Health Literacy Training
Housekeeping

- Fire alarm
- Toilets
- Mobile phones
Learning outcomes

This training will help you to understand:
• the theory and concepts of health literacy
• potential barriers to communication
• effects that limited health literacy can have
• actions to address limited health literacy
• why we use health information & resources
• what makes an effective health information resource, how to access the Health Information and Resources Service, and how to create an attractive display.
Defining Literacy

“The ability to read and write and use numeracy, to handle information, to express ideas and opinions, to make decisions and solve problems, as family members, workers, citizens and lifelong learners”

(ALN Curriculum Framework for Scotland 2005)
26.7% of the Scottish population may face occasional challenges due to their literacy skills but will generally cope with their day-to-day lives.

Within this number, 3.6% faces serious challenges in their literacies practice.

Scottish picture is comparable with many of the world’s leading economies.

Key issue in Scotland is distribution of literacies skills which mirrors poverty in communities.

People with low literacy scores tend to face health problems.

(Scottish Survey of Adult Literacies 2009, Scottish Government)
What is health literacy?
Can you read this?

Your naicisyhp has dednemmmocer that you have a ypocsonoloc. Ypocsonoloc is a test for noloc recnac. It sevlovni gnitresni a elbixelf gniweiv epocs into your mutcer. You must drink a laiceps diuqil the thgin erofeb the noitanimaxe to naelc out your noloc.

(Health literacy and patient safety: manual for clinicians, Weiss)
Health Literacy

• Being able to access, understand and act on health information to improve health
• Information can be written, visual or spoken
• Making health related decisions and managing health
<table>
<thead>
<tr>
<th>Levels of health literacy</th>
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<tbody>
<tr>
<td><strong>Functional</strong></td>
<td>• Applying reading and writing skills to allow people to understand and follow simple day-to-day health messages i.e. oral health, ‘five a day’, the risks of smoking.</td>
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<td><strong>Interactive</strong></td>
<td>• Managing health problems in partnership with professionals</td>
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<td>• Seeking out health information from various sources and understanding the information and language used</td>
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<td></td>
<td>• Discussing information with professionals and making informed decisions i.e. risks/benefits of immunisation</td>
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<tr>
<td><strong>Critical</strong></td>
<td>• Applying more cognitive skills to analyse information</td>
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<td></td>
<td>• Using analysis to better understand situation and take greater control</td>
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<td></td>
<td>• Being able to identify barriers to health and having the skills and confidence to overcome these</td>
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Health Literacy in the UK

- 43% people in England aged 16 - 65 years are unable to effectively understand and use everyday health information*
- This rises to 61% when the information also requires maths skills*
- US research has shown that people with low health literacy levels have poorer health, less likely to engage in cancer screening programmes and less likely to be able to manage diabetes, coronary heart disease and asthma.

* Research by Professor Gill Rowlands, London South Bank University
Barriers to accessing health information

• Having to ask for information instead of it being offered
• Health professionals being pressed for time
• Patients not being given enough time in advance to think about the information they need and the questions they want to ask
• Information being given in ways that are unclear or incomprehensible
• Patients not being given adequate information

(Sihota and Lennard, 2004)
Barriers to Health Literacy

- Complexity of written information
- Availability of information in alternative languages
- Culturally inappropriate information
- Inaccurate or incomplete information provided by media
- Low level reading abilities
- Lack of content around behaviour change

(Zarcadoolas et al. 2006)
Exercise

• Discuss the barriers to health literacy listed on the previous slide
• What could you do in your role to overcome these barriers?
Overcoming barriers

- Slow down
- Use plain, non-medical language
- Show or draw pictures
- Limit amount of information provided
- Use teach-back or show me technique
- Create a shame-free environment

(Weiss, 2003)
Factors that affect health literacy

- Education
- Language
- Culture or race
- Access to resources and information
- Age
- Illness
- Deprivation
Cultural issues

- Beliefs
- Values
- Attitudes
- Traditions
- Language preference
- Health practices
• **Aim** – To investigate barriers faced by Asian migrants (women) living in rural Tasmania when accessing maternity care
• **Qualitative study**
• **Semi structured interviews** - 10 participants

Case study: Cultural barriers to obtaining health information

- Findings revealed participants faced language and cultural barriers when dealing with health care system.
- Language – English non speakers or readers. Relied on husband attending antenatal appointments. Could not understand leaflets or booklets related to their care.
- Culture - Asian woman taught to be unassertive and inhibitive from an early age.
- Culture – questions not asked to those considered ‘superior’ i.e. Doctors, parents.
- Culture – Traditional Chinese understanding of postnatal period conflicts with what we do in the ‘Western World’.
Low health literacy can affect health through:

• Incorrect use of medication
• Poor health outcomes
• Inappropriate use or no use of health services
• Problems identifying healthcare needs
• Problems responding appropriately to healthcare needs
Low literacy: a hidden problem in family planning clinics

• Low literacy is associated with less knowledge about sexual health and riskier sexual health behaviour
• Many family planning clinic clients have low literacy skills
• Many of the leaflets available in family planning clinics will not be fully understood by clients

(Rutherford, Holman, MacDonald, Taylor, Jarrett, Bigrigg 2006)
Mrs Dalrymple’s toe

- Mrs Dalrymple & practice nurse
- Patient has type 2 diabetes, high blood pressure and a sore toe
- Attends 6 monthly diabetes check
- Feels well, takes medicines, attends all checks
- Prescribed cream for fungal infection, return 4 weeks for repeat blood pressure check, next diabetic review 6 months
But here’s the real story…

- Mrs Dalrymple does not take her blood pressure tablets and doesn’t know why she has her feet and eyes checked. She can’t understand health information leaflets or instructions for medication.

- Mr Dalrymple has lost his job. Their neighbours are noisy. Mrs Dalrymple’s younger sister died last year and she helps to collect her niece’s children from school along with her own grandchildren.

- Mrs Dalrymple tripped on a path and knocked her left toe 2 years ago. She has constant pain in her toe and has had a few falls since then.
Techniques to help

• Teach back
• Ask me 3
  – what is my main problem?
  – what do I need to do about it?
  – why is it important for me to do this?
• The CARE measure – being used in clinical settings in NHS A&A. Contact Jacqui Stevenson (PFPI) StevensonJ@aapct.scot.nhs.uk
How well did I care for you today?

My name is ____________________________
from the department of ____________________________
Today I was your ____________________________

Please fill in this survey and help me improve the care that I provide to you.

Visit our website: www.nhsaaa.net
All our publications are available in other formats
Question 1
How was I at making you feel at ease?
(being friendly and warm towards you, treating you with respect, not cold or abrupt)

Question 2
How was I at letting you tell your ‘story’?
giving you time to fully describe your health condition or problems in your own words; not interrupting or diverting you)

Question 3
How was I at really listening?
paying close attention to what you were saying; not looking at notes or a computer while you were talking)

Question 4
How was I at being interested in you as a whole person?
(asking/knowing relevant details about your life, your situation; not treating you as ‘just a number’)

Question 5
How was I at fully understanding your concerns?
(communicating that I had accurately understood your concerns, not overlooking or dismissing anything)

Question 6
How was I at showing care & compassion?
(seemingly genuinely concerned, connecting with you on a human level, not being indifferent or ‘detached’)

Question 7
How was I at being positive?
(having a positive approach and a positive attitude; being honest but not negative about your problems)

Question 8
How was I at explaining things clearly?
(fully answering your questions, explaining clearly, giving you adequate information; not being vague)

Question 9
How was I at helping you to take control?
(exploring with you what you can do to improve your health yourself; encouraging rather than ‘lecturing’ you)

Question 10
How was I at making a plan of action with you?
(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)
Actions to indicate low health literacy

- Presenting with an illness at a late stage
- Forms that are incomplete or inaccurate
- Frequently missed appointments
- Not complying with medical routines
- Difficulty in explaining health concerns and needs
- Putting off reading tasks, i.e. forgot glasses, will read later
- Unable to name medication, explain its purpose or how it should be taken. Tests show medication not taken
- Seldom asks questions
- Risk taking behaviour
- Not understanding health messages i.e. five a day, physical activity guidelines, breast awareness
- Asking for written information, for 2 forms or to take the form home
- Body language: uneasy facial expressions, embarrassment, loss of interest
Tea break!
Plain English

“A message, written with the reader in mind and with the right tone of voice that is clear and concise”

- It is faster to write
- It is faster to read
- You get your message across more easily and in a friendlier way

(NHS Ayrshire & Arran Plain English Guidance)
Plain English

• Why are you writing?
• Begin by asking ‘who is my audience’?
• Organise information into a logical order that will make sense
• Keep to the essentials
• Don’t use gender specific words
• Don’t use jargon
• Left align, don’t justify
• Avoid using continuous capitals
Exercise

You will be provided with a list of health terms, for each one, give an alternative term to make everyday and more easy for people to understand

i.e. Immunisation = Jags
Use of visuals in materials

- Memory systems favour visual storage
- People place more trust in instructions that show people and sessions they are familiar with
- Visuals are more effective than hard to read text
- Graphs are not a good source of information for poor readers
- Signs/symbols are a more permanent form of communication

(Doak et al 1996)
Writing the message

The most serious shortcomings of materials are:
• Too much information is included
• Readability levels are too high for the average client/patient
• The reader is not asked to interact with the material
• Difficult/uncommon words are seldom explained with examples

(Doak et al 1996)
### Printed/Spoken Language

#### Printed information
- Can offer information to take away
- Potential to improve literacy/health literacy skills
- Use of graphics/visuals to promote understanding

#### Spoken information
- Can be less complicated than printed
- Often more context when speaking
- Potential to monitor understanding

Printed and spoken information should be used to compliment each other.
## Leaflet Review

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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<tbody>
<tr>
<td>• Simple language, easy to understand, non-clinical</td>
<td>• Too much writing, not enough pictures</td>
</tr>
<tr>
<td>• Use of personal experiences</td>
<td>• Having to read numerous leaflets to get the whole picture</td>
</tr>
<tr>
<td>• Graphics that reflect what is being said in the text</td>
<td>• Inappropriate/unclear titles</td>
</tr>
<tr>
<td>• Information on where to get further help</td>
<td>• Where there is no explanation of terms i.e. Hepatitis</td>
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Identifying effective resources

• Choose two leaflets from the selection available, one that you believe the patient/public would find attractive and easy to use and one that patient/public would find difficult to use

• Think of the reasons you have chose the leaflets and what is positive/negative about them

• Feedback your response
If you feel someone has literacy problems and would like to access help:

- East Ayrshire (Essential Skills) – 0800 032 1454 / 01563 573757
- North Ayrshire (Lifelong Learning Team) - 0800 180 4134
- South Ayrshire (Learning Shop) – 0800 389 8320
Raising the issue of health literacy

• Be consistent! – ask all clients/patients if they need help to fill out forms, read things aloud etc
• Encourage clients to bring a friend or carer with them
• Know the signs!
• Advise clients before appointments if they are required to fill out paperwork
• Use techniques to help understanding – teach back, Ask me 3, CARE measure
Raise awareness of health literacy

- Give a presentation/raise awareness with colleagues
- Incorporate health literacy into planning
- Identify projects/programmes likely to be affected by low health literacy
- Use teach back or other methods to promote understanding
Health Information and Display training
The impact of health information

- Used to maintain or improve health & wellbeing, deal with illness and manage long-term conditions
- Can improve knowledge, self-care and outcomes
- Most effective when used interactively
- Personalised information works best
- Internet programmes can be effective if access barriers are removed
- The media is important - can portray inaccurate health information
Look at the scenario below. What barriers might Paul have to receiving health information? How might you help Paul to overcome these barriers?

- Paul is a 24 year old factory worker. He lives with his wife and two young children. The factory where he works has introduced a ‘no smoking on factory grounds’ policy and is offering their employees help to stop smoking.

- Paul smokes 20 cigarettes a day and is not interested in giving up. He says, “My grandfather’s smoked since he was 13. He is now 94 and is still going strong.”
Barriers to the uptake of health information

• Not understanding the information
• Not perceiving the information as relevant
• Not receiving the information at the ‘right’ time
• Not remembering the information
• Solutions?
  - the individual identifies their own solution
  - give resources with permission from the patient
  - give support
The Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Stable behaviour
- Relapse
What makes an effective health resource?

- Targeted
- Appropriate design
- Accessible
- Relevant
- Appropriate format
- Trusted information source
Health Information & Resources Service
Health Information and Resources Service

- Afton House, open Mon – Fri 9am to 5pm
- Leaflets, posters, DVDs, models, displays, teaching packs, games
- Hospital and community outreach in local areas
- Advice on development of resources
- Provide training – induction / equipment / creating displays / health information
- Involve stakeholders – Resources Group (email), resource reviews, feedback forms
- Achieved level 1 accreditation in the Quality Assurance Framework for Knowledge Services
On-Line Catalogue

- www.healthinfoshop.scot.nhs.uk
Finding and using health information

- Choose a scenario from the sheet
- Use the online catalogue to source appropriate resources to use with the individual
- Write down your resources on the order form
Health information displays
Main messages…

• Keep it Tidy!

• Keep it Targeted!

• Keep it Fresh!
Health promotion displays

• What will the display be about?
• Who are you aiming it at?
• What space is available to you?
• Permanent notices
• Reading height
Using different materials

- Leaflets
- Posters
- Credit cards/bookmarks
- Table
- Coasters
- Postcards
- Balloons
Ten top tips

1. Choose your site carefully
2. Make sure your display can be seen from a distance
3. Make sure there is enough light
4. Remember that ‘less is more’
5. Can you use wall space around the display area?
Ten top tips

6. Use table space for leaflets, freebies
7. Give your display depth – different heights
8. Use material to cover your table top
9. Increase the size of your font for your display
10. Have a go at making your own posters, banners and images
Summary

• Health information is important for knowledge, self care and outcomes
• Be aware of barriers to receiving health information and how to overcome them
• Resources should be targeted, accessible, relevant and appropriate format
• www.healthinfoshop.scot.nhs.uk
• Keep displays tidy, targeted and fresh!

Think of how you can make a difference to the way you deliver health information
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