



# Health *Literacy*

COMMUNICATION TRAINING

# RESOURCES



**PARTICIPATION**



# Health Literacy

A F A C T S H E E T



## What is Health Literacy?

### THE WORLD HEALTH ORGANIZATION (WHO) DEFINES HEALTH LITERACY AS:

"[...] linked to literacy and entails people's knowledge, motivation and competencies to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course."

*(WHO Europe, The Solid Facts: Health Literacy, 2013)*

## Health literacy in international and local policy...

### WHO EUROPE

The WHO (Europe Region) has launched a **roadmap** to help guide the development of health literacy across Europe.

The **WHO European Healthy Cities Network** has made health literacy a critical area of work as part of the next phase of its work (Phase VII, 2019-2024). As a member of this network, Belfast will continue to work on developing an awareness of health literacy.

### NORTHERN IRELAND

There is a NI government commitment to health literacy through the Department of Health's Whole System Framework - **Making Life Better**.

Health literacy has been identified as an area of importance through community planning process at local council level.

## Making it simpler...

what does this all mean for me?

Put simply, health literacy is about the communication and understanding of information that impacts on your health.

When we talk about health literacy, we are talking about everything from written health information leaflets or posters, the signage and buildings.



# Checklist:

## Written communication

### What should good written health information look like?

Communication is central to promoting messages on the wider public health agenda. Key principles and guidelines for writing and assessing written health communications include:

#### Key points for improving the comprehensibility of written health information:

1. Use person-friendly educational materials and drawings
2. Identify the intended users
3. Use pre- and post-tests to test written material
4. Limit the number of messages
5. Use plain language and make it easy to read
6. Focus on behaviour
7. Supplement with pictures

#### Guidelines when developing written information for people with low health literacy

|   |   |
|---|---|
| <b>A: Intended use of the information</b> | <b>Is the purpose of the material clear?</b> <ul style="list-style-type: none"><li>• What is the overarching health message?</li><li>• Why is this message important?</li></ul> <b>Where is the purpose made clear?</b> <ul style="list-style-type: none"><li>• In the headline</li><li>• At the start</li><li>• In the body of the text</li><li>• At the end</li></ul> |
| <b>B: Nature of the Information</b>       | <b>How many messages are included in the information?</b> <p>The tone of the information:</p> <ul style="list-style-type: none"><li>• Is the active voice being used?</li><li>• Does the information focus on an individual's behaviour?</li><li>• Is the message positive, focusing on what a person can do?</li></ul>   |
| <b>C: Presentation of the Information</b> | Consider the following: <ul style="list-style-type: none"><li>• Font style and size</li><li>• Use of plain text</li><li>• Length of sentences</li><li>• Use of jargon or plain language</li></ul>   |

|  |  |
|--|--|
| <p><b>D: Order of information:</b></p>   | <p>Does the information follow a logical order?</p> <ul style="list-style-type: none"> <li>• Are instructions written in the order they are expected to be carried out?</li> <li>• Are headings and bullet points used?</li> <li>• Are key points highlighted and repeated throughout?</li> <li>• Is information grouped into smaller, meaningful sections?</li> </ul> |
| <p><b>E: Use of pictures:</b></p>  | <ul style="list-style-type: none"> <li>• Are images relevant to text information?</li> <li>• Are images representative of the whole community?</li> <li>• Are the graphs, tables and charts presented in their simplest form and linked to relevant text?</li> </ul>   |
| <p><b>F: Use the active voice</b></p>  | <p>voice 'We will send a report to your doctor.'<br/>(active)</p> <p>...</p> <p>'A report will be sent to your doctor.'<br/>(passive)</p>  |
| <p><b>G: Use short sentences</b></p>   | <p>A good average sentence length is 15 words.</p> <p>Use shorter sentences to support understanding.</p> <p>Sentences should have a maximum of three items of information.</p>  |
| <p><b>H: Use plain English</b></p>   | <p>Neuralgia which accompanies fractures of the fibula indicates the advisability of administering an analgesic</p> <p>...</p> <p>Giving pain relief to a person with a broken leg helps make them more comfortable</p>  |
| <p><b>I: Instructions should be written in the order they happen, using bullet point</b></p> | <p>Take tablets twice daily on an empty stomach</p> <p>...</p> <p>Take one pill in the morning before breakfast</p> <p>And one pill in the evening before dinner</p>   |

# Roleplay

A 25-year-old woman named Sarah visits a clinic for a routine check-up. After an examination, the doctor informs her that she has developed hypertension and will need to start antihypertensive medication. The doctor explains that the medication should help lower her systolic blood pressure, and she should also monitor her BP regularly at home. The doctor uses terms like diuretics, ACE inhibitors, and electrolyte imbalances, which confuse Sarah. She nods politely but leaves the clinic without fully understanding the information. A week later, Sarah does not start the medication or monitor her blood pressure.

## Roleplay instruction

Try to place yourself as a patient with limited health literacy:

- When the doctor explains that they told you, that you need to check your blood pressure and take your medication as prescribed, then your reaction is: *"if nobody in the clinic has time to check my blood pressure, why should I do it?"* You did not understand the need to continue to check your blood pressure and take medication, therefore your symptoms worsened.
- You find it difficult to understand what the doctor tells you. You try to hide this by giving short answers. You don't ask many questions.
- When the doctor uses clear communication strategies, you say it is easier to understand information.
- **Right application of teach back:** If the doctor states they want to be sure they have provided the right explanation; you say in your own words what you understood.
- **Wrong application of teach back:** if the GP says they want to check if you understood the information you react with a sense of shame as you feel that you are being tested.

## Why Sarah is confused:

### 1. Lack of Health Literacy:

- Health literacy refers to a person's ability to understand and process health information to make informed decisions. Sarah may not fully grasp medical terms like **systolic**, **diuretics**, or **electrolyte imbalances** because these terms are unfamiliar and technical.

### 2. Overwhelming Medical Jargon:

- Medical professionals often use terms that are not part of everyday conversation, assuming patients understand them. In this case, terms like **ACE inhibitors** (a type of medication) or **diuretics** (medications that help the body get rid of excess salt and water) may sound complex to someone without a medical background.

### 3. Lack of Clear Communication:

- The doctor didn't simplify or clarify the medical jargon. For instance, instead of saying "systolic blood pressure," the doctor could have said "the top number on your blood pressure reading." Without clear definitions, Sarah cannot make informed decisions about her treatment.

### 4. Absence of Engagement and Confirmation:

- The doctor didn't confirm whether Sarah understood the information. Asking her, "What questions do you have?" or "So I know that I have given you the correct information, can you explain what I just said in your own words?" might have helped identify the gaps in understanding. Without this engagement, Sarah might feel too intimidated to ask for clarification, leaving her unsure.

## **The Importance of Health Literacy:**

### **1. Improves Health Outcomes:**

- People who understand their condition and treatment options are more likely to follow medical advice, leading to better health outcomes. In Sarah's case, starting antihypertensive medication could prevent further complications such as heart disease or stroke.

### **2. Empowerment in Decision-Making:**

- Health literacy empowers people to take an active role in their health. If Sarah had a better understanding of hypertension and the consequences of not managing it, she might have felt more motivated to follow her doctor's instructions.

### **3. Reduces Health Disparities:**

- People with limited health literacy may be at greater risk of experiencing negative health outcomes. Ensuring people fully comprehend their diagnosis and treatment can help bridge health disparities, particularly for younger adults who may lack experience with healthcare.

In this scenario, Sarah's confusion and failure to act stem from a lack of health literacy, unclear communication, and an overwhelming use of technical terms. Better communication, simplified language, and engaging Sarah in understanding her health information would likely have improved her response and overall care.

## Checklist for observer

| Name of observer:  |     |            |    |          |
|--|-----|------------|----|----------|
| Communication to enhance functional health literacy.   | Yes | Some Times | No | Comments |
| <p><b>Recognise informal indicators of low health literacy:</b><br/>E.g. missed appointments, incomplete information, and excuses</p>  |     |            |    |          |
| <p><b>Gathering information from person with low health literacy:</b></p> <ul style="list-style-type: none"> <li>- <b>Active listening:</b><br/>E.g. eye contact, interest, clarifying questions</li> <li>- <b>Observing non-verbal communication:</b><br/>E.g. facial expression, posture, movements, skin colour etc.</li> <li>- <b>Ask open questions and encourage person to ask questions:</b><br/>e.g. person's prior knowledge, beliefs and worries</li> <li>- <b>Ask questions to identify low health literacy:</b><br/>E.g. "How often do you need to have someone help you when you read pamphlets or instructions for health information?"</li> </ul> |     |            |    |          |
| <p><b>Providing information to person with low health literacy:</b></p> <ul style="list-style-type: none"> <li>- <b>Clear communication:</b><br/>E.g. plain language, avoiding jargon, prioritise information</li> <li>- <b>Teach back:</b><br/>Ask the person in a respectful manner to repeat in their own words what they need to know or do. Re-teach information.</li> </ul>  |     |            |    |          |

# Group Exercise

## Critical Health Literacy Scenario

Westpark is a neighbourhood in a medium size city, with a resident population of about 1,500 people. It is an area of high socioeconomic deprivation. Moreover, there has been little investment, beyond essential maintenance, in the physical environment for a number of years. Residents complain about poor housing quality, poorly maintained public spaces and anti social behaviour in the large empty areas that have been left by housing demolition.

Housing in the area consists of 300 terraced houses and a number of apartment or maisonette blocks. The area has lost popularity and some apartment blocks and terraces have been demolished. About 100 existing units are vacant and many are boarded up. Over 80% of units are social housing.

There is a community centre and a corner shop within the neighbourhood. Westpark is situated beside one of the main arterial routes into the city centre and public transport is provided with a regular bus service. Within the neighbourhood, there is a network of footpaths, including informal shortcuts, but damage to lighting and concerns about anti social behaviour discourage people from walking outside after dark. The main road through the neighbourhood is used as a rat run between arterial routes, especially in rush hour. Less than 20% of households own a car.

A greater percentage of residents in Westpark are in the 0-15 and 65+ age groups than the city average. Only one in ten households have two people in employment. Many adults have been economically inactive for many years and are reliant on benefits. Over half of the population report a long term limiting illness or poor health.

## Proposal

There is a proposal to regenerate the neighbourhood, with the aim of improving housing quality, improving public space and making the neighbourhood more attractive to new residents. A key element of the proposal is to sell off vacant land for private housing development, and there is also an option to demolish some existing terraces, to make way for private housing (apartment blocks, townhouses or semi detached housing). The proposal includes retail development of up to 10 units.

The majority of existing residents will be accommodated in the new development, but some households may involve a change of housing type, eg. moving from a flat to a house or vice versa. During the regeneration work, planned to be undertaken in two phases, residents will need to be accommodated elsewhere for up to a year.



**Question 2 – Might the proposal have specific impacts on the following population groups?**

- People on low incomes
- Lone parents
- People living alone
- Older people
- Children and young people
- Migrants

Discuss and highlight some potentially different impacts on these groups. It may be useful to record these by population group.

| Potential positive impacts | Potential negative impacts |
|----------------------------|----------------------------|
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## **Question 4: Group Reflection and Discussion**

Ask:

- What surprised you during this activity?
- How can you apply a critical health literacy lens to your role?
- What small actions can your organisation take to embed this thinking into daily practice?

# Health Literacy Action Plan

Considering the role of your organisation in supporting and developing health literacy, complete the action plan, identifying actions needed to embed health literacy across your organisation.

## 1. Background

What is the reason for this action plan? How does it fit within existing policy and procedures?

## 2. Objective

What objectives are formulated?

## 3. End result

What end result is to be expected?

## 4. Improvements and activities

What concrete improvements do you want to see? What actions need to be carried out? Who is carrying out the actions? By what date are they to be finalised?

| Improvement | Actions | By whom | Date |
|-------------|---------|---------|------|
|             |         |         |      |
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## 5. Resources

What resources are needed to undertake the action plan? E.g. personnel, materials, finances, time.

## 6. Evaluation

How and when is the action plan evaluated?

# Appendix

## Guidance notes for evaluating and recording case-studies on health literacy

Health literacy is a core theme for Belfast as a member of Phase VII (2019-2025) of the WHO European Healthy Cities Network. A health literacy working group was established and tasked with developing a health literacy project in Belfast.

Recognising that elements of existing initiatives in the city include aspects of health literacy, these guidance notes outline a method to record information from such initiatives and to identify how they contribute to the concept of health literacy. Completing this case study template will increase awareness of elements of health literacy within existing initiatives. The case studies will be collated in an online resource to provide a bank of information to aid replication through the adoption of models of work, influencing future work to enhance health literacy.

Please read the guidance notes carefully before completing the template.

| Case study details                                      |  |
|---|--|
| <b>Name</b>   | Project name and organisation name   |
| <b>Date</b>   | Start and end date, within last 5 years or a good example of health literacy   |
| <b>Geography</b>  | City, community, geographical area   |
| <b>KEY WORDS</b>  | Catchment area, size, population, community level, target group  |
| Context of initiation                                   |  |
| <b>Aim, background to group, what happened, mandate</b> | Outline the health literacy baseline; identify the issue e.g. a lack of knowledge of services. This information is important for context of the case study and for replication. What is the mandate for the project? If no mandate exists, then project may not be developed or sustained. |
| <b>Context of community or target group</b>             | Provide background information on group, level of deprivation (use NINIS statistics if applicable) size of the population, area and socio-economic details; information on the process and things to consider when delivering the project.   |

|   |   |
|---|---|
| <b>Influences on case study</b>                             | Refer to any local, regional, national or international model or project that influenced the design of the case study.  |
| <b>Policy and other problems</b>                            | <p>Outline any policy related problems or issues related to the topic the project is addressing. What mandate or prioritisation issue is linked to the work; is it a personal interest or being signed up through statutory agencies? Is health literacy a priority?</p> <p>Mention any non-controllable aspects of the project, or system / policy related problems that cannot change or health literacy will have no effect on.</p>  |
| <b>Prior experience with health literacy across sectors</b> | Include information on project partner's prior experience of working with the concept of health literacy across sectors. If the case study has no prior experience of health literacy this should be noted, experience of a community development approach and knowledge of the social model of health may be recorded, if applicable.  |
| <b>Concept of health and health literacy</b>                | <p>The World Health Organization defines health literacy as 'linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course' (Health Literacy: The Solid Facts, WHO Europe 2013).</p> <p>Is there awareness of the definition of health literacy or concept being used?</p> |
| <b>Context of project implementation</b>                    |   |
| <b>Prioritisation of issue</b>                              | What prioritisation has been given to project?<br>WHO priority, government or organisational policy?  |
| <b>Formal processes</b>                                     | <p>Please detail:</p> <ul style="list-style-type: none"> <li>• The community / voluntary, statutory agency or funders involved</li> <li>• The formal reporting and management structure of the project</li> <li>• The steering group members or management committee</li> <li>• If a tendering / commissioning process was used</li> <li>• Any tool or formal process used E.g. Patient decision making aid</li> </ul>  |
| <b>Availability of resources</b>                            | Outline the resources needed to deliver the project: money, human resources, promotional material etc.  |

|   |  |
|---|--|
| <b>Capacity-building activities</b>                     | Outline any capacity building activities which took place during the programme. Provide specific information on who benefited from capacity building. Please include if there is evidence the project improved health literacy with the target group, health professionals or those who delivered the project. |
| <b>Social mechanisms, i.e. activities &amp; actions</b> | Outline the social mechanisms that took place as part of the programme such as activities or actions; the reasons they were chosen and the impact they had on the delivery and success of the case study.  |
| <b>Main outcomes</b>                                    |  |
| <b>Acceptability</b>                                    | What made the project acceptable to partners, and to participants? Links should be drawn to the context section to show any change in the community involved.  |
| <b>Feasibility</b>                                      | What made the project feasible in terms of implementing it - within lead organisation/implementing organisation and for participants?  |
| <b>Sustainability</b>                                   | Is the project sustainable? What made this possible? While the potential for sustainability is increased by factors contributing towards acceptability and feasibility, they do not necessarily guarantee sustainability.  |
| <b>Other comments/ information</b>                      | Comment on any aspect of the case study; challenges, key success factors or points not considered prior to commencing that had an impact.  |
| <b>Headline message(s)</b>                              | Provide a key message or one line to sum up project or learning from it. Would you do this again? Why should I do it/ not do it?   |
| <b>Evaluation</b>                                       | Please outline evaluation process, measurable outcomes or findings from any formal or informal evaluation conducted.   |
| <b>Further Information</b>                              | Provide links to any website, relevant report or related strategy.<br><br>WHO The Solid Facts: Health Literacy: <a href="http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf">http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf</a>  |

For further information please contact Belfast Healthy Cities:  
[info@belfasthealthycities.com](mailto:info@belfasthealthycities.com)

# Evaluation

|              |   |
|--------------|---|
| Workshop:    | <b>Health Literacy Communication Training</b> |
| Date:        |   |
| Facilitator: |   |

|               |  |
|---------------|--|
| Your name:    |  |
| Organisation: |  |
| Contact email |  |

## Training Feedback

| How satisfied were you with:                 | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied |
|--|----------------|-----------|---------|--------------|-------------------|
| Training content                             |                |           |         |              |                   |
| Training pace                                |                |           |         |              |                   |
| Materials/ Resources provided                |                |           |         |              |                   |
| Please explain why you selected this option: |                |           |         |              |                   |

## Training Outcomes

| To what extent do you agree that the training:                                | Strongly agree | Agree | Neither | Disagree | Strongly disagree |
|---|----------------|-------|---------|----------|-------------------|
| Increased my understanding & knowledge of Health Literacy                     |                |       |         |          |                   |
| Has given me tools and information that I can use in my organisation or group |                |       |         |          |                   |
| Please explain why you selected this option:                                  |                |       |         |          |                   |

If possible, please provide specific examples of key learnings, and/or how you will incorporate learning into your work:

|  |
|--|
|  |
|--|

On a scale of 0 to 10, how likely are you to recommend BHC training to a friend or colleague?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

**Please provide any additional comments or provide a testimonial that would encourage others to attend:**

|  |
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|  |
|--|

Thank you.

# Further reading:

- Always Use Teach Back <https://teachbacktraining.org/>
- Ask Me Three Information Card - [https://www.belfasthealthycities.com/wp-content/uploads/2024/04/4-Three-HL-Questions\\_Postcard.pdf](https://www.belfasthealthycities.com/wp-content/uploads/2024/04/4-Three-HL-Questions_Postcard.pdf)
- Belfast Healthy Cities, What is Health Literacy? Fact Sheet
- Health Literacy Toolkit 2nd Edition, 2023, NHS - <https://library.nhs.uk/wp-content/uploads/sites/4/2023/06/Health-Literacy-Toolkit.pdf>
- Health Literacy Toolkit, Northern Health and Social Care Trust - <https://northerntrust-hscni.pagetiger.com/healthliteracytoolkit/health-literacy-toolkit>
- Joined up Care Derbyshire <https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/health-literacy/>
- Positive Outcomes of a Comprehensive Health Literacy Communication Training for Health Professionals in Three European Countries: A Multi-centre Pre-post Intervention Study. Kaper, S, McCusker, A et al (2019) <https://pubmed.ncbi.nlm.nih.gov/31619010/>
- Scottish Government – The Healthy Literay Place <https://www.healthliteracyplace.org.uk/>
- World Health Organization (2021) COP26 Special Report on Climate Change and Health: The Healthy Argument for Climate Change <https://www.who.int/publications/i/item/9789240036727>
- World Health Organization (2023) A guide to tailoring health programmes: using behavioural and cultural insights to tailor health policies, services and communications to the needs and circumstances of people and communities <https://www.who.int/europe/publications/i/item/9789289058919>