

# Health literacy in the UK:

## The view from Primary Care

**Joanne Protheroe**

Professor of General Practice  
NHS Clinical Adviser for Health Literacy  
Chair of Health Literacy UK



# West Gorton Medical Centre



# Lightbulb moment



# What is health literacy?

“the *personal characteristics* and *social resources* needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.”

World Health Organisation, 2015

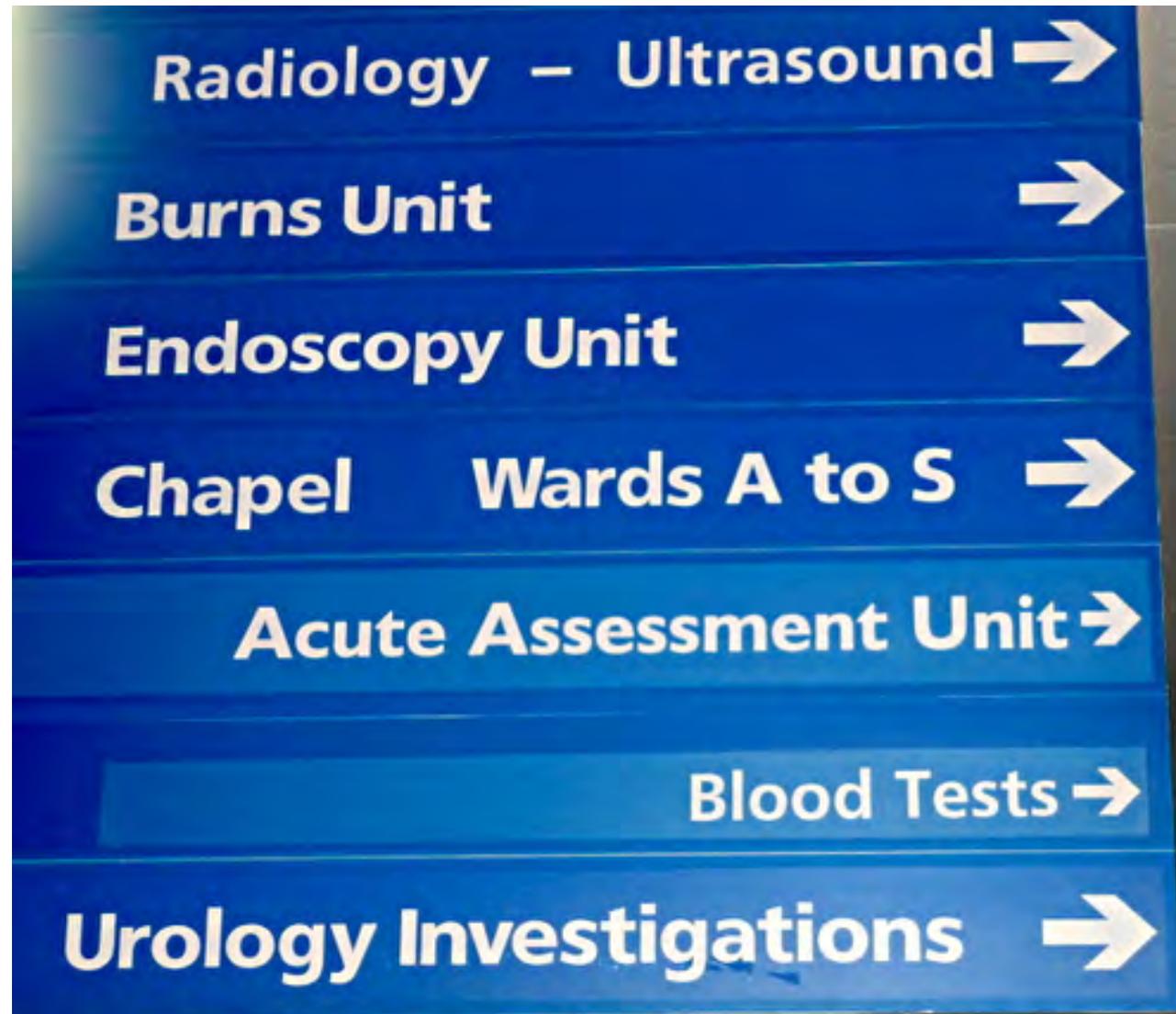
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**NALA**

**National Adult Literacy Agency**

Áisíneacht Náisiúnta Litearthachta do Aosaigh

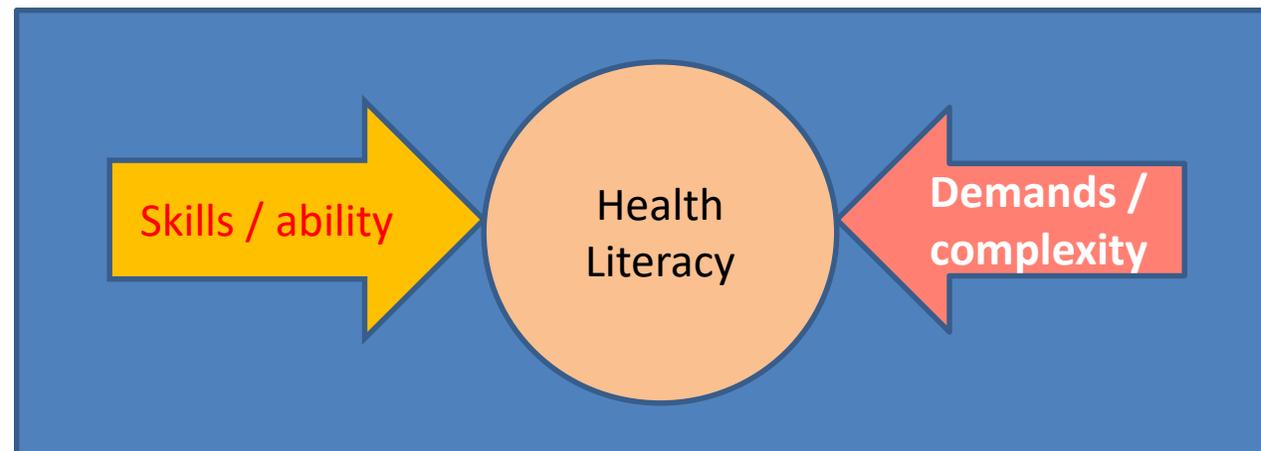


# Mismatched communication

Provider process	Giving information
Patient process	Understanding, remembering, and acting on information



Health literacy is a balance between the skills of the patient / family / community and the environment in which they live (health systems, education systems, social care systems etc.)



**So why is health literacy  
important for primary  
care?**

# Health literacy and illness

People with lower health literacy:

- Die earlier<sup>1</sup>
- Find it more difficult to take their medication as instructed<sup>2</sup>
- Are more likely to have one or more long-term health conditions (LTHCs)<sup>3</sup>
- LTHCs more likely to be limiting<sup>3</sup>
- Are less likely to engage with disease prevention e.g. cancer screening, immunisation<sup>2</sup>
- People with LTHC report more difficulties in understanding health information and actively engaging with healthcare providers<sup>4</sup>

# Health care costs

- ‘...at the health system level, the additional costs of limited Health Literacy range from 3 to 5% of the total health care cost per year’<sup>1</sup>
- If this is true in the UK these additional costs in 2017-18 will be £3.7 billion to £6.2 billion
- Lower health literacy is associated with
  - Higher use of A&E services
  - Increased hospitalization
  - More doctor visits
  - Fewer visits to other health professionals<sup>1, 2</sup>

1. Eichler K et al, 2009. 2. HLS-EU Consortium, 2012.



## How big is the 'problem'?

- 46.3% German population  
Inadequate/problematic health literacy (HLS-  
EU 2015)
- >60% Canadians do not have necessary skills  
to manage health (CCL, 2008)
- Similar in Australia - 59% (Australian Bureau  
of Statistics, 2008)

# National picture



- Health information is too complex for 43% of people aged between 16 and 65 years
- The figure rises to 61% when the information also requires maths skills

# England

- There are 34.1 million adults in England aged 16 – 65 years
- This means that between 15 – 21 million people of working age across the country may not be able to understand and use the information they need to look after their health

# Stoke-on-Trent



# Stoke-on-Trent

- The health of people in Stoke-on-Trent is generally worse than the England average
- Deprivation is higher than average and about 27.5% (13,600) children live in poverty
- Education attainment is lower than the England average
- Life expectancy for both men and women is lower than the England average

# Health Literacy Survey in Stoke-on-Trent

Face-to-face survey >1000 randomly selected adults in Stoke-on-Trent

## Results

Health literacy measured using NVS – 52% of adult population less than adequate health literacy

Poor HL significantly associated with:

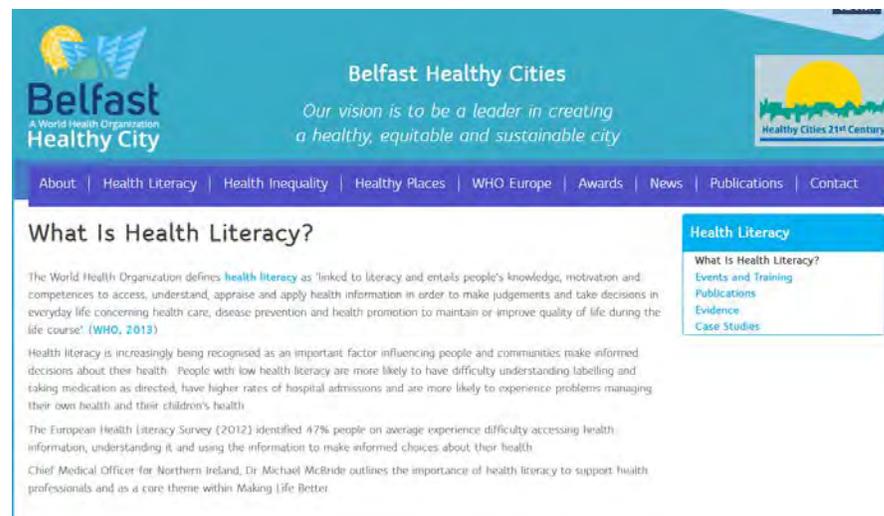
- Older age
- Poorer health
- Lack access to internet
- Living in deprived areas

**What are we doing  
about health literacy?**

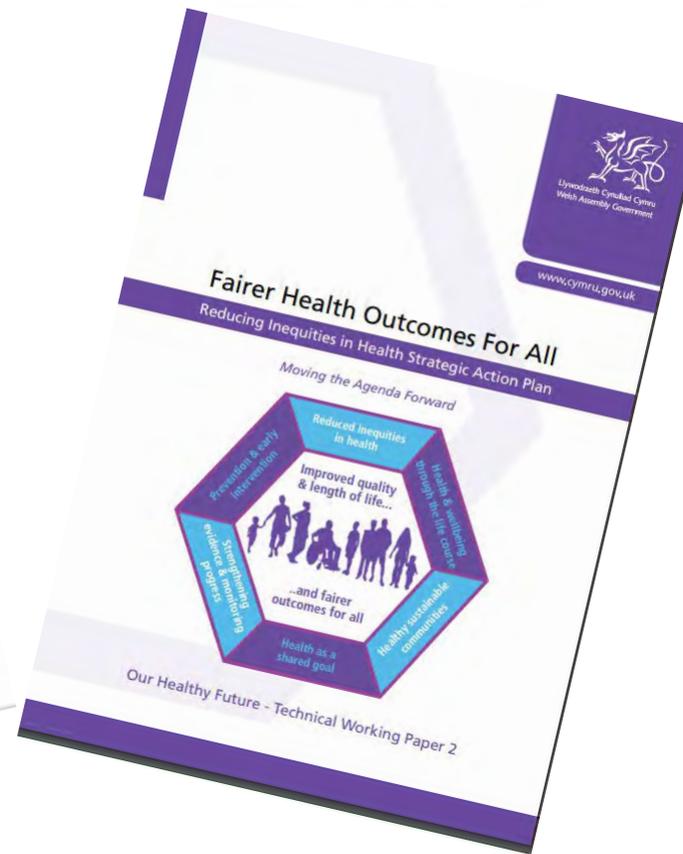
# What can be done?

- Reduce system complexity / service demand
  - Reduce the ‘risk’ of low health literacy
- Build skills in individuals / community
  - Increase health literacy ‘assets’

- **Raise awareness** amongst health and care professionals
- **Simplified text and pictures** in written communications – ‘Universal Precautions’
- Consider **organisation of health services** - built environment – signage; navigation – referral systems
- Build patient knowledge and cognitive skills, eg. using **teach-back, ‘Its OK to ask’**
- **Skill building** in the community - courses



Keele University



## Health literacy 'how to' guide



Produced in partnership with Public Health England, NHS England and the Community Health and Learning Foundation

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## Health literacy toolkit

### Case studies

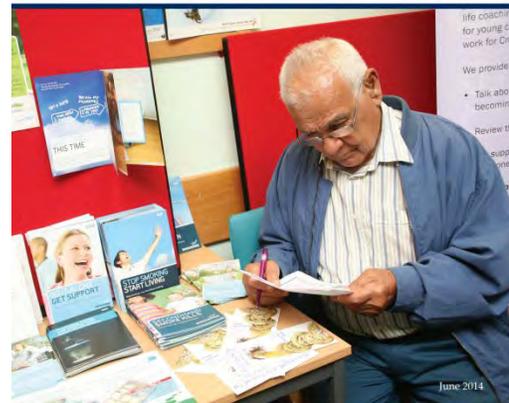
Prepared by Health Education England, NHS England, Public Health England, and the Community Health and Learning Foundation



## Developing the long term plan for the NHS

## Health Literacy

Report from an RCGP-led health literacy workshop



June 2014

# Health Literacy Actions in Stoke -system complexity

- Raising awareness of HL in front-line staff
- Change of practice in community pharmacists / technicians
- Incentivising GP practices to consider health literacy

# Stoke Health Literacy Training & Awareness Courses

GPs/practice personnel; Nurses and Health visitors;  
Pharmacists; Dentists; Teachers; Social Workers; Local  
Authority planners and commissioners; Fire Service  
professionals

- 285 practice staff trained in the last year, of whom 70 were GPs
- Half-day or full-day course

# Community pharmacies

- Pilot of ‘teach-back’ training rolled out this Summer
- Pharmacy technicians supporting housebound older people with LTCs (repeat prescriptions delivered from their pharmacy)
  - medicines management, health literacy and signposting to services and community support

# Incentivising GP Practices

- National Quality Improvement Framework - public health topic and targets locally determined
- Practices receive incentive payments for participating and achieving targets
- In 2016-2017 one of the QIF areas in Stoke was **health literacy**
- Use clinical audit to improve clinical advice and patient self-management plans through improved health literacy of the ***practice environment*** and of the ***patient population***, recognising that one cannot be improved without the other

# Health Literacy Actions in Stoke -building skills

- Encouraging questions from patients / clients
  - ‘Its Ok to ask’
- Early Years Storyboxes – Stoke Speaks Out
  - ‘dressing up box’ meets ‘story book’ health scenarios – under 5yrs
  - Community projects – encouraging peer support approach to building HL

# UHNM – “It’s OK to ask”

University Hospitals of North Midlands 

  
North Staffordshire  
Clinical Commissioning Group



# Stoke Speaks Out

## Early Year's Story Boxes

Using health literacy knowledge, the projects:

- Immerse children in health related vocabulary in a play based and multi-sensory way
- Provide children with a core foundation of vocabulary on which to build later learning

4 Health Literacy resource boxes have been created:

- Going to the Dentist
- Going to the Hospital
- Going to the Doctors
- Healthy Eating



# The Cultural Sisters

- A participatory arts organisation with a focus on Arts and Health, engaging with people using creative processes to explore and learn about health and wellbeing issues
- Health literacy concepts have been embedding into project development, enabling people to help each other and themselves



# Does it work?



‘Efforts to improve HL – range of benefits: increase knowledge & build resilience; encourage positive lifestyle change; empower people to effectively manage health; decrease burden on health and social care resources’

# Report key message

The available evidence suggests that strategies to improve health literacy are important empowerment tools which have the potential to reduce health inequalities because the most vulnerable and disadvantaged people in society are at risk of limited health literacy and are known to have the poorest health outcomes

# Improving health literacy

- Improved medication use
- Improved self-management of conditions
- Reduced reported disease severity
- Reduced unplanned emergency department visits
- Reduced hospital use

Sheridan et al. (2011). Interventions for individuals with low health literacy: a systematic review. *Journal of Health Communication*, 16(s3): 30-54.

# What do we need to do better?

- Continue to build assets and decrease risk
- Explore HL across lifecourse – more HL in schools; skill building in vulnerable groups
- HL into undergraduate curricula of HCP
- Built environment / complexity of systems
- **Evaluate cost-effectiveness** – produce robust evidence for policy-makers and funders

# Thank you for listening!



[j.protheroe@keele.ac.uk](mailto:j.protheroe@keele.ac.uk)



[www.healthliteracy.org.uk](http://www.healthliteracy.org.uk)