edited by the group to ensure that the information was correct and specific enough to be useful, while remaining generalizable enough to reflect the many different practices across Canada. We learned much in our interactions with graphic designers, illustrators, printers, and distributors of our brochures.

Since our initial launch of 10 topics in November 2001, Canadian urologists have handed out several million CUA brochures now covering 59 topics in English and French, each reviewed and updated regularly. More recently, the material was made available to the general public and our patients on the internet through the CUA website, [www.cua.org](http://www.cua.org).

The CUA brochures were designed to be distributed by urologists to their patients after our normal verbal discussion of the clinical condition or procedure in question. As such, they were meant to reinforce and supplement information already provided verbally, reminding the patient or other

readers of their discussion with their urologist. Unlike much other health information material, the CUA patient information brochures were not written to be read in isolation as stand-alone material.

From the beginning, we were sensitive to the need to optimize readability without comprising the breadth and depth of information that we felt was essential within the constraints of the tri-fold brochure design format (letter size paper folded into three vertical panels) that we adopted. This proved to be an ongoing challenge. I recall a debate about whether the word “hematuria” should be used; we decided to include it, with appended definition, as it was a term that patients may hear during their investigation. The engagement of expertise to assist in maximizing readability was considered, but this was beyond the financial resources available for this project at that time.

The authors’ finding that the CUA patient information materials score a 10<sup>th</sup>-grade reading level on average, rather than the recommended fourth- to sixth-grade level, and that they may be too complex for low-literacy patients is not surprising. That our brochures scored better in readability than those of other subspecialty organizations suggests we are on the right track. The current CUA Patient Information Committee may wish to use this information to improve the content of our brochures so that they may be more accessible to readers of lower levels of literacy. It is a sad commentary that, even today, so many of our fellow Canadians still do not possess sufficient literacy to function without assistance in modern society. It would be interesting to assess the comprehension of the CUA brochures by patients who have and have not had a previous verbal discussion on the topic with their urologist. The current study can only help to improve the quality of our product for the benefit of our patients and readers in the general public.

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## Reference

1. Dalziel K, Leveridge MJ, Steele SS, et al. An analysis of the readability of patient information materials for common urological conditions. *Can Urol Assoc J* 2016;10:167-70. <http://dx.doi.org/10.5489/cuaj.3578>

**Correspondence:** Dr. Denis Lavoie, Urology, Vernon, BC, Canada; [lavoie@vernonurology.ca](mailto:lavoie@vernonurology.ca)