

# Developing a Patient Education Newsletter

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The patient education newsletter is an effective tool in family practice that allows the physician direct communication with patients, as well as with their family members, friends, and other people in the community. Patients who read the newsletter are often stimulated to discuss areas of health concern with their physicians that they normally would not mention. My own venture into newsletter writing began with a single-sheet letter to my patients in 1976 and has now evolved into a nationally distributed 8-page publication.

Approximately 15 years ago, I realized that I was spending a substantial amount of patient care time educating my patients about various health topics. I observed that many of their questions were similar, such as those about industrial injuries, home safety, smoking, alcohol use, and common diseases. As I reviewed my resources, I found little printed material that was written especially for patients.

My first newsletter was simply a typed letter to my patients; copies were placed in the waiting area and examination rooms. The letter contained my advice about the areas of health concern that I had noted during the preceding month of practice. Patients began coming to the office holding a copy of the newsletter with an article concerning their specific complaint or illness. The letter became so popular that my patients began taking multiple copies to distribute to neighbors, relatives, and co-workers. I was seeing about 800 patients a month, but we were making over 2500 copies of these letters. At this point, with the assistance of my office staff, I expanded the format of the newsletter and began distributing it to every individual and business listed in the local telephone directory.

It soon became obvious that the newsletter was fulfilling a genuine need in the community for reliable, easily comprehended health information. In addition to our patients, we were educating, assisting, and influencing many others in the community. We began receiv-

ing requests to do presentations at service clubs about topics in recent newsletters. What was originally intended to be solely a newsletter for patient education became a marketing tool for the practice and a forum for sharing medical information and practice styles with colleagues as well.

The negative aspects of the newsletter were the time required for developing and producing each issue and the costs. As the newsletter expanded from a single sheet to a legal-size, triple-fold mailer, and ultimately to an 8-page, full-sized publication, my office staff became heavily involved in the project. The newsletter had a positive effect on office morale as employees suggested topics, planned the issue, reviewed articles, and produced the final publication.

The original source of ideas for the newsletter was my perceptions of what my patients needed to know. Gradually, I began to assimilate information from a variety of other sources, eg, medical journals, *Family Practice News*, the *Mayo Clinic News*, *Ohio Department of Health News*, and *Berkeley Health News*. Today, there are several reputable, audience-sensitive newsletters such as the *Harvard Newsletter*, *Help Newsletter (AAFP)*, and the *University of Texas Health-Line*. Few of these preceded our newsletter, *Total Health*.

Our layout is designed to catch the reader's eye, whether the newsletter is lying face up or face down. Both the front and back have "news" items as opposed to feature articles. Each page has a focus: the second page is mainly nutritional information, the third page is usually lifestyle, the fourth page is often agricultural, and the fifth page is commonly industrial health and safety tips. A section for introducing new office staff, changes in schedules, upcoming classes, or other "housekeeping" announcements is also included. Initially, we literally "laid out" the newsletter on a kitchen table during lunch. In that format, the publication team would discuss content, readability, style, and importance of the issue. As the publication process matured, we began using a computer. When the copy was completed, it was taken to our hospital print shop, where graphics would be added. The

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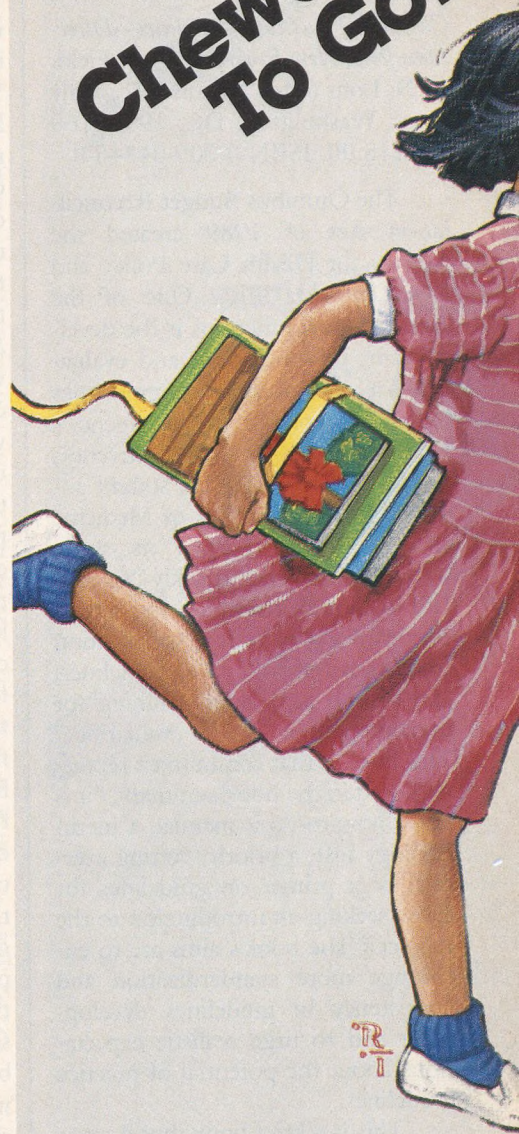
final layout was then reviewed during a subsequent lunch hour. The disadvantages of this manual process are easily offset by the value of the feedback provided during the informal lunch setting. The talents of the newsletter's current managing editor, Robert Scherger, were discovered during one such lunch meeting.

Our initial expense was primarily for paper, since the additional time for collection and layout of articles was integrated into the practice days' schedule. As the publication progressed, the major expenses became printing and postage. The incidental costs such as those for a postal permit and setting up the distribution system occur only once. Patients at a regional nursing home do our labeling (\$.015 each), and proceeds are placed in their patient recreation fund. Soon after the mailing began, we incorporated a nonprofit foundation, which allows us to mail at reduced prices and to get reduced printing fees. Currently, each newsletter costs about \$.15 to produce, label, and mail, excluding the cost of our employees' time. The medical practice reimburses the foundation for production expenses at a rate of \$900 for 6500 copies.

Over the 11 years in the current format, the newsletter has included many topics that were well received, as well as a few not so popular ones. Best received was an article about one of our cystic fibrosis patients. Another popular item was about smoking and alcohol use and their effects on the family. An article on birth control that vividly described the application of a condom was not as well received. Several members of the community became incensed, but they were unable to better describe the process. From the experience, we learned that some topics are better discussed within the confines of the examination room. We still choose topics based on practice and social issues by patients, staff, and the community.

We have received numerous requests from academic institutions, high schools, clubs, and agencies for the reuse of articles. We recently received a request for permission to translate the newsletter into Russian for free distribution to all Russian physicians! Currently, *Total Health* is sent to leaders in family medicine, social agencies, and local corporations and businesses, as well as to more than 6000 households.

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