From Ideas to Action: Update & Moving Forward

• School Readiness – Stoke Speaks Out
• Victoria Bailey and Denise Cheadle
Who we are

• A multi agency team working across the City of Stoke-on-Trent
• We work directly with childminders, children’s centres, schools, nurseries and parents to embed a range of early speech/language and communication strategies
• We promote public health messages around speech, language, communication and attachment
How we found out about health literacy

• In Stoke-on-Trent over 60% of adults have a reading age of 11 years or under.
• We attended the training to further our understanding about Health Literacy and how this could support our work.
What we have done

• Vocabulary at age 5 is a strong predictor of future language levels, attainment and literacy

• Therefore we wanted to provide opportunities for children in Early Years to experience and use a wide range of vocabulary relating to health literacy

• We have created four Health Literacy resource boxes:
  • Going to the Dentist
  • Going to the Hospital
  • Going to the Doctors
  • Healthy Eating
What we have done

• Each box contains:
  • A vocabulary screen
  • Activity sheets
  • Topic related toys/games
  • Books (fiction/non-fiction)
  • Evaluation sheets
What we have done: aims

- Screen children’s knowledge of health related vocabulary
- Provide quality ‘pick up and go’ resources
- Allow theming of whole classroom around topic
- Immerse children in health related vocabulary in a play based and multi-sensory way
- Provides children with a core foundation of vocabulary on which to build later learning
What the impact has been

“Practitioners and children loved playing with the resources”

“I can see it being very useful for Nursery/Reception children as well as our younger ones with more regular use”
What the impact has been

“The children did a lot of bandaging up of the staff, taking blood pressure, temperatures and checking heart beats”
What the impact has been

“We used the vocabulary screen and discovered that children didn’t know some of the most basic vocabulary”
What’s next?

Our plans are to...

• Continue the promotion of the boxes
• Monitor the usage of each topic and create more for the most popular topics
• Create further resource boxes in collaboration with the midwifery team
From Ideas to Action: Update & Moving Forward

oPEn network Helen Moors
& Stoke School Sport Partnership Nigel Edwards
• oPEn - an independent Primary network of schools adding value to the PE & sport experience of Primary aged children in Stoke-on-Trent

• Stoke School Sport Partnership - Competitions, Leadership & Volunteering and Change4Life programme

• Working with 5-19 year olds from Stoke-on-Trent school and Academies and Colleges
Engaging children in active and health related programmes
How we found out about health literacy

• Contact with Health Literacy Officer
• Attended Skilled for Health one day course
• Involvement in Health Literacy augments the work we currently promote in schools
• Programmes; Change4Life, Fitzy Fox, Boot Camp, Run for Fun
What have we done

- Change4Life with parents using Community Health & Learning Foundation resources e.g. food labelling and food portions
- Developing Health Literacy Leaders as part of Change4Life programme using Que cards
- 3 Key Stage One stories - visits to the Doctors, Dentist & Hospital linked to Stoke Speaks Out and NHS word bank

Why it is important/relevant

- Key Stage curriculums updated in 2014; physical activity, sugar tax implications; Primary PE Premium & School Games Organisers-70% funded by Department for Health

What our projects entail

- 38 Change4Life operating for 12 to 30 weeks over 1 hour across Stoke-on-Trent Primary schools
- Promote stories through existing Fitzy Programme
- Boot Camp & CPD for staff to improve children’s fitness levels
- Use of different coloured hearts to demonstrate light, moderate & vigorous physical activity
Public Health guidelines refer to vigorous, moderate and low level intensity exercise which are difficult concepts for children to grasp.

Zoe Burrows (AT from Keele) came up with a simple way to reinforce the different intensities of exercise;

A blue heart is not working very much – you are doing low level intensity exercise e.g. stretching

A pink heart is working harder than normal and is getting warmer – you are doing moderate exercise e.g. playing tri-golf games

A red heart is working hard and is very warm – you are doing vigorous exercise e.g. sprinting
What the impact has been

How we are measuring the project(s)
• Termly Change4Life case studies via City newsletter
• Boot Camp attendance & personal pupil targets
• Registers of staff completing CPD
• Run for Fun total City wide attendance
• Sports leaders confidence quotes

• The difference it has made to our customers/clients/service users
• Engagement with hard to reach and vulnerable children
• More confident leaders
• Parental engagement for activity and healthy eating: Change4Life,
• Fitzy, sports leaders & Run for Fun
What’s next?

• **Our plans our to...**
• Develop more health literacy materials for leaders and family groups
• Make the Run for Fun an annual event with a pre-event ‘get fitter’ campaign
• Signpost runners to post event events and clubs
• Sustain termly Change4Life newsletter
• Consider involvement in the Active Families programme
• Encouraging Birmingham City SGOs to get involved in Skilled for Health
• Develop an Active Schools Policy
From Ideas to Action: Update & Moving Forward

- Haywood Foundation
- June Brammar
Haywood Foundation

• We are a local charity in North Staffordshire dedicated to improving the well-being of people with arthritis and related conditions.

• We are based at the Haywood Hospital in Burslem, Stoke on Trent.
Recently Developed the **PIER**
(Patient Information and Education Resource Centre)
PIER
(Patient Information and Education Resource Centre)

• Opened in October 2015.
• Situated in the Haywood Hospital
• Developed and funded by the Haywood Foundation.
PIER
(Patient Information and Education Resource Centre)

- Manned by staff and volunteers.
- Patients and visitors to the PIER have access to a range of printed and online material.
- Free to use and available to all visitors
Monday Morning PIER Volunteers
Why the interest in health literacy

We are

• Thoughtful about how information is made available.
• Mindful of the many different people that pass through the hospital environment
• Working in partnership with Public Health – a must to give a balanced view on health information
What we have done

- We have built a health literacy session into our volunteer training programme.
- Three programmes delivered since 2015.

We have had really good feedback.

All volunteers:

- Aware of the importance of understanding health literacy
- Able to individualise information for the ‘person’
What the impact has been

PIER Staff are:

• More understanding of health literacy
• Aware that they may need to give out information in a variety of ways.
• Listening and communication Skills have improved.
What’s next?

• Our plans are to...
• Deliver more sessions
• Build on our knowledge of health literacy into the way we work alongside patients, visitors and staff to deliver a good health information service.
From Ideas to Action: Update & Moving Forward

- Stoke-on-Trent City Council
- Richard Skellern
Who we are

Stoke-on-Trent
Adults’ Strategic Partnership

Stoke-on-Trent
Health and Wellbeing Board

Stoke-on-Trent
Children & Young
People’s Strategic Partnership

safercity
STOKE-ON-TRENT
PARTNERSHIP
Who uses our services
Social determinates of health
Contributors to overall health outcomes

- Health Behaviours 30%
  - Smoking 10%
  - Diet/Exercise 10%
  - Alcohol use 5%
  - Poor sexual health 5%

- Socioeconomic Factors 40%
  - Education 10%
  - Employment 10%
  - Income 10%
  - Family/Social Support 5%
  - Community Safety 5%

- Clinical Care 20%
  - Access to care 10%
  - Quality of care 10%

- Built Environment 10%
  - Environmental Quality 5%
  - Built Environment 5%

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status
Challenges - People
Challenges - Professionals

- Elucidate
- Streamline
- Demystify
- Simplify

- Confused
- Unclear
- Lost
- Perplexed

Message Flow Diagram:

Sender → Message → Receiver

Feedback Path:

Sender → Feedback → Receiver
Challenges – Managers and commissioners
What’s next?
From Ideas to Action: Update & Moving Forward

University Hospitals of North Midlands NHS Trust

Angela Grocott, Head of Patient Experience
Who we are

- 4 Hospital Sites
- 1547 Inpatient beds
- Over 750,000 outpatient appointments
How are we Doing?

FFT Royal Stoke Hospital
April 2016

Inpatients
98% likely or extremely likely to recommend our hospital

FFT County Hospital
April 2016

Inpatients
99% likely or extremely likely to recommend our hospital

National Average 96%
Why are we finding it so difficult to communicate?
Patient feedback

“Communication has been good and all my questions have been answered in detail whilst I have been here”.

“I addressed my concerns to the doctor on the ward round and he answered my questions fully”.

“The communication between me and the consultant has been great she has explained as much as she can about what is going to happen next with my treatment and as to when I will be next seeing the surgeon for pre op talks and procedures.”
Patient Feedback

“Nursing care is excellent --------- however I don't feel I have had enough information regarding my condition”.

“I did not fully understand. I asked a question and was met with a very abrupt answer --------- Still in the dark about what I can/can't do after my surgery such as driving etc.”

“I think doctors and nurses should talk in the language we understand - I mean the medical words”

“I have been told several conflicting stories about what’s going on and I seem to never get the true/full story about what’s going to happen. The doctor got fed up of me asking questions about my health and it is important to me ---------“
How we found out about health literacy:

Health Literacy Awareness Workshop
What we have done?

“It’s OK to Ask” Communication Initiative

• What is my main problem?
• What do I need to do?
• Why is it important I do this?
What has the impact been?

• Top 20 Wards
• Top 20 Consultants
• 6-monthly Inpatient Survey
Any Questions?
From Ideas to Action: Update & Moving Forward

- North Staffs and Stoke Local Pharmaceutical Committee
- Tania Cork
Who we are

• The representative body for all community pharmacy, whether company or independent owned

• The pharmacies in this geographical area, Patients, NHS Stakeholders
How we found out about health literacy

Health literacy survey in Stoke using the NVS scores suggest that just under a half (49%) of respondents had either a high likelihood, or a possibility of limited health literacy

- We know the people who may need to improve their HL are also receiving pharmacy services, mainly regular medicines.

- We know the people who may need to improve their HL are the people who receive their medicines through a collection and delivery service.

- Therefore we developed a service from pharmacies to assess patient’s HL needs and promote the pharmacy as a
What we have done

Develop a Pharmacy team led domiciliary service to deliver health literacy related support to people who regularly use a pharmacy delivery services.

Team members, with agreement from patients, deliver their medicines and have a discussion about their medicines, general health and lifestyles. They offer whatever support is within their competencies and refer onto other services where appropriate.
What we have done

2. Safe-guarding
3. Tendering process
4. Insurance
5. Feasibility study
6. Training evening
7. Development of service spec
What the impact has been

• Follow interview schedule and engage patient in conversation
• After visit is over complete evaluation form.
What the impact has been
Did patient appear to understand the use of their medicines? (n=170)
How technicians could tell if patients did not understand their medicines

- Did not know why taking some tablets
- Did not know why I need warfarin and the blood test
- Only my wife knows about my meds – I do not understand them
- Never sure when and how to order my meds
- Don’t know what meds are for but just taken them as I am told
- I always forget to take my tablets – my memory is poor
- Did not know why taking some tablets
- Takes alendronic acid and lansoprazole, “was confused about which I take and when
- I wish I knew more about why I take my meds
- Did not know how to store my eye drops
- I do not understand them
- Never sure when and how to order my meds
What the impact has been
where did the patient find local information from?

- Post Office
- Mosque
- "Gym"
- "Council"
- "Media" (not otherwise specified)
- "Hospital"
- Carer
- Internet
- Library
- Church
- Care home
- Newspaper
- Friends
- "Not interested"
- "Don't know"
- Nurse (not otherwise specified)
- Family
- Pharmacy
- GP surgery

No. patients who reported use
What’s next?

• Training for all pharmacies and staff within Stoke
• Doctorate study of what pharmacist know about HL
From Ideas to Action: Update & Moving Forward

- Staffordshire University
- Sarah Higgins
  sarah.higgins@staffs.ac.uk
Who I am

• Psychology department at Staffordshire University.
• Technical Skills Specialist.
• BSc Psychology and MSc Health Psychology graduate from Staffordshire University.
How I found out about health literacy
How I found out about health literacy

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>100g contains</th>
<th>Each pack contains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>587kJ (140kcal)</td>
<td>2347kJ (561kcal)</td>
</tr>
<tr>
<td>Fat</td>
<td>7.1g</td>
<td>28.4g</td>
</tr>
<tr>
<td>Saturates</td>
<td>3.3g</td>
<td>13.2g</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>12.7g</td>
<td>50.8g</td>
</tr>
<tr>
<td>Sugars</td>
<td>2.3g</td>
<td>9.2g</td>
</tr>
<tr>
<td>Fibre</td>
<td>1.2g</td>
<td>4.8g</td>
</tr>
<tr>
<td>Protein</td>
<td>5.8g</td>
<td>23.2g</td>
</tr>
<tr>
<td>Salt</td>
<td>0.5g</td>
<td>2.0g</td>
</tr>
</tbody>
</table>

Oven cooked per 1/2 pack (400g)

Energy: 1411kJ (336kcal)
Fat: 8.8g (13%)
Saturates: 1.6g (8%)
Sugars: 6.0g (7%)
Salt: 1.4g (23%)

Typical values (cooked) per 100g: Energy 353kJ/84kcal
How I found out about health literacy

The Newest Vital Sign.

- Two search related items:
  ‘How many calories (kcal) will you eat if you eat the whole container?’

- Three numerical calculation items:
  ‘If you usually eat 2500 calories each day, what percentage of your daily calorie (kcal) intake will you get if you eat one serving of ice cream?’

(Rowlands et al., 2013; Weiss et al., 2005)

<table>
<thead>
<tr>
<th>Product Description: Ice Cream</th>
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</thead>
<tbody>
<tr>
<td>Serving Size: 100ml</td>
</tr>
<tr>
<td>Servings per container: 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUTRITIONAL INFORMATION</th>
</tr>
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<tbody>
<tr>
<td><strong>TYPICAL VALUES</strong></td>
</tr>
<tr>
<td>Energy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Protein</td>
</tr>
<tr>
<td>Carbohydrate of which sugars</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Fat of which saturates</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Fibre</td>
</tr>
<tr>
<td>Sodium</td>
</tr>
</tbody>
</table>

Ingredients: Cream, Skimmed Milk, Sugar, Whole Egg, Stabilisers (Guar Gum), Peanut Oil, Vanilla Extract (0.05%).
What we have done

<table>
<thead>
<tr>
<th></th>
<th>Per serving</th>
<th>Per 100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>1566kJ (371kcal)</td>
<td>392kJ (95kcal)</td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(of which sugars)</td>
<td>4.4g</td>
<td>1.3g</td>
</tr>
<tr>
<td>Fat</td>
<td>11.8g</td>
<td>2.8g</td>
</tr>
<tr>
<td>(of which saturates)</td>
<td>2.5g</td>
<td>0.6g</td>
</tr>
<tr>
<td>Fibre</td>
<td>2.2g</td>
<td>0.5g</td>
</tr>
<tr>
<td>Salt</td>
<td>1.0g</td>
<td>0.7g</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Per serving</th>
<th>Per 100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>1587kJ (381kcal)</td>
<td>472kJ (113kcal)</td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(of which sugars)</td>
<td>3.9g</td>
<td>0.9g</td>
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<tr>
<td>Fat</td>
<td>21.2g</td>
<td>5.3g</td>
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<tr>
<td>(of which saturates)</td>
<td>10.0g</td>
<td>2.5g</td>
</tr>
<tr>
<td>Fibre</td>
<td>4.4g</td>
<td>1.1g</td>
</tr>
<tr>
<td>Salt</td>
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</table>

stoke.gov.uk

City of Stoke-on-Trent
What the impact has been

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Energy</strong></td>
<td>1566KJ</td>
<td>392KJ</td>
</tr>
<tr>
<td></td>
<td>(373kcal)</td>
<td>(93kcal)</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>26.7g</td>
<td>6.7g</td>
</tr>
<tr>
<td><strong>Carbohydrate</strong></td>
<td>36.7g</td>
<td>9.2g</td>
</tr>
<tr>
<td>(of which sugars)</td>
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</tr>
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<td><strong>Fat</strong></td>
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<td>2.9g</td>
</tr>
<tr>
<td>(of which saturates)</td>
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<td>0.6g</td>
</tr>
<tr>
<td><strong>Fibre</strong></td>
<td>7.5g</td>
<td></td>
</tr>
<tr>
<td><strong>salt</strong></td>
<td>112.2g</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Per serving</th>
<th>Per 100g</th>
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</thead>
<tbody>
<tr>
<td><strong>Energy</strong></td>
<td>1759KJ</td>
<td>440KJ</td>
</tr>
<tr>
<td></td>
<td>(419kcal)</td>
<td>(105kcal)</td>
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<tr>
<td><strong>Protein</strong></td>
<td>31.8g</td>
<td>8.0g</td>
</tr>
<tr>
<td><strong>Carbohydrate</strong></td>
<td>39.2g</td>
<td>9.8g</td>
</tr>
<tr>
<td>(of which sugars)</td>
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</tbody>
</table>
A healthy diet is all about getting the right balance of nutrients – not too much of some and enough of others. Sometimes that can be difficult to work out when you are thinking about what to cook for dinner or put in a lunch box and more concerned about whether it will taste good!

On Tesco products you can find the nutrition information for energy (Calories) and the main nutrients that you need to keep an eye on: sugar, fat, saturates and salt. We also provide the percentage of the Guideline Daily Amount (GDA) for a typical adult.

The top figure in the boxes above shows the amounts of calories, sugar, fat, saturates, fat and salt in one serving. The figure underneath shows the percentages of the guideline daily amounts (GDAs) from one serving.

What are Guideline Daily Amounts (GDAs)?
Guideline Daily Amounts (GDAs) are a guide to the amounts of calories, sugar, fat, saturated fat and salt you should try not to exceed every day to have a healthy balanced diet.

Remember that GDAs are only guidelines, not targets. They’re not the same for everyone. For example, they’re higher for active men and lower for inactive women and children.

How to balance your diet?
You don’t have to add up all the percentage GDAs - but you can use them to make better choices.
All the information is per portion so is based on what you will actually eat - use the percentage GDAs to compare products and pick the one that’s lower in one or more of the nutrients. If in doubt, compare Calories.

If you are not sure what to compare with then choose a percentage level to keep below for products such as 20% for snacks - it doesn’t mean you shouldn’t go above that ever but you should eat the higher products less often.

If you would like further information and advice on food labelling just visit our Pharmacy team who will be happy to help you.
Thank you for listening!

sarah.higgins@staffs.ac.uk
From Ideas to Action: Update & Moving Forward

The Cultural Sisters & Letting in the Light

Deb Rogers
Who we are

• The Cultural Sisters and Letting in the Light are two participatory arts organisations with a focus on Arts and Health that are based at the Arts Stop Stoke
• We engage with all people using creative processes to explore and learn about health and wellbeing issues
How we found out about health literacy

• Meeting in 2014
• Interested in people’s health & wellbeing
• Sharing that knowledge
• Embedding it into our project development
• Enabling people to help each other and themselves
What we have done

"Note to Self"
ALWAYS BE HAPPY IN YOUR SELF
What the impact has been
What’s next?
Health Literacy: what is it and what should we do about it?

Dr Joanne Protheroe
West Gorton Medical Centre
Content

1. What is Health Literacy?
2. Why is it important?
3. How big is the ‘problem’?
4. What can we do?
1. 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
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
Literacy is context and content specific.

More accurate to talk about literacies for example: financial literacy, Media literacy, IT literacy and health literacy.
2. Why is it important?

• Has been shown to have an effect on:
  – Health knowledge
  – Self-care skills
  – Health attitudes and beliefs
  – Health behaviours
  – Global health outcomes
Logic model

Berkman et al, 2011
Health Literacy Level

Knowledge and Accurate Risk Perception

Attitudes
Social Norms
Self-efficacy

Skills:
- Take Medications
- Self-monitoring
- Recognize Emergency
- Seek Additional Health Information
- Access Care

Support from Provider/Joint Decision Making

Intent for Health Behavior

Initiation of Health Behavior

Adherence to Health Behavior

Use of Health Care Services:
- Emergency Room Visits
- Office Visits
- Hospitalization
- Prevention

Resources:
- Ability to Pay
- Access to Care

Health Outcomes:
- Disease
- Disease Severity
- Quality of Life
- Death
Knowledge and Accurate Risk Perception
Skills:
• Take Medications
• Self-monitoring
• Recognize Emergency
• Seek Additional Health Information
• Access care
Use of Health Care Services:
- Emergency Room Visits
- Office Visits
- Hospitalization
- Prevention

Health Outcomes:
- Disease
- Disease Severity
- Quality of Life
- Death
Health literacy affects patients’ ability to...

- discuss health information/medical concerns with healthcare providers
- engage in self-care and disease management
- navigate their way through the healthcare system
- act on medical-related information
- adopt and maintain a healthy lifestyle
Low health literacy = problems with

• Pill bottles
• Appointment slips
• Informed consents
• Discharge instructions
• Patient/health education materials
Mismatched communication

<table>
<thead>
<tr>
<th>Provider process</th>
<th>Giving information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient process</td>
<td>Understanding, remembering, and acting on information</td>
</tr>
</tbody>
</table>
Radiology – Ultrasound
Burns Unit
Endoscopy Unit
Chapel
Wards A to S
Acute Assessment Unit
Blood Tests
Urology Investigations
Variability in the Message...

Take one tablet orally once every day.

Take one pill by mouth once each day.

53 Different Ways to Say ‘Take 1 Tablet a Day’

Take one tablet by mouth once daily

Take one tablet for cholesterol.

Take one pill by mouth at bedtime

Take one pill by mouth nightly.

Bailey et al., Annals of Pharmacotherapy, 2009
What we know

- Use of preventive services
- Delayed diagnoses
- Understanding of medical condition
- Adherence to medical instructions
- Self-management skills
- Risk of hospitalisation
- Physical and mental health
- Mortality risk

1800+ studies
Increased risk of mortality in a UK study:

‘After adjusting for personal characteristics, socioeconomic position, baseline health, and health behaviours, the hazard ratio for all cause mortality for participants with low health literacy was 1.40’
3. How big is the ‘problem’?

- In England
- In Stoke
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
Regional Picture

Text (literacy) component of health materials: National average below threshold 43%

Text (literacy) AND numeracy component of health materials: National average below threshold 61%
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
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

Protheroe J et al; Health Expectations, 2016
Patient leaflets in GP surgeries in Stoke-on-Trent

- One example of all PIL in 17 random surgeries was collected
- Examined readability and content

Results

- Less than 25% of PILs meet recommended reading level
- Majority would be too complex for 43% of population
- Less than 10% of the PILs covered managing illness:
  (including chronic disease, eg diabetes; or health promotion, eg healthy diet and lifestyle)

Protheroe J, Estacio E et al; BJGP 2015
Health literacy is important because.

- Significant impact on morbidity and mortality

- Low health literacy central to health inequities
  - (marginalised groups, low SE and low education most at risk)
4. What can we do about it?
   - in Stoke

- Raise Awareness
- Develop a local strategy
- Action planning
Questions?

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09:24 BBC BREAKFAST

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