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CHAD centre for health and development

University of Staffordshire

Health Literacy: Doing something tangible

Dr Mike Oliver
Health Psychologist

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"The exciting thing about health literacy is that we can do something about it…

…now"

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What we will cover

- Quick introductions
- Health literacy - what is it?
- Why is it important?
  - What are the links to health inequalities
- What might it feel like to have lower levels of health literacy?
- What you can do…
- Questions
- This is being recorded (up until the Questions).
- We will share the slides afterwards.

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Who is here?

In the chat, please share:

- **What your role is**
- **Which members of the public do you or your team / service / organisation interact with the most?**

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What is health literacy?

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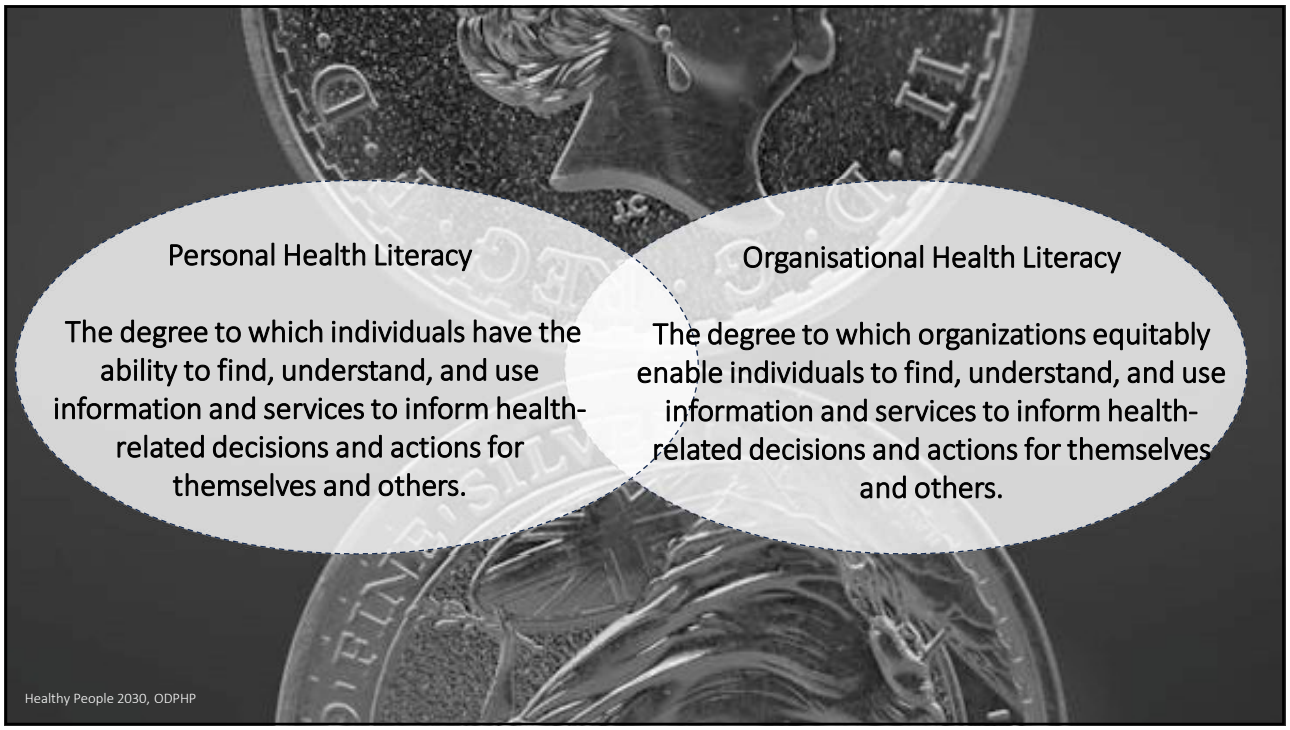

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What is health literacy?

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"Health literacy is about communicating health information in ways that others can understand"

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Osborne (2012)

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Why it is important

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If we communicate health information in ways that others can understand…

We help people to:

- Attend appointments (right time, right place, prepared for the appointment)
- Navigate health services
- Engage with disease prevention e.g. cancer screening, immunisation
- Avoid unhealthy behaviours (e.g. abuse of alcohol, unhealthy eating, smoking)
- Engage in healthy behaviours (follow a good diet, strive for a healthy weight, take part in physical activity)
- Understand when they need help and feel confident accessing it on time
- Communicate better with health staff (as a result of better shared decision-making discussions)
- Understand labelling and how to take medicines correctly

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The people side of the coin

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Lower levels of health literacy are associated with[1]:

- poor diet
- smoking
- lack of physical activity
- increased risk of morbidity
- premature death
- lower use of preventive services
- limited response to public health campaigns
- less successful management of long-term health conditions
- higher use of emergency services
- incurring higher healthcare costs

- 43% of UK adults find it hard to understand written health information, and this number rises to 61% when numbers are included.[2]
- Health literacy is more than pure literacy skills, but it is still important to note that 1 in 6 adults (7.1 million) in England read and write at or below the level of a nine-year-old.[3]
- The Government's content and publishing team are aware of the way people read and take in information, and advise people on GOV.UK websites to write for a 9-year-old reading age.[4]

1 Public Health England. (2015).
2 Rowlands et al. (2015)
3 National Literacy Trust (2021)
4 Gov.uk ((206)

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Health literacy and health inequalities

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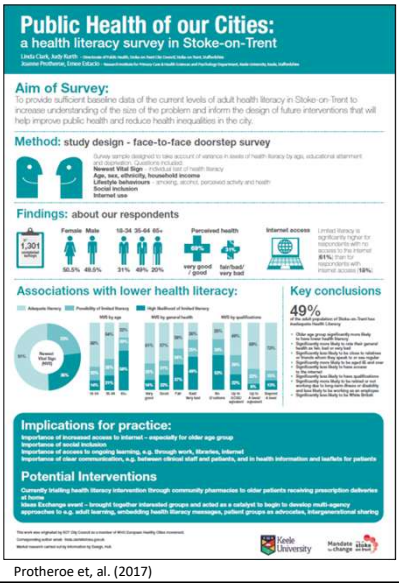

Protheroe et, al. (2017)

Those who have lower levels of Health Literacy in Stoke-on-Trent were significantly:

- more likely to be in the older age group (65 and over)
- more likely to rate their general health as fair, bad or very bad
- more likely to be retired or not working due to long-term illness or disability and less likely to be working as an employee
- less likely to be White British
- less likely be close to relatives or friends whom they speak to or see regularly
- less likely to have access to the internet
- less likely to have qualifications

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Health literacy and health inequalities

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Head & Neck cancer

- People living in the most deprived areas have almost double the incidence rate of head and neck cancer compared to those living in the least deprived areas.
- In England 53% of head and neck cancers were diagnosed at a late stage. Diagnosis at a late stage is associated with greater treatment complexity and poorer outcomes.
- People living in the most deprived areas were more likely to be diagnosed with head and neck cancer at a late stage than those living in the least deprived areas. Reasons may include **lower health literacy**, poorer communication of healthcare needs and poorer access to dental services.
- people living in the most deprived areas have more than double the mortality rate of those living in the least deprived areas.
- Head and neck cancer incidence rates in England in females are 64% higher in the most deprived quintile compared with the least, and in males are 101% higher in the most deprived quintile compared with the least (2013-2017).
- Around 2,300 cases of head and neck cancer each year in England are linked with deprivation (around 520 in females and around 1,800 in males).

Atlas of health variation in head and neck cancer in England (2024)
Head & Neck Cancer Timely Presentation Project Proposal – March 2024

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Geographical spread – Geodata tool

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The mean national prevalence of the population aged 16-65 that are below the threshold for both health literacy and health numeracy is 58.3%.

Plymouth: 62%

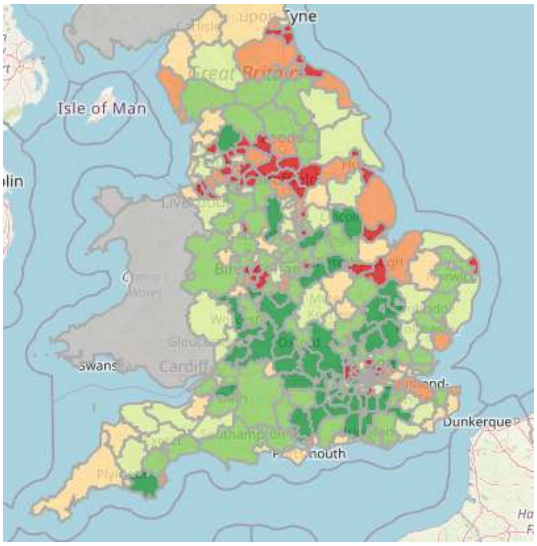
Surrey Heath: 30%

Ipswich: 65%

Birmingham: 73%

Ribble Valley (Lancashire): 49%

Northumberland: 58%



https://healthliteracy.geodata.uk/

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Health literacy levels mapped to life expectancy

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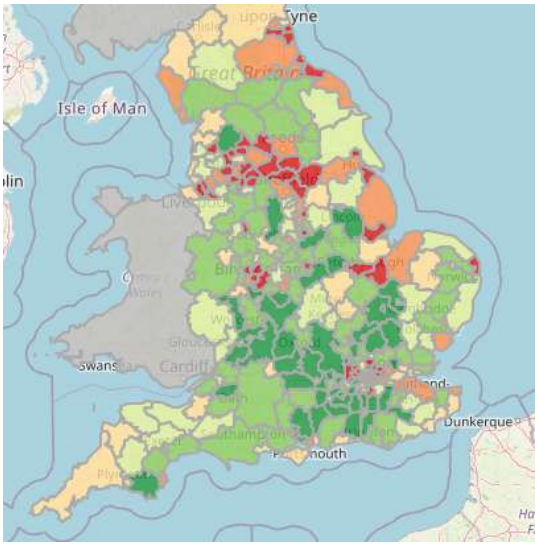

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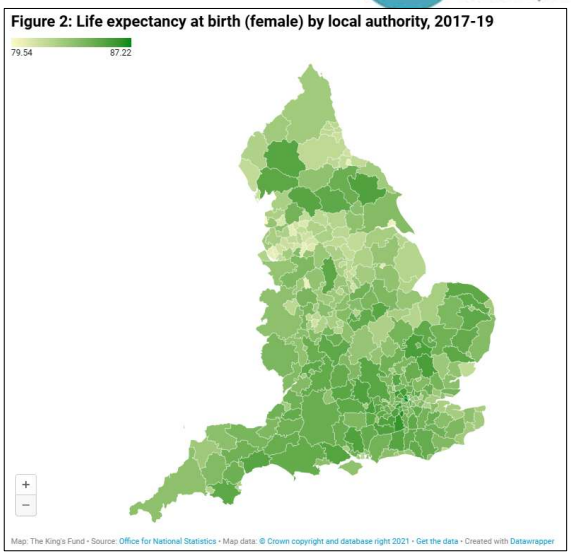

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities

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What does it feel like?

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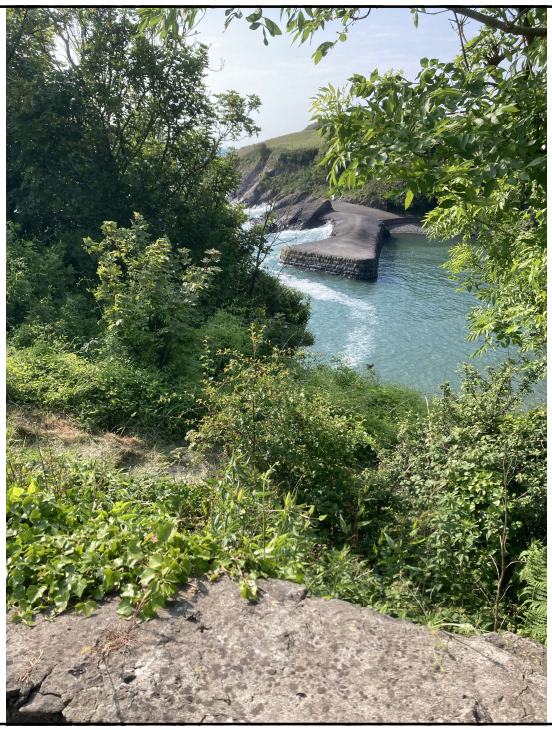

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Compost caddy
Wishcycling
Separating plastics
Washed
Contaminants
Lids
Unwashed
Suitable for landfill
Widely recycled
Organic waste
Biodegradable
Mixed waste
Black bin
Blue bin
Food waste
Brown bin
E-waste
Hazardous
Food waste
What can I put in the food waste bin?
recycle now

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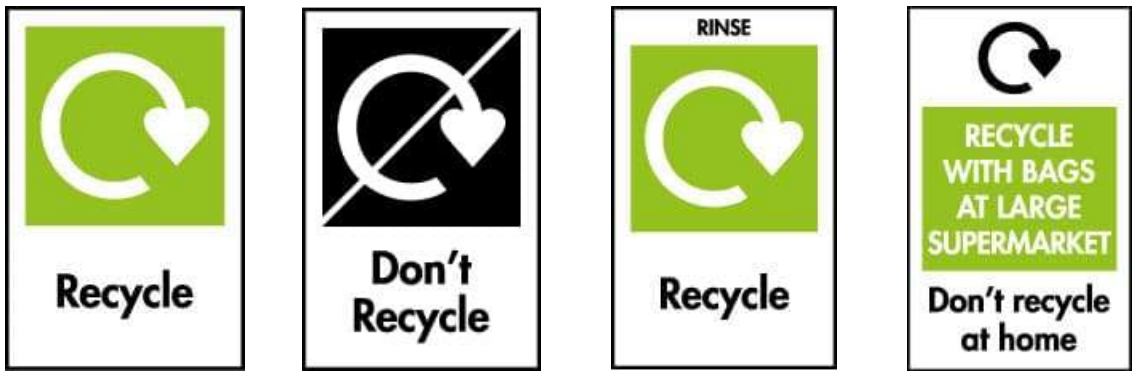

Recycle now

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Some packaging components need separating before you dispose of them. You may see a label like this on packaging where a sleeve, film or liner can be easily removed from the main packaging item. In this case, the sleeve is removed from a bottle by pulling a perforated strip, the bottle can be recycled but the sleeve goes in the rubbish.

Recycle now

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Recycling… so what behaviours do we see?

- Some people try – and get it right
- Some people try – and get it partially right
- Some people try – and get it wrong (then give up)
- Some people get creative
- Some people take one look and give up
- Some people would like to do things right – but don't know who to ask, how to ask or don't have the confidence to ask
- Some people **seek information online**…

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The Stackable Trolley Box

The Stackable Trolley Box

The Stackable Trolley Box is a multi-box recycling container that assembles neatly into one easily manoeuvrable unit, enabling multiple material streams to be collected at once.

You have the option to purchase a Stackable Trolley Box for the collection of certain streams of recycling.

•The top box is for paper **(replacing your blue box)**

•The middle box is for plastic bottles, tubs, pots and trays, metal packaging i.e. cans, tins, foil and foil trays and food and beverage cartons **(replacing your red bag)**

•The bottom box is for glass bottles and jars **(replacing your green box)**

*Households will still be required to use the **reusable blue bag** to recycle their card and cardboard and the **green caddy** to recycle food waste*

Recyclable materials can be placed directly into the correct box either through the apertures for the bottom and middle boxes and into the top box by opening the hinged lid. There is no need to lift or separate the boxes.

The whole unit sits securely on a tough and durable trolley, allowing all three boxes and their contents to be wheeled to the kerbside in a single journey. This removes the need for any lifting, as well as minimising the need for assisted collections.

The cost of the system will be £80. Please allow up to 14 days for delivery. Collection of the system can be arranged from Thornton Depot; prior collection arrangements are essential.

If you would like to order a Stackable Trolley Box System, please call us on 0XXXX 764551.

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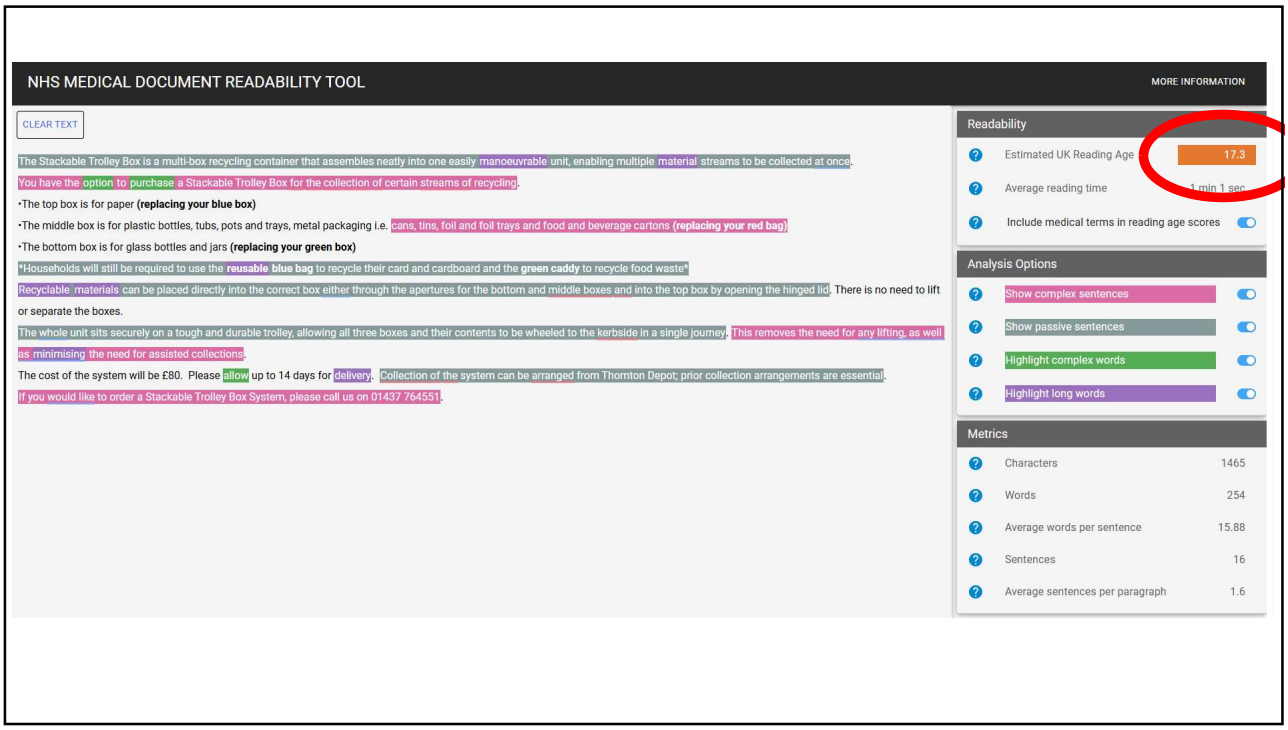
NHS MEDICAL DOCUMENT READABILITY TOOL
MORE INFORMATION
CLEAR TEXT
The Stackable Trolley Box is a multi-box recycling container that assembles neatly into one easily manoeuvrable unit, enabling multiple material streams to be collected at once.
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If you would like to order a Stackable Trolley Box System, please call us on 01437 764551.
Readability
Estimated UK Reading Age
17.3
Average reading time
1 min 1 sec
Include medical terms in reading age scores
Analysis Options
Show complex sentences
Show passive sentences
Highlight complex words
Highlight long words
Metrics
Characters
1465
Words
254
Average words per sentence
15.88
Sentences
16
Average sentences per paragraph
1.6

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What situations make you feel uncomfortable?

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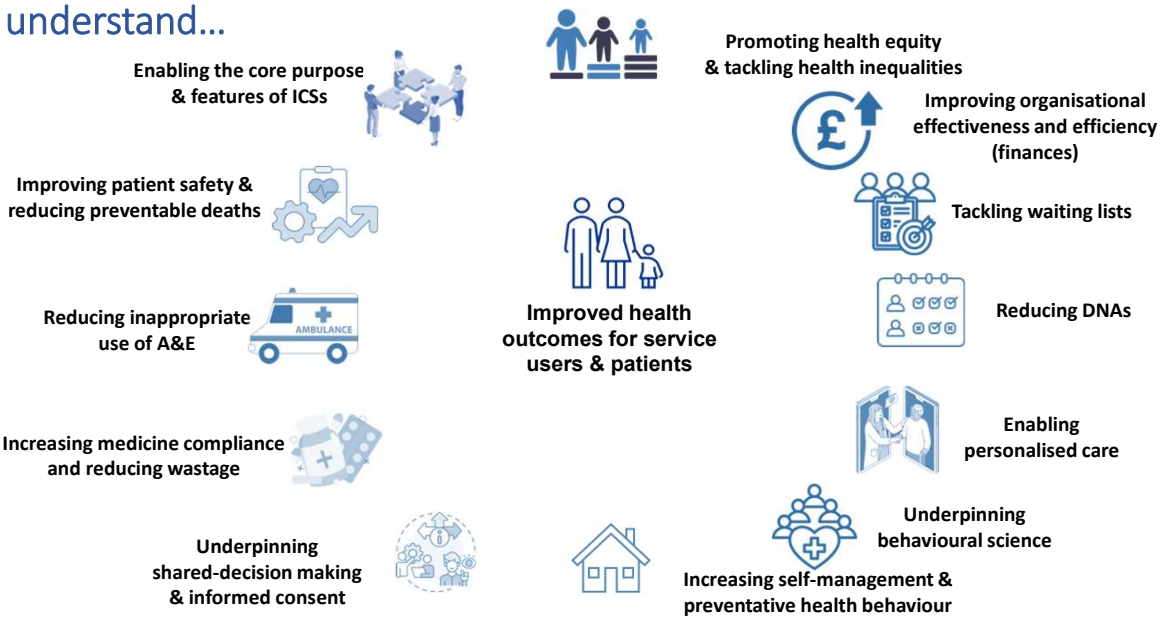
If we communicate health information in ways that others can understand…



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What can be done?

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Health Literate Organisations – the origins

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

Brach et, al. (2012)

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Becoming a health literate system / service

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NHS England Midlands

Joined Up Care Derbyshire

Our Dorset
Your Local NHS and Councils Working Together

NHS Manchester University NHS Foundation Trust

Staffordshire County Council

NHS Greater Manchester Cancer Alliance

UK Health Security Agency

vast INVESTING IN COMMUNITIES

Sandwell Consortium

Office for Health Improvement & Disparities

NHS Blackpool Teaching Hospitals NHS Foundation Trust

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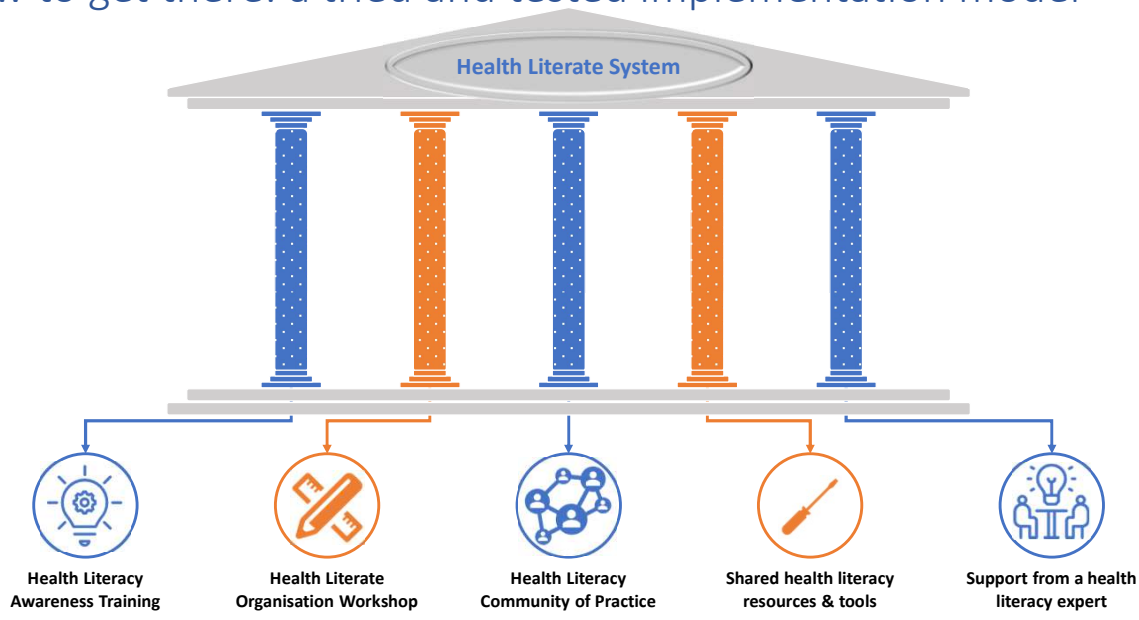
How to get there: a tried and tested implementation model



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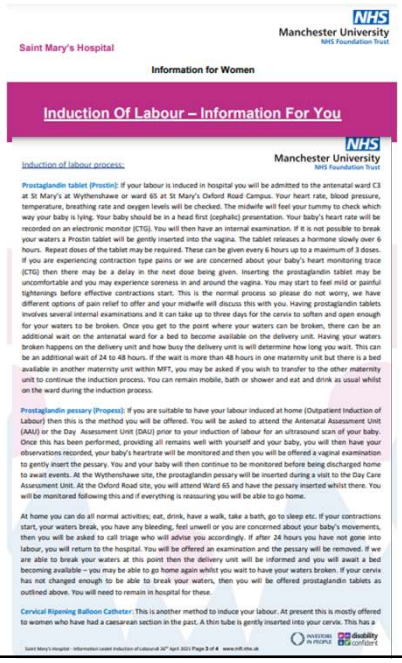
From this

to this



Saint Mary's Hospital

NHS Manchester University NHS Foundation Trust

Information for Women

Induction Of Labour – Information For You

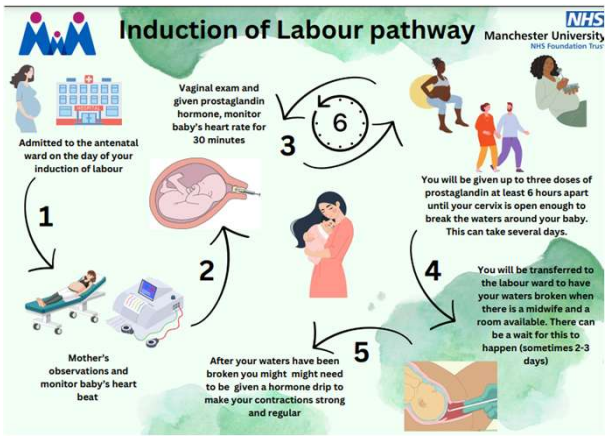
Induction of labour process:

Prostaglandin tablet (Prostin): If your labour is induced in hospital you will be admitted to the antenatal ward C3 at St Mary's at Wythenshawe or ward 65 at St Mary's Oxford Road Campus. Your heart rate, blood pressure, temperature, breathing rate and oxygen levels will be checked. The midwife will feel your tummy to check which way your baby is lying. Your baby should be in a head first (cephalic) presentation. Your baby's heart rate will be recorded on an electronic monitor (CTG). You will then have an internal examination. If it is not possible to break your waters a Prostin tablet will be gently inserted into the vagina. The tablet releases a hormone slowly over 6 hours. Repeat doses of the tablet may be required. These can be given every 6 hours up to a maximum of 3 doses. If you are experiencing contraction type pains or we are concerned about your baby's heart monitoring trace (CTG) then there may be a delay in the next dose being given. Inserting the prostaglandin tablet may be uncomfortable and you may experience soreness in and around the vagina. You may start to feel mild or painful tightenings before effective contractions start. This is the normal process so please do not worry, we have different options of pain relief to offer and your midwife will discuss this with you. Having prostaglandin tablets involves several internal examinations and it can take up to three days for the cervix to soften and open enough for your waters to be broken. Once you get to the point where your waters can be broken, there can be an additional wait on the antenatal ward for a bed to become available on the delivery unit. Having your waters broken happens on the delivery unit and how busy the delivery unit is will determine how long you wait. This can be an additional wait of 24 to 48 hours. If the wait is more than 48 hours in one maternity unit but there is a bed available in another maternity unit within MFT, you may be asked if you wish to transfer to the other maternity unit to continue the induction process. You can remain mobile, bath or shower and eat and drink as usual whilst on the ward during the induction process.

Prostaglandin pessary (Propess): If you are suitable to have your labour induced at home (Outpatient Induction of Labour) then this is the method you will be offered. You will be asked to attend the Antenatal Assessment Unit (AAU) or the Day Assessment Unit (DAU) prior to your induction of labour for an ultrasound scan of your baby. Once this has been performed, providing all remains well with yourself and your baby, you will then have your observations recorded, your baby's heartrate will be monitored and then you will be offered a vaginal examination to gently insert the pessary. You and your baby will then continue to be monitored before being discharged home to await events. At the Wythenshawe site, the prostaglandin pessary will be inserted during a visit to the Day Care Assessment Unit. At the Oxford Road site, you will attend Ward 65 and have the pessary inserted whilst there. You will be monitored following this and if everything is reassuring you will be able to go home.

At home you can do all normal activities; eat, drink, have a walk, take a bath, go to sleep etc. If your contractions start, your waters break, you have any bleeding, feel unwell or you are concerned about your baby's movements, then you will be asked to call triage who will advise you accordingly. If after 24 hours you have not gone into labour, you will return to the hospital. You will be offered an examination and the pessary will be removed. If we are able to break your waters at this point then the delivery unit will be informed and you will await a bed becoming available – you may be able to go home again whilst you wait to have your waters broken. If your cervix has not changed enough to be able to break your waters, then you will be offered prostaglandin tablets as outlined above. You will need to remain in hospital for these.

Cervical Ripening Balloon Catheter: This is another method to induce your labour. At present this is mostly offered to women who have had a caesarean section in the past. A thin tube is gently inserted into your cervix. This has a



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"You never receive a complaint about a letter that is too easy to read"

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"If a reader overlooks information that we consider important and fails to act in the way we want, that is not the reader's fault. If this happens, we, as writers, have failed."

Rogers, T & Lasky-Fink, J (2023)

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A simple, and effective, technique: Teachback

- A way to make sure you have explained information clearly; it is not a test or quiz of patients;
- Asking a member of the community to explain—in their own words—what they need to know or do, in a caring way;
- A way to check for understanding and, if needed, re-explain and check again;
- A research-based health literacy intervention that promotes adherence, quality, and patient safety.
- Research shows that using the Teach-Back technique works to improve patient understanding, which may lead to better patient compliance and outcomes

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Sample teachback phrases

- "I would like to check that **I** have explained things properly, would you mind telling me what it is we have discussed and what we have agreed you will do?"
- "Can you tell me how you are going to explain things to your family/partner when you get home tonight?"

- "Would you show me how you are going to use your asthma inhaler, so **I know if I was able** to make it clear?"
- "We've gone over a lot of information, and a lot of ways you can work on getting more sleep. In your own words, can you go over what we talked about? How will you make it work for you when you get home?"
- "What questions do you have?"

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Teachback: the evidence

- Patients with diabetes whose healthcare providers used the teachback technique demonstrated significantly better diabetes control (Schillinger et al., 2003)
- Evidence from the systematic review supports the use of the teach-back method in educating people with chronic disease to maximize their disease understanding and promote knowledge, adherence, self-efficacy and self-care skills (Dinh et al., 2016)
- Teachback was found to be effective across a wide range of settings, populations and outcome measures (Talevski et al., 2020)
- The teach-back method had a positive association on retention of discharge instructions in the Emergency Department regardless of age and education (Slater, B. A., Huang, Y., & Dalawari, P., 2017)
- Teach-back is an efficient and non-time-consuming method to improve patients' immediate and short-term recall and comprehension of discharge information in the Emergency Department (Mahajan et al., 2020).
- Teach-back was associated with improvement in Chronic Hepatitus-B knowledge and it is a simple communication tool suitable for incorporation into a standard medical consultation (Tran et al., 2019)
- The "teach-back" process is a comprehensive, interdisciplinary, evidence-based strategy which can empower nursing staff to verify understanding, correct inaccurate information, and reinforce medication teaching and new home care skills with patients and families (Kornburger, 2013)
- Teach-back communication appears to be effective in patient-provider interaction and diabetes care education, leading to higher confidence in self-care management. Despite its potential, the utilization of teach-back communication is suboptimal. More effort is needed to promote effective use of teach-back communication in routine diabetes care (Hong, 2020)

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"As a healthcare professional, it is relevant just about every time you open your mouth"

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"It's not rocket science, but it is hard…

… because it is change"

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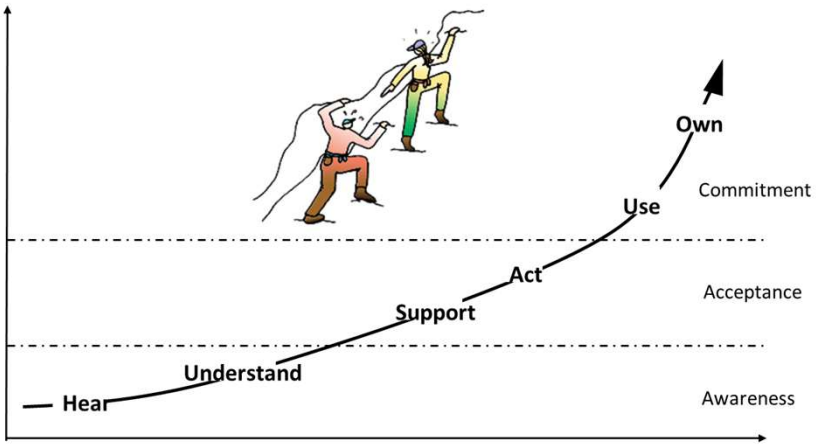
Gaining commitment to a new way of working…



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The exciting thing about health literacy is that we can do something about it…

…now”

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What questions do you have?

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Health Literacy Matters

Clear Communication For Better Health

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www.healthliteracymatters.co.uk

paul.iggulden@dorsetcouncil.gov.uk

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