Health and Wellbeing Board

28 July 2023

Improving Health Literacy in County Durham

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Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to raise the profile of health literacy with the Health and Wellbeing Board. This includes current literacy levels within County Durham, the impact this can have on healthy life expectancy, how poor health literacy drives inequities in health and wellbeing, and the importance of improving health literacy.

2 The report seeks multi agency support to develop a health literacy improvement plan to help achieve the vision of the Joint Local Health and Wellbeing Strategy 2023-28.

3 The report also outlines a proposed approach to improving health literacy within County Durham by working together within our communities through County Durham Together.

Executive summary

4 Improving levels of health literacy across the county will support the vision of the Health and Wellbeing Board that County Durham is a healthy place, where people live well for longer. It will also support and underline the implementation of the Approach to Wellbeing where working with communities is a fundamental aspect.

5 Equipping communities with the information they need to be actively involved in key decisions about their health and wellbeing means:

(a) they are empowered to take control of their own health and wellbeing,

(b) access the right services at the right time,

(c) preventing unnecessary crises care and

(d) facilitating timely referral into specialist services.

6 Literacy is the ability of a person to read, write, speak and listen to a level that enables them to communicate effectively, understand written information and participate fully in society.

7 Health literacy includes verbal, written and digital material. It is about people having the skills (language, literacy and numeracy), knowledge, understanding and confidence to understand health and social care information and services. This helps them to maintain good levels of wellbeing for themselves and those around them. Levels of health literacy are also influenced by the provision of clear and accessible information[1].

8 Health literacy, alongside a complex range of other social, environmental and community factors, is related to health outcomes and service use. Limited health literacy is linked with unhealthy lifestyle behaviours; these include poor diet, smoking and a lack of physical activity. Limited health literacy can also increase the risk of disease and premature death; men with poor health literacy are likely to die up to 26.1 years earlier than those with good health literacy and for women, it's 20.9 years[2].

9 People with limited health literacy are more likely to use emergency services and less likely to successfully manage long-term health conditions. As a result, they can incur higher health and social care costs.

10 In County Durham, 145,280 (45.21%) of the 16-64 aged population are below the threshold for health literacy (in comparison to 41% in England), this is the equivalent of a reading age of 9 to 11 years, meaning they would have difficulty understanding or interpreting health information. This increases to 205,661 (64%) (in comparison to 60% in England) for both health literacy and numeracy[3].

11 There is currently no formulated plan to improve health literacy levels across County Durham. Although accessibility of information is high

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[1] Improving health literacy to reduce health inequalities (2015). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

[2] National Literacy Trust, (2018). Available at: https://literacytrust.org.uk/news/life-expectancy-shortened-26-years-children-growing-areas-most-serious-literacy-problems/

[3] University of Southampton. Health Literacy. Accessed 02.05.2023. Available at: HEALTH LITERACY - Home (geodata.uk)

profile across partners this does not tend to take readability or plain English into consideration.

12 Through the Health and Wellbeing Board, there is an opportunity to work together to develop a multi-agency plan to improve health literacy levels across County Durham.

13 There is an already agreed opportunity through continuing development of County Durham Together, digital inclusion, community connectors and community champions to improve health literacy levels at scale. The development of the Family Hubs across County Durham:

(a) provides an opportunity to develop a pilot to re-shape their communication materials and

(b) to coproduce and test revised material with their target audiences.

Recommendations

14 The Health and Wellbeing Board is recommended to:

(a) Note the contents of the report.

(b) Recognise the link between improving health literacy and achieving the priorities of the Health and Wellbeing Board.

(c) Raise the profile of health literacy within the Council and across partners.

(d) Form a steering group, reporting to County Durham Together, to oversee the development of a health literacy improvement plan.

Background

15 Improving levels of health literacy across people's life course can contribute to achieving the vision of the Joint Local Health and Wellbeing Strategy 2023-28 and support the continued implementation of the Approach to Wellbeing.

16 Coproduction is an underlying principle of the Approach to Wellbeing. Involving communities in the coproduction of health literature to develop information should contribute to improvements in health and wellbeing of our population. Working with communities also serves as a useful "checkback" tool to ensure understanding of the information we share with them.

17 Equipping voluntary and community groups with understandable information creates empowered and informed communities. Giving them the tools to make decisions and access the right help, when and where they need it. This helps to avoid late referrals into crises services.

18 Poor literacy levels are one of a range of factors that can contribute to reduced life expectancy, with the National Literacy trust (2018)[4]. Estimating its impact being decades of life lost:

(a) A boy born in Stockton Town Centre (decile 1 for literacy vulnerability) has a life expectancy 26.1 years shorter than a boy born in North Oxford (decile 10 for literacy vulnerability)

(b) A girl born in Queensgate, Burnley (decile 1 for literacy vulnerability), has a life expectancy 20.9 years shorter than a girl born in Mayfield, Wealdon (decile 10 for literacy vulnerability)

19 In County Durham 145,280 (45.21%) of the 16-64 aged population are below the threshold for health literacy, meaning they would have difficulty understanding or interpreting health information. This is higher than the England average of 41%. Where both health literacy and numeracy are taken into consideration, the figure increases to 205,661 (64%) of people who are below the threshold, this compares to 60% in England.

20 The impact of limited literacy levels is also felt within the youth justice system; In a UK study of young people who offend aged 15-17 in custody at least 60% of the sample did not achieve a minimum standard for numeracy or literacy and the mean reading age was 11.5 (range 6.6-15.2) from a mean sample age of 17 years[5]. Young people with poor

[4]National Literacy Trust, (2018). Available at: https://literacytrust.org.uk/news/life-expectancy-shortened-26-years-children-growing-areas-most-serious-literacy-problems/

[5] Hayden C. (2010) 'Offending behaviour in care: is children's residential care a

literacy and numeracy skills, within the youth justice system, are at an additional disadvantage and risk poor health outcomes.

21 According to Public Health England (now known as the Office for Health Improvement and Disparities (OHID) (2015), limited health literacy is a strong predictor for poor health behaviours for example, smoking or lack of physical activity. It is also associated with increased morbidity and mortality in older age[6].

22 Health literacy development is central to the prevention and control of certain diseases[7] such as heart disease and type 2 diabetes. Meaningful community engagement, local ownership and locally driven actions are needed to identify health literacy strengths, challenges and preferences. This will help to build locally fit-for-purpose and implementable actions.

23 Improving levels of health literacy forms part of wider strategies to improve health and wellbeing. These strategies are more likely to be embraced, implemented and sustained, especially among disadvantaged communities if they are locally owned, co-designed and fit-for-purpose.

What is literacy and health literacy

24 Literacy is the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society[8].

25 Health literacy is a complex and evolving concept with no universally accepted definition; the World Health Organisation defines health literacy as *"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."*[9]

26 Or, put simply, one dimension of health literacy is about peoples' ability to understand and use information regarding their health.

27 Health literacy encompasses, verbal, written and digital information.

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criminogenic environment?' Child and Family Social Work 13, 94: 461-472

[6] Improving health literacy to reduce health inequalities (2015). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

[7] https://gh.bmj.com/content/7/12/e010362

[8] National Literacy Trust. Secondary. http://www.literacytrust.org.uk/.

[9] World Health Organization. Health literacy toolkit for low- and middle-income countries. 2015. www.searo.who.int/entity/healthpromotion/documents/hl_tookit/en/:.

Impact of poor health literacy

28 Literacy is linked to life expectancy through a range of socioeconomic factors (Gilbert, et al., 2018)[10]:

(a) People with poor literacy skills are more likely to be unemployed, have low incomes and poor health behaviours, which can be linked to lower life expectancy

(b) People with poor literacy skills earn 12% less than those with good literacy skills

(c) Low incomes are associated with shorter life expectancy; the World Health Organisation found that children born into low-income families live 17 years less than children born into high income families (62 years vs 79 years)

How to improve health literacy

29 An integrated, cross-sector focus is required to improve health literacy. Therefore, a working group including partners from the Health and Wellbeing Board, County Durham Together; the Community Champions, digital inclusion and community connectors as well as the Family Hubs, could be tasked to develop a comprehensive plan.

30 Good practice suggests that the approaches below could be considered:

(a) **Co-produce** all health literature.

(b) Use **community assets** to develop and disseminate health information.

(c) **Empower community assets and professionals** through training and continued professional development.

(d) Use **simple language** across all media i.e., online and in print considering readability, people's understanding and accessibility.

(e) Use an **early intervention approach** beginning in our early years settings and continuing through the school curriculum and in staff training. The COVID 19 pandemic highlighted people's inability to understand, trust and act upon critical health information. With the growth of "fake news" people need to be equipped with the skills to access and understand reliable information sources.

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[10] Gilbert et al., (2018) Literacy and Life Expectancy. Available at: http://cdn-literacytrust-production.s3.amazonaws.com/media/documents/National_Literacy_Trust_-_Literacy_and_life_expectancy_report.pdf

(f) Combat **digital exclusion** by ensuring information is available in alternative formats and not just online. Ensure webpages contain accurate and easily accessible and understandable information.

31 An example of a document that has been updated to plain English, is included in Appendix 2.

32 Readability (see point (d) above) is a measure of how easy a piece of text is to read and understand. High levels of readability reduce misunderstanding and means the reader can easily process information[11].

Local plan to improve health literacy

33 Regionally, the Northeast North Cumbria (NENC) Integrated Care System (ICS) has, through the Healthier and Fairer Advisory Group, established a steering group around health literacy as part of the NHS contribution to social economic inequalities. Led through South Tyneside and Sunderland NHS Foundation Trust the group has been commissioned by Health Education England to develop a Health Literacy Audit Tool in conjunction with Newcastle University. They also provide training across the health system on health literacy.

34 The development of a plan to improve health literacy should be a priority which will include both short-term outputs, for example revising materials and in the longer term:

- The development of a policy across partners
- The formation of a steering group to oversee the implementation of the agreed policy
- The prioritisation (in line with the Health and Wellbeing Board priorities) of reviewing and redeveloping public health literature
- Discussions have taken place with the Family Hubs to pilot an approach to improving health literacy and there is an opportunity with a new approach to NHS Health checks
- Ensure evaluation is built into the process from the beginning.

Main implications

Reviewing current literature

35 Published website and print content will need to be reviewed against agreed standards and updated where required.

[11] Calonia, (2020). Available at: https://www.grammarly.com/blog/readability/#:~:text=Why%20is%20readability%20important%3F,expending%20a%20lot%20of%20energy.

Cost of training and resources

36 There is a wealth of training available ranging from free, online resources to virtual and in-house training provided by the Campaign for Plain English. The cost for these courses starts at £220 to £1,050 for a full day workshop.

37 A free audit tool is currently being developed by Sunderland and South Tyneside NHS Foundation Trust. In addition to free resources, The Patient Information Forum provides a useful range of resources at a cost of £108 per annum for individual membership

38 To help combat digital exclusion, there may be a requirement to print digital material. This will have some environmental and cost impact with paper and printing materials as well as additional energy use.

Conclusion

39 Across wider health partners, we currently provide information that:

(a) is likely to reinforce existing health inequalities

(b) creating a negative impact on individuals, communities, and organisations

40 We can commit to developing a systematic approach to making the information we provide more accessible to everyone. Improving health literacy can become one of our universal approaches to support equity and contribute to the implementation of the Approach to Wellbeing; working with communities to improve levels of health literacy, equipping them with the information they need to be actively involved in key decisions about their health and wellbeing and are empowered to access the right services at the right time, preventing unnecessary crises care and facilitating timely referral into specialist services.

41 Literacy is the ability of a person to read, write, speak and listen to a level that enables them to communicate effectively, understand written information and participate fully in society. Health literacy is about people having the skills (language, literacy and numeracy), knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services to maintain good levels of wellbeing for themselves and those around them. Levels of health literacy are also influenced by the provision of clear and accessible information.

42 Health literacy is related to health outcomes and service use. Limited health literacy is linked with unhealthy lifestyle behaviours such as poor diet, smoking and a lack of physical activity and is one factor linked to

an increased risk of morbidity and premature death which all impact on morbidity and mortality in later life; men with poor health literacy are likely to die up to 26.1 years early than those with good health literacy and for women, it's 20.9 years.

43 People with limited health literacy are more likely to use emergency services, less likely to successfully manage long-term health conditions and as a result, incur higher healthcare costs.

44 In County Durham 45.21% of the 16-64 aged population are below the threshold for health literacy (in comparison to 41% in England), meaning they would have difficulty understanding or interpreting health information. This increases to 64% (in comparison to 60% in England) for both health literacy and numeracy.

45 There is currently no formulated plan to improve health literacy levels across County Durham and, whilst accessibility of information is high profile across the council this does not take readability or plain English into consideration. There are pockets of expertise in plain English, but this is not widespread or consistently implemented.

46 There is work at a regional level led by South Tyneside and Sunderland NHS Foundation Trust in conjunction with Newcastle University, to develop an audit tool. The trust also delivers health literacy training.

47 There is an opportunity through the Health and Wellbeing Board and the re-development of County Durham Together, through both digital inclusion, community connectors and community champions to develop a multi-agency plan to improve health literacy levels. The new Family Hubs have now opened across County Durham, providing an opportunity to develop a pilot to re-shape future communication materials through a health literacy lens and to coproduce and test revised material with the target audiences.

48 This work is relatively low risk, low cost and scalable.

Other useful documents

See **Appendix 3** – Health Literacy Report

Author

Katy Beeston

Appendix 1: Implications

Legal Implications

No adverse implications.

Finance

Training for staff across partners, and communities in health literacy will need to be costed but could be found from existing budgets.

Consultation

Not required at this stage

Equality and Diversity / Public Sector Equality Duty

No adverse implications.

Climate Change

No adverse implications.

Human Rights

No adverse implications.

Crime and Disorder

No adverse implications.

Staffing

Staff time to review published websites and literature and update where required.

Accommodation

No implications.

Risk

None identified.

Procurement

None identified at this time.

Appendix 2: Plain English Examples

Original Document

Dear Colleague

RE: CAR PARKING - OUTSIDE WARD 10 AND 11 AREA OF HOSPITAL

It is fully acknowledged that on site car parking is currently very limited and, in this respect, plans are currently being examined with a view to alleviating the problems.

One current area of concern is the area adjacent to Wards 10 and 11, and during a recent fire alarm call, which fortunately turned out to be an non emergency, the fire vehicles had extreme difficulty in manoeuvring in this area. In the event of a real fire you can rest assured that these vehicles would take whatever steps were necessary to reach their destination as quickly as possible, and therefore it is imperative that the perimeter road around the hospital site is left as clear as is possible. To help us with these problems both members of staff or visitors to the hospital who normally park in that area will now be able to park their vehicles in the Hospital Transport compound between the hours of 8.15 a.m. until 4.00 p.m. The gates of the compound will be left open and I ask that this space is utilised. May I also ask that it is important that no private vehicles remain in the compound after 4.00 p.m., due to the fact that transport Department vehicles will return to the site after that time and need to be in a secure area overnight.

The assistance of everybody in this matter is very much appreciated.

Revised Document

Dear Colleague

We realise that car parking on site is very limited, and we are making plans to solve the problem.

One main difficulty is the area next to wards 10 and 11. During a recent fire alarm call (which turned out not to be an emergency) the fire engines had extreme difficulty getting through this area. In a real fire, they would take whatever action they needed to reach the emergency. So, you must keep the road around this area clear.

To help solve these problems, please:

- park your vehicle in the Hospital transport compound, between 8.15am and 4pm; then
- remove your vehicle by 4pm, as we need the compound overnight for Transport Department vehicles.

Thank you for your co-operation.

Appendix 3: Health Literacy Report

HEALTH LITERACY

October 2022

Katy Beeston
Public Health Assistant Practitioner

Health Literacy

Introduction

Literacy is the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society. Health literacy is people having the skills (language, literacy and numeracy), knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. Levels of health literacy are also influenced by the provision of clear and accessible health and social care services and information for all.

In England, a staggering 42% of working age adults are unable to understand or make use of everyday health information and this rises to 61% when numeracy skills are also required for comprehension. Many health professionals say that they lack the tools and skills to develop appropriate resources to meet the needs of people with low literacy.

Limited health literacy is a strong predictor for poor diet, smoking and a lack of physical activity, independent of risk factors including age, education, gender, ethnicity and income. It is also associated with an increased risk of morbidity and mortality in older adults independent of age, socioeconomic position, cognitive ability and pre-existing illness.

What is Literacy

Literacy is the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society[12].

Staggeringly, in the UK 7.1 million adults read or write at or below the level of a nine-year-old[13]; before we define the term 'health literacy' it is important to further understand literacy levels in the UK. In 2019, the OECD conducted its Survey of Adult Skills, known as PIAAC (Programme for the International Assessment of Adult Competencies). This survey found that 16% of women and 33% of men in England have literacy levels at or below **Level 1**, which is considered to be **'very poor literacy skills'**. Around 48% of females and 50% of males have literacy levels at Level 3 or above. **Level 3 is considered the minimum literacy skills required for coping with everyday life**. In short, just under half of the UK adult population have the minimum literacy skills to cope with everyday life.

The levels are defined as follows:

- Below Level 1: Adults can read brief texts on familiar topics and locate a single piece of specific information. Only basic vocabulary knowledge is required and the adult is not required to understand the structure of sentences or paragraphs.
- Level 1: Adults can read relatively short digital or print texts to locate a single piece of information that is identical to or synonymous with the information given in the question. Knowledge and skill in recognising basic vocabulary, determining the meaning of sentences, and reading short paragraphs of text is expected.
- Level 2: Adults can make matches between the text, either digital or printed, and information. Adults can paraphrase or make low-level inferences.

[12] National Literacy Trust. Secondary. http://www.literacytrust.org.uk/.
[13] https://www.hee.nhs.uk/our-work/knowledge-library-services/improving-health-literacy

- Level 3: Adults are required to read and navigate dense, lengthy or complex texts.
- Level 4: Adults can integrate, interpret or synthesise information from complex or lengthy texts. Adults can identify and understand one or more specific, non-central idea(s) in the text in order to interpret or evaluate subtle evidence-claim or persuasive discourse relationships.
- Level 5: Adults can search for, and integrate, information across multiple, dense texts; construct syntheses of similar and contrasting ideas or points of view; or evaluate evidence-based arguments. Adults understand subtle, rhetorical cues and can make high-level inferences or use specialised background knowledge.

Literacy and life expectancy

Literacy and life expectancy in England are linked through the conduits of socioeconomic factors and health.

Literacy is linked to life expectancy through a range of socioeconomic factors:

- People with poor literacy skills are more likely to be unemployed, have low incomes and poor health behaviours, which in turn can be linked to lower life expectancy.
- People with poor literacy skills earn 12% less than those with good literacy skills.
- Low incomes are associated with higher mortality; the World Health Organization found that children born into low-income families live 17 years less than children born into high income families (62 years vs 79 years)

Inequalities in literacy and life expectancy in England are intensely localised; data analysis shows that people living in areas of England with the most serious literacy challenges are more likely to have shorter life expectancies than people living in communities with the fewest literacy challenges.

Analysis also found that the link between literacy and life expectancy is stronger at the bottom end of the scale. Once people have acquired a basic level of literacy, they pass the autonomy threshold where their choices and actions are the overriding factors in determining their life chances, rather than the circumstances that low levels of literacy dictate for them.

The national gap in life expectancy between children from communities with the highest and lowest vulnerability to literacy problems in the country is staggering:

- A boy growing up in a ward with one of the highest vulnerabilities to literacy problems in the country has a life expectancy 26.1 years shorter than a boy growing up in a ward with one of the lowest vulnerabilities to literacy problems.
- A girl growing up in a ward with one of the highest vulnerabilities to literacy problems in the country has a life expectancy 20.9 years shorter than a girl growing up in a ward with one of the lowest vulnerabilities to literacy problems.

What is health literacy

Health literacy is a complex and evolving concept with no universally accepted definition of measure; the World Health Organisation defines health literacy as *"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."*[14] The Scottish national health literacy

[14] World Health Organization. Health literacy toolkit for low- and middle-income countries. 2015. www.searo.who.int/entity/healthpromotion/documents/hl_tookit/en/:.

action plan defines health literacy as: *"Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems"*[15] The International Handbook on Health Literacy has a more descriptive definition that encompasses the numeracy element of health literacy "*Health literacy can be described as the possession of literacy skills (reading and writing) and the ability to perform knowledge-based literacy and numeracy tasks (acquiring, understanding and using health information) that are required to make health-related decisions in a variety of different environments (home, community, health clinic)"*[16].

Or, put simply, health literacy is about peoples' ability to understand and use information regarding their health. It encompasses verbal, written and digital information.

[15] https://www.healthliteracyplace.org.uk/why-health-literacy/
[16] https://library.oapen.org/handle/20.500.12657/24879

Public Health England adopted a three-level definition of health literacy:

Functional health literacy – a person's ability to read and comprehend information and instructions in health settings.

Functional health literacy is linked to educational attainment and general literacy. People with inadequate skills in reading and numeracy will have less exposure to universal health information, and the skills needed to comprehend and act upon health information will be less developed.

Functional health literacy is not always equivalent to level of education, despite the correlation. Having adequate or good general literacy and numeracy skills does not necessarily equip a person with the skills and confidence to deal with the complicated literacy demands of healthcare settings. A well-educated and literate person can have low health literacy when required to understand and act upon unfamiliar terminology and concepts in unfamiliar healthcare settings47 and when navigating health information online, especially when illness makes them more vulnerable.

Basic literacy and numeracy skills are therefore fundamental necessities for adequate health literacy, but they are not sufficient.

Interactive health literacy – a person's ability to be actively involved in decisions about their health and care over time, and in changing circumstances.

Interactive health literacy is defined as people having more advanced cognitive and literacy skills, as well as confidence, and therefore being able to discuss and actively participate in their health and treatment options with health professionals. This also necessitates health systems removing all complexity and barriers to access, engagement and understanding. Interactive health literacy is believed to enable people to be actively involved in decisions about their healthcare over time and in changing circumstances.

Critical health literacy – a person's ability to take control of the wider determinants of health.

The highest-level cognitive skills are required for critical health literacy, which, with social skills, enables people to take control of the wider determinants of their health. This includes identifying barriers to health in their environment – such as a lack of accessible green space – and then taking appropriate action.

It's important to understand that levels of health literacy can fluctuate depending on the situational demands and complexities placed on a person. For example, obtaining nutritional information from a food label is a quite different experience from receiving complex, jargon-laden instructions on how to manage diabetes, and quite different again from receiving information on childbirth at an antenatal clinic. Even a person with a high level of health literacy may experience real challenges in applying those skills in an environment (like a hospital) or in interacting with a person (like a doctor) that they find unfamiliar and intimidating.

Limited health literacy is linked with unhealthy lifestyle behaviours such as poor diet, smoking and a lack of physical activity and is associated with an increased risk of morbidity and premature death. People with limited health literacy are less likely to use preventive services and more likely to use emergency services, are less likely to successfully manage long-term health conditions and as a result incur higher healthcare costs.

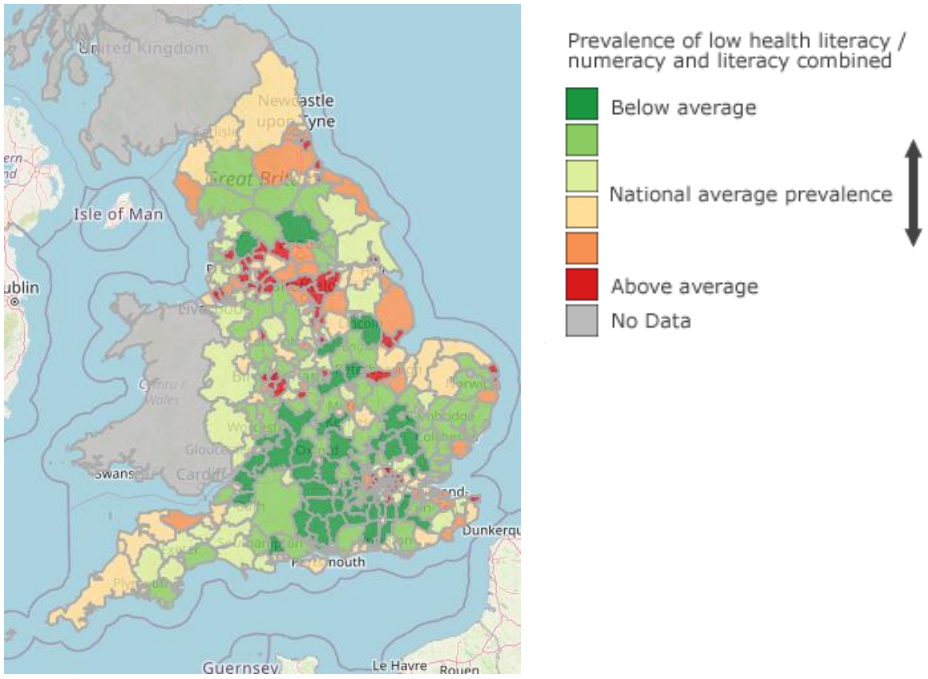
An individual's health literacy tends to be related to their social circumstances. Educational attainment strongly predicts good health literacy and people with limited financial and social resources are more likely to have limited health literacy. In turn, limited health literacy limits

opportunities for vulnerable and disadvantaged groups i.e., people with long-term conditions including depression, diabetes, stroke, and heart, kidney and musculoskeletal disease are also more likely to have limited health literacy[17] and less likely to be actively involved in decisions about their health and care over the life course. This can undermine people's ability to take control of their health and the conditions that affect their health.

Data

National (English) estimated prevalence of low health literacy (Figure1)

Figure 1



Source: http://healthliteracy.geodata.uk/

At a national level, in England

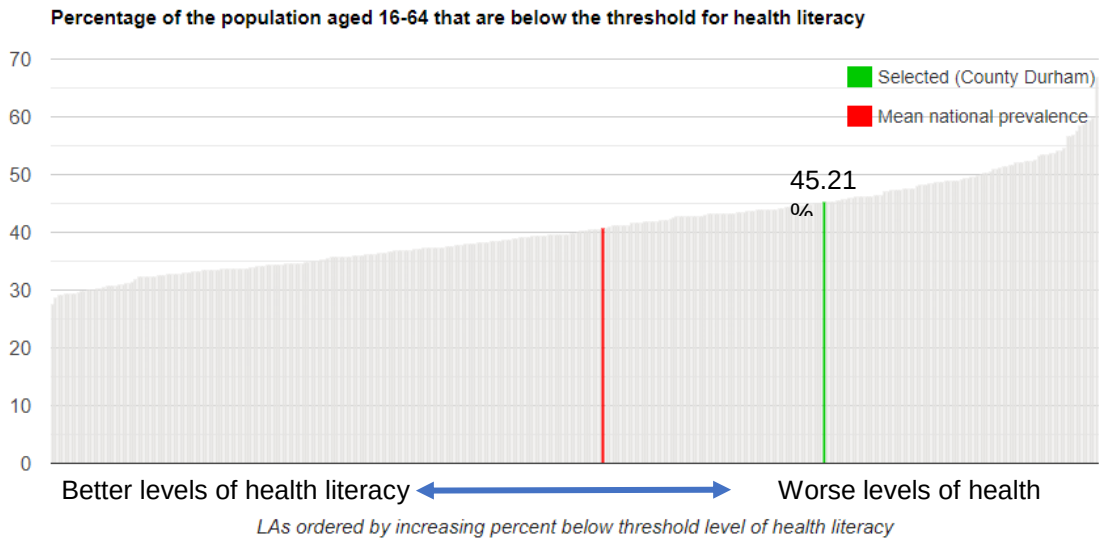
- **41%** of working-age adults don't have the health literacy skills they need to understand and make use of everyday health information,
- this increases to **60%** when numeracy skills are also required for comprehension[18]
- **43%** of working-age adults struggle to understand instructions to calculate a childhood paracetamol dose
- The economic impact of poor health literacy is estimated between £2.95bn and **£4.92bn per year**[19]

[17] J, Piantadosi C, Ettridge K, et al. Functional health literacy mediates the relationship between socio-economic status, perceptions and lifestyle behaviours related to cancer risk in an Australian population. Patient
education and counselling 2013;91(2):206-12.
[18] Rowlands G, Protheroe J, Richardson M, et al. The health information gap: the mismatch between population health literacy and the complexity of health information. An observational study. London: British Journal of General Practice, 2015
[19] Lamb P, Berry J. Health Literacy – the agenda we cannot afford to ignore: Community Health & Learning
Foundation, 2014.

In County Durham:

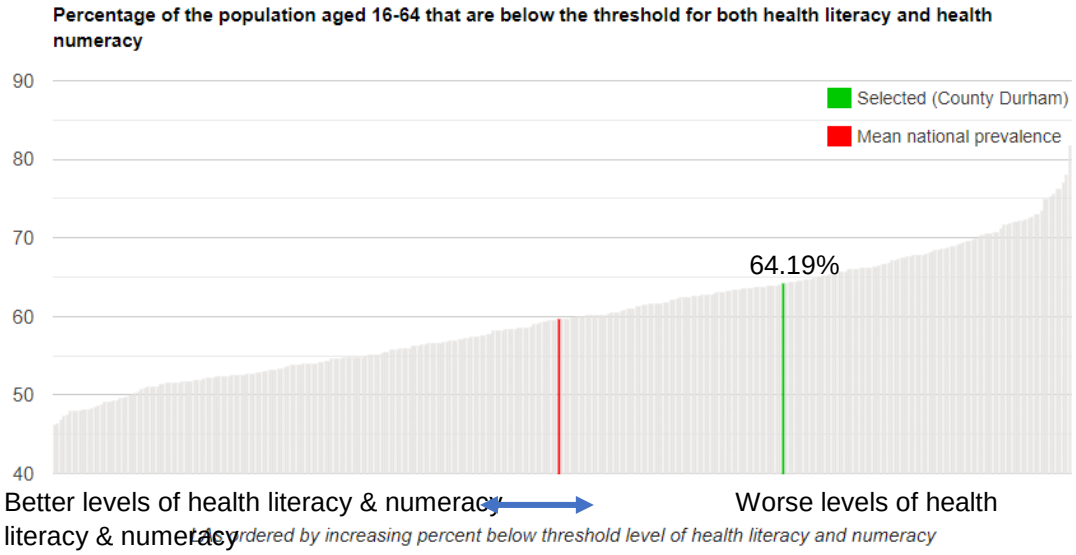
- 45.21% of the 16-64 aged population are below the threshold for low health literacy. This means they would have difficulty understanding or interpreting health information (Figure 2)
- This increased to 64% for both health literacy and health numeracy (Figure 3)

Figure 2



Source: http://healthliteracy.geodata.uk/?search=durham

Figure 3



Source: http://healthliteracy.geodata.uk/

Data - Health Literacy and Demographics

Research conducted by Simpson et al (2020) in 2018 indicated that from a sample size of 2,309; 19.4% had some level of difficulty reading and understanding written health information, and 23.2% discussing health concerns with health care providers. The adjusted logistic regression for 'understanding information' showed that those with lower health literacy were more likely to be in the most socially deprived quintile, have a limiting health condition or disability, and have no educational qualifications.[20]

How to improve health literacy

Efforts to improve health literacy can have a range of benefits. They can increase health knowledge and build resilience, encourage positive lifestyle change, empower people to effectively manage long-term health conditions and reduce the burden on health and social care services.

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.

Promising health literacy strategies to support people to take control of their, their families' and their children's health include:

- health and social care service use of the simple and effective **teach-back method** to check service user understanding
- an **early intervention approach** to health literacy – ensuring that promoting health literacy is fully integrated into early years and school curriculums, as well as in health and social care professional training
- **community-based, peer-support** approaches to health literacy that help to distribute health literacy among social networks
- **empowering professionals** through training, continued education and inter disciplinary initiatives to improve health literacy and strengthen public–professional communications

Integrated, cross-sector working is needed to promote health literacy with professionals from health and social care services supported by those from other sectors such as child and adult education services and the third sector. Employers, communities and families also have a role to play in implementing successful health literacy initiatives.

[20] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09727-w

What are other areas doing?

Initiative: health literacy universal precautions toolkit

The universal precautions approach to health literacy is gaining ground in the US. The idea is to make all health information and health systems as easy as possible to understand and navigate. The toolkit is designed to help health professionals and partner services take a systematic approach to reducing the complexity of health information and ensure that people can successfully navigate the healthcare system.

The toolkit includes several strategies to use with all populations, including the much lauded teach-back method, which involves asking people to repeat back to health professionals what they have just heard as a way of confirming understanding. Other strategies include advocating follow-up with service users via telephone or written materials between appointments, and several approaches to designing easy to understand communication.

For further information and examples to replicate and test, see: Health Literacy Universal Precautions Toolkit, 2nd Edition | Agency for Healthcare Research and Quality (ahrq.gov)

Initiative: The Health Literacy Place

In 2017, **NHS Education for Scotland** published Making it Easier – Scotland's Healthy Literacy Action Plan. This builds on what has been learned so far about health literacy and sets out plans to:

- share the learning from Making it Easy across Scotland;
- embed ways to improve health literacy in policy and practice;
- develop more health literacy responsive organisations and communities;
- design supports and services to better meet people's health literacy levels.

For more information, or to access the handy toolkit including helpful video guides, visit: Toolkit – The Health Literacy Place

The five techniques outlined in the toolkit are:

- **Teach Back**
  The teach back method is a useful way to confirm that the information you provide is being understood by getting people to 'teach back' what has been discussed and what instruction has been given. This is more than saying 'do you understand?' and is more a check of how you have explained things than the patient/client understanding.
- **Chunk and Check**
  Chunk and check can be used alongside tools such as teach back to assist in promoting understanding. When we speak to patients and clients there is often a lot of information to be discussed and we may have to explain more than one concept. People can struggle to take on board a long list of things they are being asked to take in or do, and yet this is often how information is presented. Sometimes the explanation of what people are being asked to understand and to take away and put into practice is left until the end of the consultation/discussion.
- **Use Simple Language**
  The terminology used in healthcare can often be confusing for people, especially at times of distress when people may struggle more than usual to take in information. In health a range of jargon and acronyms are used routinely and we may forget that this language is

unfamiliar to our patients and service users. Therefore, you should use simple language as much as possible, try explaining things to people as you would to a friend or family member. You may find that having examples to use can support you in this

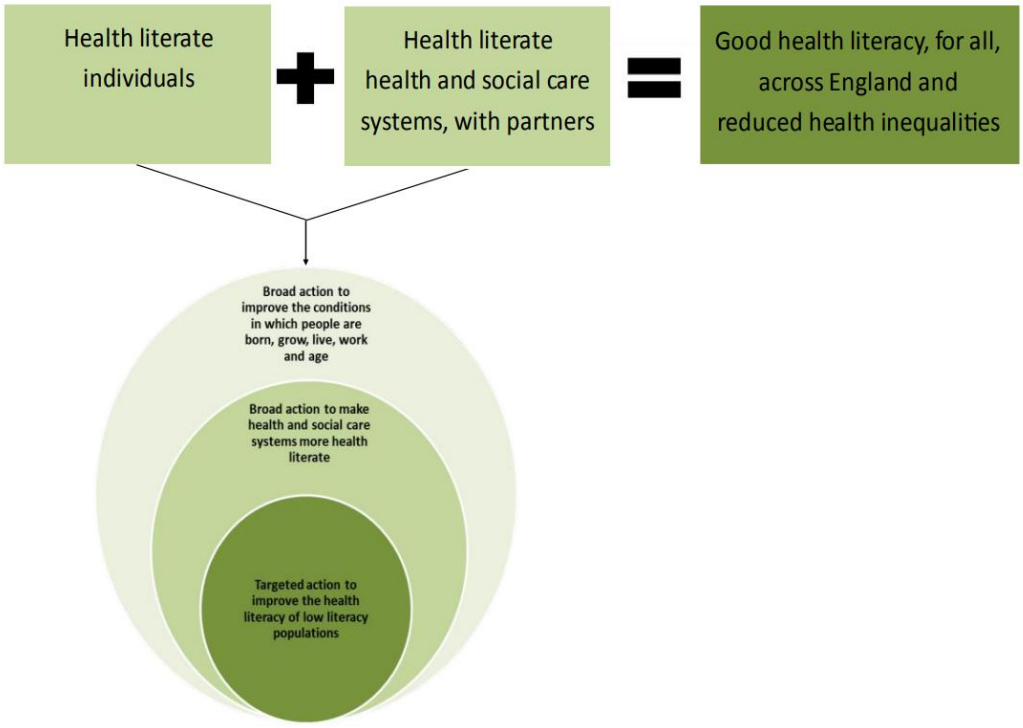
- **Use Pictures**
  Spoken and written word is often misheard or misread and also misunderstood, pictures and visuals may be effective in improving understanding when communicating new or complex ideas to people. It may be that pictures are used to compliment text, for example, when explaining a self-management procedure such as giving an injection or caring for a wound it may assist people if they have it explained to them in words but also shown what to do using images
- **Routinely Offer Help with Paperwork**
  We suggest that all services take a universal approach to offering support to those who have to fill in forms and paperwork. Ask all staff to operate in this way across your service to ensure that support is available at all points of contact from the first encounter with the reception staff in your service. You may also wish to consider the paperwork that you post out to people and whether this may cause unneeded anxiety and stress for people before they present for their appointment.

Recommendations for improving health literacy in County Durham

Local action to improve health literacy and reduce health inequalities

At the local level, a targeted approach, to improve the health literacy of disadvantaged or vulnerable groups within a broader strategy to improve health literacy and the conditions in which people are born, grow, live, work and age, can contribute to strategies to reduce health inequalities (Figure 4)

Figure 4



In addition to the approaches discussed above, at a local level the following approaches should be considered to help improve health literacy:

Early Intervention Approach - Improving levels of health literacy should not be limited to clinical settings or healthcare information, we must provide an early intervention approach in our early years settings and should continue throughout the school curriculum, as well as in health and social care professional training. Understanding health information from a young age is critical in enabling us to make more informed choices about our own health throughout the life course. The COVID 19 pandemic has also highlighted our inability as a nation to understand, trust and act upon critical health information. With the growth of "fake news" it is crucial that our young people are equipped with the skills to access and understand reliable information sources.

Community Assets - Building on the excellent work of the Community Champions during the COVID 19 pandemic as an asset to disseminate health information to local networks and the wider community, we should continue to grow this resource.

Digital Literature - Most health information is now access via a digital platform, which can result in digital exclusion by those who either do not have internet access or who have limited IT skills. Consider how else this information could be disseminated, i.e., via Community Champions.

Simple Language – No matter how the health information is communicated, i.e., online, in print or verbally, ensure simple language is used. There are several free readability tools available online.

Empowering Professionals and Community Assets – through training and continued professional development coordinated by the local authority and healthcare trusts.

Useful Documents/Links

This is Bad Enough – Elspeth Murray

Elearning for Health – Health Literacy Programme (requires registration to access)

Accessible Information Standard

NHS Health Literacy Toolkit

Automatic Readability Checker