

Rose, T., Worrall, L. & McKenna, K. (2003) *The effectiveness of aphasia-friendly principles for printed health education materials for people with aphasia following stroke. Aphasiology, 17 (10): 947-963.*

Background: Provision of health information to people with aphasia is inadequate. Current practice in providing printed health education materials to people with aphasia does not routinely take into consideration their language and associated reading difficulties. *Aims:* This study aimed to investigate if people with aphasia can comprehend health information contained in printed health education materials and if the application of aphasia-friendly principles is effective in assisting them to comprehend health information. It was hypothesised that participants with aphasia would comprehend significantly more information from aphasia-friendly materials than from existing materials. Other aims included investigating if the effectiveness of the aphasia-friendly principles is related to aphasia severity, if people with aphasia are more confident in responding to health information questions after they have read the aphasia-friendly material, if they prefer to read the aphasia-friendly brochures, and if they prefer to read the brochure type that resulted in the greatest increase in their knowledge.

Methods & Procedures: Twelve participants with mild to moderately severe aphasia were matched according to their reading abilities. A pre and post experimental design was employed with repeated measures ANOVA ($p < .05$) used to investigate the effectiveness of the aphasia-friendly principles.

Outcomes & Results: While participants with aphasia comprehended health information from the existing printed education materials, participants comprehended 11.2% more information from materials that had an aphasia-friendly format. No significant correlation between aphasia severity and aphasia-friendly effectiveness was found. Participants were more confident in answering questions after they had read the aphasia-friendly brochures. A clear preference for aphasia-friendly brochures was not found and participants did not consistently select the brochure type that resulted in the greatest increase in their health knowledge.

Conclusions: This preliminary investigation has found that aphasia-friendly material does assist people with aphasia to comprehend health information. The benefits of providing aphasia-friendly information have many clinical applications that extend beyond the provision of health information. The application of aphasia-friendly principles to all written materials could prove beneficial in removing some of the barriers people with aphasia face in trying to comprehend written materials. In addition, this research has highlighted that a greater understanding of people with aphasia's reactions to



aphasia-friendly materials and also the social impact of providing aphasia-friendly information is required. Future research, that incorporates a qualitative research approach, will add valuable insight to these topics.

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