

# DELAWRITER

The quarterly newsletter of AMWA-DVC

Delawriter Editors

Winter Edition, February 2019

## The 2018 Walter C. Alvarez Award Recipient

By Helen Fosam

"The challenge for communicators is how to disseminate the reality of the data, which is in stark contrast to the held belief of a nation that thinks it is the best in the world", summarized the essence of the speech by Robert Califf, MD, MACC (Professor of Cardiology, Duke University School of Medicine), as he accepted the Walter C. Alvarez Award at the 2018 AMWA National Conference in Washington, DC. Robert Califf is Professor of Cardiology at Duke University School of Medicine and the former commissioner of the United States Food and Drug Administration. The Walter C. Alvarez Award recognizes dedication and commitment to communicating healthcare development to improve public health and outcomes and was awarded to Professor Califf for his significant contributions to health outcomes research, healthcare quality, and clinical research. He is the founding board member of the People-Centered Research Foundation, which is dedicated to engaging patients, patient advocates and caregivers in clinical research. Professor Califf is also the director of Duke Forge, a multidisciplinary organization dedicated to developing actionable health data science, with the goal to empower individuals to live healthier lives and improve health outcomes. Professor Califf's thought-provoking acceptance speech, peppered with just the right balance of humor, focused on 3 key points: improving health status and health outcomes of Americans, leveraging technology to improve healthcare, and working together to improve healthcare communication and access to truthful and reliable information. Professor Califf challenged all of us, as healthcare communicators, to do more to communicate the data and its trends to reverse the diminishing health outcomes in the United States.

The facts surrounding the health status of Americans were brought to life with statistics, data, and charts showing wide regional variations, and with specific counties (in North and South Dakota, Mississippi, Kentucky, and Virginia) having very low and worsening projected life expectancy. How, I wondered, did socioeconomic status increasingly dictate health outcomes of Americans, as Professor Califf pointed out the well-documented correlation between zip code, education, wealth, race, and health-related issues such as obesity, diabetes, and life choices that directly parallel life expectancy, and premature death? What contributed to the increasing burden of diseases among Americans, as revealed in a recent study showing that the United States has the lowest life expectancy among 18 high-income countries? Over the past 5 decades, midlife mortality from "deaths of despair" has consistently fallen in 4 high-income countries-Germany, France, Sweden, and the United Kingdom-but show an almost exponential increase in the United States, particularly among white non-Hispanic men.(1) Why is the life expectancy of Americans on a slippery slope of decline, with the projection that by 2040, the United States will fall to 68th in the world, from its current 24th, a staggering decline over just 2 decades? He asked what can we do to reverse the trend, while time is on our side? Perhaps we can learn something from the other 17 high-income countries. A focus on higher healthcare spending, and a safety net in the form of social services and basic healthcare for all was considered by Professor Califf to be high on the priority list for the high-income countries, compared with the United States.

Given that universal healthcare, even if only at the primary care level, is an almost insurmountable task for the United States, Professor Califf turned his attention to the application of technology as a way forward to solving some of the health-related problems facing the US. Indeed, the digital age, which Professor Califf considered as the fourth industrial revolution, may overcome the limitations of the current approach to clinical research; Califf cited a statistic of just a 60% success rate for preclinical animal studies progressing to successful late-phase clinical trials, and often with a significant financial casualty. Mapping human health is the current focus of Professor Califf's work, leveraging technology to establish a baseline health database for the US population.(2) Similar, in principle, to the GPS mapping of US roads, the baseline health database is designed to measure all aspects of health-related variables to provide a basic "health map" that will enable continuous health

### In This Issue

[Walter C. Alvarez Award](#)

[Health Literacy](#)

[Swanberg Award](#)

[AMA Manual of Style Changes](#)

[Think and Communicate Visually](#)

[Upcoming Events](#)

### Quick Links

[AMWA National](#)

### QUICK NOTES

#### Join the DELAWRITER

The DELAWRITER needs contributing authors for the quarterly publication. Have an idea for an article?

Haven't used that byline recently?

If so, please contact the [editorial team](#).

### Quarterly Quotes

"The best luck of all is the luck you make for yourself."  
-Douglas MacArthur

"Do not wait to strike till the iron is hot; but make it hot by striking."  
-William B. Sprague

### Tip for Warming the Winter Office

If you're tired of using an electric heater that

assessment, rather than the current periodic health capture, which typically occurs only during physician interaction. The latter is plagued by a lack of continuous health-related information and missing data that can influence medical intervention and health outcomes.

Indeed, "baseline data" from more than 100 million individuals are currently being gathered and curated by various networks across America. This "digital phenotyping" can be used to predict health outcomes in specific populations and therefore can inform the design of the more appropriate intervention. According to Professor Califf, internet search records can be applied to healthcare such that searches for information on "depression" or "food poisoning" can be linked to referral for further medical intervention, or to the identification of the source of the food poisoning. Imagine what healthcare can look like in the future, considering, as Professor Califf provided supporting statistics, that currently, only approximately 4% of an individual's healthcare data are available to a clinician, compared with a future time, courtesy of the digital age, when possibly 100% may be available.

Professor Califf finished by discussing the impact of communications on health outcomes, stating that untruths, disseminated through tweets, have a tendency to reach more people than truthful statements disseminated through evidence-based channels. He cited examples of anti-vaccination propaganda, or the campaign against the Affordable Care Act, negatively influencing consumer reaction to healthcare, with an overall negative impact on health outcomes. The challenge, according to Professor Califf, is how best to package and communicate useful and truthful information to consumers in an efficient way. As healthcare communicators, we have an obligation to communicate information, data, and trends, with the hope that useful and truthful information can help to reverse the declining healthcare and outcomes in the United States.

(1) Ho JY, Hendi AS. Recent trends in life expectancy across high-income countries: a retrospective observational study. *BMJ*. 2018;362:k2562.

(2) Project Baseline. We've Mapped The World. Now Let's Map Human Health. [www.projectbaseline.com](http://www.projectbaseline.com). Accessed December 31, 2018.

Helen Fosam, PhD, is a freelance medical writer and owner of The Edge Medical Writing, LLC. She focuses on CME needs assessments, reporting for conferences and advisory board meetings, manuscript and report writing, and pharmaceutical product training materials.

makes you too hot on one side but still cool on the other side, consider turning on a crockpot filled with water in the office. It provides warm, moist air and requires less electricity to run.  
K. Molnar-Kimber, PhD

## Much Love for Health Literacy AMWA's 2018 McGovern Award Winner

By Jacqueline M. Mahon

The 2018 McGovern Award winner, Stacy Robison, MPH, MCHES, delivered her address, "The Heart and Science of Medical Writing," to an engaged audience of hundreds at AMWA's annual Medical Writing & Communication conference in Washington, DC. The award, named in honor of John P. McGovern, is presented to a member or non-member of AMWA to recognize a preeminent contribution to any of the various modes of medical communication. Ms Robison's contribution is to clarity, as evidenced by her company's blog, entitled "We love Health Literacy," which focuses on plain language, avoiding pseudoscience, data visualization, and more.

Ms Robison co-founded CommunicateHealth, Inc with Xanthi Scrimgeour, MEd, MCHES, on the premise that people deserve clear and simple information about their health. The company has been on Inc. magazine's 5000 list of America's fastest-growing companies 4 years in a row. They help clients create products and services that can be easily accessed, understood, and used. "We are not the grammar police," Ms Robison explained. "Rather, we use everyday words to normalize communication." Plain communication allows people to feel seen and heard, reduces possible shame and stigma, and builds trust.

### Trustworthy Messages

Paul J. Zak, PhD, Director of the Center for Neuroeconomics Studies, (Claremont Graduate University, Claremont, CA), has been studying trust since 2001. Because rodents with oxytocin in their brains interpret another animal as safe to approach, his research included measuring this brain chemical in humans across a variety of situations. Ms Robison was drawn to these results: oxytocin increases empathy, and high stress is a potent oxytocin inhibitor. In addition, as people feel more and more trusted, their brains produce more oxytocin.

"We use this information in our work," stated Ms Robison. "Empathy is a key to building trust with audiences or consumers and making compliance with health regimens more likely." Plain language is an empathetic language. It offers increased transparency, which leads to higher customer/patient satisfaction. Ms Robison shared seven principles of health literacy:

1. Put yourself in the patient's shoes.
2. Write clearly and use familiar terms.
3. Normalize: avoid stigmatizing language.
4. Acknowledge emotions.
5. Be encouraging.
6. Be credible.
7. Be explicit.

### Words Matter

Historically, attempts to erase groups of people have involved eliminating their existence in the written record. Consider that for a moment; consider the weight and value of words. Ms Robison reminded us to choose patient-centered terminology. To be flexible with our use of pronouns (eg., why is it always "he"?). To communicate this over-riding message: I See You.

Several AMWA attendees asked questions at the conclusion of Ms Robison's address, so that she was able to leave us

with the following gems:

1. Uninformed consent is not consent.
2. Connect with personal stories, quotes, and testimonials.
3. Even if your client changes your gender-neutral writing, you still had an impact.
4. Embrace nuance when trying to be empathetic.
5. Conduct patient research to discover their questions.

Congratulations to Ms Robison on receiving the McGovern Award and for holding the plain-language banner aloft as she strikes out, with her business partner and 60 employees, into the jungled thicket of medical jargon. Really, what's not to love?

Jacquie Mahon, MA, is owner of Acorn Freelance in Philadelphia and has been a medical writer and editor of hospital and pharmaceutical education and communications, journal publications, and medical textbooks for 23 years.

## Bart Harvey: Swanberg Award Recipient

By Robert Hand

The recipient of the Swanberg Distinguished Service Award at the 2018 AMWA Annual Conference was Bart Harvey, MD, PhD, MWC, Adjunct Professor at the Dalla Lana School of Public Health at the University of Toronto. Dr. Harvey has been a member of AMWA since 1994. He attended his first Annual Conference in 1995 and co-led his first workshop (with Tom Lang at a Michigan Chapter Conference) in 1999. He says he has had the privilege and pleasure of leading seven different workshops in a total of 101 offerings. He adds, "AMWA. . . it just keeps on giving! Really nothing like it!"

After a brief summary of his own AMWA experience, Dr. Harvey described significant characteristics of the 66 recipients of the Swanberg award: They include 60 AMWA Fellows, 31 AMWA Presidents, 16 of the 32 Golden Apple Award recipients, and 10 of 32 President's Award recipients. Twelve Swanberg recipients have received three of these awards, and one, Art Gertel who received this year's Golden Apple Award, has been awarded all four.

Dr. Harvey devoted most of his presentation to the award's namesake, Dr. William Harold Swanberg. Dr. Swanberg was a physician, radiologist, radiation oncologist, medical writer and editor, and medical journal founder and editor. In 1924, just eight years after graduating from medical school, Swanberg founded a bi-monthly journal, *Radiologic Review*. In 1935, he helped to establish and took up the post of inaugural Secretary-Treasurer of the Mississippi Valley Medical Society, remaining active in that role until 1961. In 1939, *Radiologic Review* became the *Mississippi Valley Medical Journal*. The following year, Dr. Swanberg and colleagues organized the Mississippi Valley Medical Editors' Association. In 1948, this organization was transformed into. . . (wait for it!). . . the American Medical Writers' Association, which incorporated as a not-for-profit organization in 1951. In 1952, Dr. Swanberg was the first recipient of AMWA's Distinguished Service Award for "unusual and distinguished service to the medical profession." AMWA honored Dr. Swanberg by renaming the award for him in 1962.

Dr. Swanberg published numerous articles during his career. His focus was on radiation therapy, but he also wrote about a wide range of subjects. These include hearing conservation programs for children, water fluoridation, and medical journalism and writing courses. He was also greatly concerned with the curriculum in public schools, especially in the context of cold-war competition with the Soviet Union.

Within AMWA, Dr. Swanberg and Richard Hewitt founded the Educational Committee. He also established AMWA's manuscript editing service, which Dr Harvey suggested may have paved the way for freelance medical writers and editors.

In summing up, Dr. Harvey concluded, "I think [Swanberg] would be pleased and proud of what AMWA has become and continues to achieve."

Robert Hand, MSc, is a freelance regulatory medical writer based in Springfield, PA.

## A Preview of 10 Critical Changes in the AMA Manual of Style

By Carol DiBerardino

At the AMWA National Conference in Washington, DC last November, an open session entitled "What's New in AMA Style?" was presented by Cheryl Iverson, Stacy Christiansen, and Annette Flanagin, who are members of the AMA Manual of Style Committee. The leaders of the session offered information on many changes to the upcoming edition of the style manual. However, I wanted to provide some insight into 10 of the most critical changes that will have a major impact on several areas of medical communication, including its books, journals, tabloids, and digital media.

1. **A publisher's location will no longer be included in references.** Often, many publishers have more than one location. Also, a publisher's location can be difficult to determine on a digital resource.
2. **No period will follow a DOI in journal references.** This change was made to increase the ease and accuracy of copying and pasting reference citations. Also, the change will make linking easier. However, it will also make the reference list look inconsistent because some references will end in periods and some will not.
3. **The URL will now be the last item in a digital citation.** This format reflects the style used for DOIs.
4. **Guidelines have now been supplied on how to cite social media references, including Facebook, Twitter, and blogs.** These sites are being referenced more often in journal and tabloid publishing.
5. **Guidelines have been supplied on how to cite apps, podcasts, and other digital media.** These forms of digital media are now often used as sources.

6. **The use of the singular "they" is now acceptable.** There are several reasons for this change. First, the construction follows other style resources, such as *The Chicago Manual of Style*. Also, the singular "they" is useful in medical articles that reference transgender or gender-neutral patients.
7. **Guidelines have been supplied for grammar in social media.** This guidance focuses on avoiding "textspeak" and jargon.
8. **Guidelines have been supplied on how to refer to a person's socioeconomic status.** This guidance directs writers to avoid labeling people with their socioeconomic status, which often lead to unintended value judgments. Instead of "poor" or "unemployed," the terms "low income" or "no income" should be used.
9. **Guidelines have been supplied on managing addiction terminology.** Again, this guidance avoids terms that can place a value judgment on addiction status. Instead of using the terms "alcoholic," "addict," "user," or "abuser," change the copy to "she was addicted," "people with opiate addiction," "he abused alcohol," or "alcohol misuse disorder."
10. **Use of a space after the number in temperature and a thin space before and after many math and operational symbols when used as verbs, conjunctions or operators.** The reason the style to display temperature has changed is to follow the SI convention. This change may not be readily accepted. Similarly, the change regarding math symbols is to increase readability of mathematical statements. However, this last change may be difficult and costly to implement in some fields of publishing, such as in tabloids. Clearly, there may be some resistance to these changes.

A list of all the changes in the upcoming *AMA Manual of Style* is provided in the session handouts from the National Conference on the [AMWA website](https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/NewAMASyle_Session.pdf).

[https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/NewAMASyle\\_Session.pdf](https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/NewAMASyle_Session.pdf)

Carol DiBerardino, MLA, ELS, is a medical editor and writer with more than 25 years of experience in medical publishing and pharmaceutical promotional materials. She lives in Lindenwold, NJ.

## "Think and Communicate Visually" Open Session

By Carol DiBerardino

While at the AMWA National Conference in Washington, DC in November, I attended an open session entitled "Think and Communicate Visually," which was presented by Lori L. Alexander, Cynthia Kryder, and Jia You. As communication has moved from print to digital media, information is now being transmitted as much through images as through text. This revolution in publishing has been evident in general material, but it is also very apparent in medical communication. Although this revolution in communication was clearly spurred by our reliance on digital devices to convey information, it has long been known that visual formats are useful as learning tools. In the session, the speakers provided information on how visuals are used, along with useful strategies to make the most of visuals in publishing.

As the leaders of the session noted, the key purpose of using visuals is to communicate and engage the audience. When information is conveyed in visuals, the information tends to stick in the mind of the reader. Also, when framed in visuals, information can evoke action from the reader to a greater extent than regular text. Personally, I believe that visuals make the information more immediately accessible. The speakers at the session rightly noted that many people, including those in the medical community, suffer from "information overload." The use of visuals helps distill the information and drive attention to the most important aspects.

As with all forms of communication, visuals follow the basic communication model of source, message, and audience. Visuals are most effective in decision and education aids because the mind processes visuals faster than text. In the session, it was noted that in 55 studies, visuals were 98% beneficial. Also, in these studies, it was discovered that visuals improved comprehension of information by 36% and that they were 43% more effective in persuading readers to take action. The reason for these factors is that visuals break through the reader's "scanning barrier." It has been demonstrated that people read only about 20% to 80% of words on a page. The reader's eye goes to the largest image on a page, and then to the surrounding text.

The leaders of the session presented several visualization strategies: pie charts, graphs, tables, line graphs, arrays, word clouds, visual scales, and infographics. All these formats make information easier to digest and capture the audience's attention. However, the main benefits of these visual formats are that they save time, ensure a clear and

unified message with limited misinterpretation, and provide a shared experience among the audience.

This review just provides some of the information provided at the session. Visual communication is a very broad field, and the session leaders have compiled a list of sources for further reading, which is available under the open sessions handouts on the [AMWA website](https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/VisualCommunication_Alexande.pdf).

[https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/VisualCommunication\\_Alexande.pdf](https://cdn.ymaws.com/www.amwa.org/resource/resmgr/conference/2018/handouts/VisualCommunication_Alexande.pdf)

Carol DiBerardino, MLA, ELS, is a medical editor and writer with more than 25 years of experience in medical publishing and pharmaceutical promotional materials. She lives in Lindenwold, NJ.

## UPCOMING EVENTS

*Upcoming educational and networking events for our members*

### AMWA-DVC Meeting Network Dinner on Friday March 15, Plymouth Meeting, PA

Join your AMWA-DVC members and out-of-town participants to the



**Join us for dinner  
on Friday March 15, 2019.**

Freelance Workshop at a networking dinner to be held at P.F. Chang's in Plymouth Meeting on Friday, March 15. We'll meet at the DoubleTree Plymouth Meeting hotel lobby to carpool to the local restaurant (details to come). Each person will be responsible for his/her own dinner and beverages.

To sign up, email Debbie Anderson at [deb@dgamedcom.com](mailto:deb@dgamedcom.com) and insert "AMWA-DVC Freelance Workshop Dinner" in the subject line. All are welcome (Freelance registrants and non-registrants, locals, and anyone who likes Chinese food!)

### 17th Annual Freelance Workshop in Plymouth Meeting on Saturday March 16

The Freelance Workshop features extraordinary learning and networking for seasoned, new, and aspiring freelance medical writers and editors. **Registration** is now open. The **meeting brochure** lists the agenda and a block of discounted rooms are available at the **DoubleTree Hotel in Plymouth Meeting, PA**. Use code "AMW" for deal (\$99 plus tax). The link works (but hear from folks it is a little temperamental).



### AMWA-DVC Meeting Network Dinner Friday May 3, Princeton, NJ

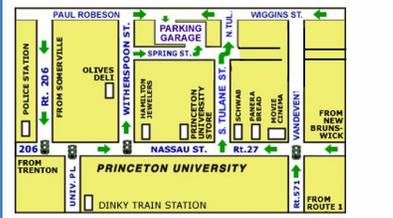
Join your AMWA-DVC members and out-of-town participants to the Princeton Forum at a networking dinner at a restaurant in Princeton, NJ on Friday, May 3.

We'll meet at the Princeton Marriott Hotel lobby to carpool to the local restaurant (details to come). Each person will be responsible for his/her own dinner and beverages.

To sign up, email Debbie Anderson at [deb@dgamedcom.com](mailto:deb@dgamedcom.com) and insert "AMWA-DVC May 3 Princeton Dinner" in the subject line.

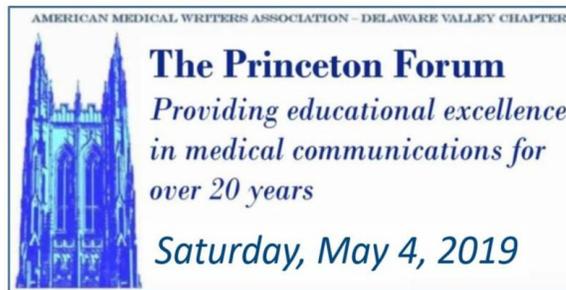
All are welcome (Forum registrants and non-registrants, locals, and those who need to get out of the house! ).

**AMWA-DVC Chapter Dinner**  
**Join us for dinner in**  
**Princeton, NJ on**  
**Friday, May 3, 2019**



### AMWA-DVC Princeton Forum May 4th, 2019 and Save the Date

Presentations at the Princeton Forum on May 4 feature workshops that hone your skills in efficiently writing regulatory documents, performing submission procedures, and planning and writing sales training modules. It also includes sessions on basic and intermediate health economics outcomes research and real-world evidence. The Princeton Marriott has a discounted room rate. Further details are coming soon.



#### Delawriter Editorial Team

The Delawriter is published quarterly by the American Medical Writers Association-Delaware Valley Chapter

Executive Editor: Darryl Z. L'Heureux, PhD

Editor: Katherine Molnar-Kimber, PhD

Designer: Darryl Z. L'Heureux, PhD  
Editorial Consultants: Elisha Gillette, Robert Hand, Dan Linehan

Please direct change of address/information to AMWA Headquarters Staff:  
American Medical Writers Association  
30 West Gude Drive, Suite 525  
Rockville, MD 20850-1161  
(240) 238-0940 (telephone)  
(301) 294-9006 (fax)  
e-mail: [amwa@amwa.org](mailto:amwa@amwa.org)

Copyright ©American Medical Writers Association-Delaware Valley Chapter 2019. You may not copy or reuse the content of this newsletter without our written permission.

AMWA-DVC || [memberlist@amwa-dvc.org](mailto:memberlist@amwa-dvc.org) | <http://www.amwa-dvc.org>

AMWA National  
30 West Gude Drive  
Suite 525  
Rockville, MD 20850

Copyright © 2019. All Rights Reserved.