Belfast
A World Health Organization
Healthy City

Health *Literacy*

COMMUNICATION TRAINING

TRAINING MANUAL

2025

Healthy Cities 21st Century

PARTICIPATION

Belfast Healthy Cities is a partnership organisation providing a platform for intersectoral collaboration to improve health and wellbeing for the Belfast population. Belfast has been a leading city within the World Health Organization (WHO) European Healthy Cities Network since 1988. A key role for Belfast Healthy Cities is to support partners in the city by providing evidence, capacity building and piloting new approaches and ways of working to improve health and wellbeing and reduce health inequalities. Belfast Healthy Cities Health Literacy programme recognises the existing work in this area and will support a joined up and integrated approach that promotes stakeholder collaboration in the design, delivery and implementation of Health Literacy Projects.


PEOPLE
PLACE
PARTICIPATION
PROSPERITY
PEACE
PLANET
Sustainable Development
Urban Development
Social Development
Human Development
Economic Governance
EQUITY
GOVERNANCE
Health & Well-Being

Foreword

Clear and effective communication is the cornerstone of good health. Health literacy – the ability to access, understand, evaluate, and use health information - empowers individuals, families, and communities to make informed decisions about their wellbeing. It is a vital tool in reducing health inequalities and advancing both local and global health goals.

Making Life Better the public health framework for Northern Ireland, recognises the critical role of health literacy in improving outcomes across our population. Strengthening health literacy is not only a public health priority; it is a shared responsibility that calls for strong leadership, collaboration, and capacity building at every level.

This ***Health Literacy Communication Training***, led by Belfast Healthy Cities, a leading member of the WHO European Healthy Cities Network, is a key step in developing that capacity. By equipping trainers with the skills and knowledge to promote health literacy, we create a ripple effect - building health literate organisations that support people through clear communication on health information, informed and engaged citizens, and ultimately healthier communities. As a professional delivering a health message, it is important to remember what is it like to be on the receiving end of the message and ensure services are provided which tailor our language accordingly.

As we work together to deliver our vision for a healthier Northern Ireland, I encourage you to consider your role as a champion of health literacy in your organisations and communities. Your leadership will help ensure that everyone, regardless of background or circumstance, has the opportunity to live a healthier life.

Prof Sir Michael McBride

Chief Medical Officer
Department of Health, Northern Ireland

Preface

Health literacy is more than just the ability to read and understand health information – it is a foundational element of health promotion and a critical tool in addressing health inequalities. In an increasingly complex health landscape, where people are encouraged to make informed decisions about their health, the ability to access, understand, appraise and use health information effectively has never been more important.

As a proud member of WHO European Healthy Cities Network, Belfast is committed to embedding health literacy within our policies, services, and communities. The city's participation in the Healthy Cities Network reinforces this commitment, placing health literacy at the heart of our ambition to create a fairer, healthier city for all.

WHO Health Literacy Roadmap encompasses policy, organisations, people, and community, providing a clear framework for action. Turning strategy into practice requires knowledge, skills, and confidence across all sectors and roles. This training programme is both timely and essential. It offers a practical opportunity to build on existing awareness, strengthen capacity, and ensure that health literacy is not an isolated initiative, but integrated into everyday practice.

This programme also aligns with wider global and national priorities – including the prevention of non-communicable diseases (NCDs), achievement of the Sustainable Development Goals (SDGs), the WHO Health Literacy Roadmap, NICE guidance, and the principles of shared decision-making (SDM).

By improving how we communicate, engage, and design our services, from signage and websites to conversations and clinical tools, we can empower individuals and communities, tackle health inequalities, and build a more inclusive health system.

We are grateful to the many individuals and organisations who have supported the development of this training, in particular members of Belfast Healthy Cities Health Literacy Working Group whose leadership and insight has been instrumental, chaired by Dr Bernadette Cullen, and supported by Dr Karen Casson and Anne McCusker. This programme is inspired by the work of Dr Marise Kaper, University Medical Center Groningen, University of Groningen, Netherland.

This is an opportunity to change not just how we work, but the outcomes we help create. We thank you for your commitment to making health literacy a shared responsibility.

Charlene Brooks
Chief Executive Officer
Belfast Healthy Cities

Contents

Introduction

Health literacy goes beyond health education and considers a person's ability to identify relevant health information, at a time it is needed, engage with services at the right time in the right way and have the confidence to make shared decisions that affect their health. Adequate health literacy skills enable and empower people to live a healthy life, understand and manage their health and be able to access and appraise health information. Health and other professionals play a critical role in facilitating this.

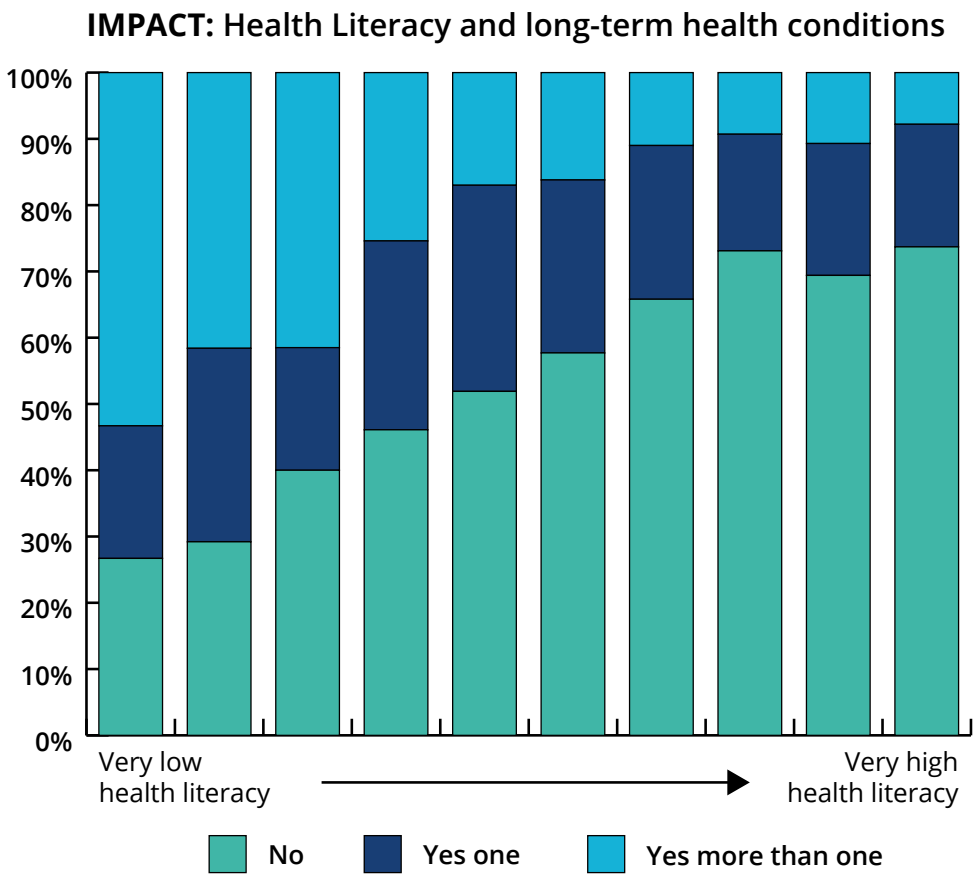
Professionals working across health and social care, along with those in local government, who administer and deliver services and those in the voluntary and community sectors can help reduce the negative impact of low levels of health literacy, by considering health literacy in their communication. Effective communication between people and professionals is associated with improved health outcomes, and contributes to higher and more effective levels of engagement, participation and self-management. The consideration of a health literate approach across organisations, includes the development of health literacy skills among health and other professionals and is increasingly being recognised as an important element in the delivery of services.

According to the most recent European Health Literacy Survey[1] levels of health literacy among the populations of eight European countries, displayed either problematic or inadequate levels of health literacy in nearly 50% of respondents. In turn, people with limited health literacy frequently;

- **have poorer knowledge about health in general**
- **experience more difficulties in the self-management of illnesses and long-term conditions**
- **are less likely to avail of services**
- **tend to have higher rates of admission to hospital**

1. Kristine Sørensen et al, 'Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU)', in European Journal of Public Health, Vol. 25, No. 6 (April 2015), pp. 1053-1058. DOI: 10.1093/eurpub/ckv043

Figure 1: EU HLQ[2]



Health literacy is increasingly important in policy development and to support delivery of non-communicable disease agenda and for service delivery. Belfast as a member of WHO European Healthy Cities Network continues to highlight health literacy as a priority within Phase VII (2019-2025) and Phase VIII (2026-2030) programmes. WHO Europe adopted ***WHO European roadmap for implementation of health literacy initiatives through the life course*** at the 69[3] Regional Committee for Europe. In Northern Ireland it is highlighted by the Department of Health within ***Making Life Better A whole system framework for public health***[4], at local government level within community planning partnerships.

2. Comparative Report on Health Literacy in Eight EU Member States (Second Edition and Revised Version) https://oepgk.at/website2023/wp-content/uploads/2012/10/neu-rev-hls-eu-report-2015-05-13-lit.pdf
3. WHO Europe (2019) WHO European roadmap for implementation of health literacy initiatives through the life course https://www.who.int/europe/publications/i/item/EUR-RC69-14Rev.1
4. Department of Health (2013) Making Life Better: A whole system framework for public health (2013-23) https://www.health-ni.gov.uk/topics/health-policy/making-life-better

This training programme aims to increase awareness of the importance of health literacy communication skills and knowledge among professionals. For organisations who consider the needs of people receiving information and services which affect their health, health literacy has become paramount. This programme has been developed following a review of the delivery of the 'IROHLA: Health Literacy Focused Communication Training' across Northern Ireland in 2019 and a desk top review of health literacy training programmes delivered in Europe and the United States.

Purpose of training

This training programme aims to increase understanding of health literacy among professionals in health, local government, community and voluntary, housing and to support professionals and organisations to consider health literacy challenges in the information they provide as well as in services commissioned and delivered.

The overarching aims of this training is to:

1. **Increase professional's awareness of health literacy and the benefit it brings in communicating with service users and providing health information**

2. **Provide organisations with the tools and resources to implement a health literate approach across their organisation in written and spoken information**

Structure of the training

The training is divided into 4 modules:

1. **Introduction to Health Literacy**

2. **Health Literacy in Practice: Written Communication**

3. **Health Literacy in Practice: Spoken Communication**

4. **Critical Health Literacy**

General Guidance for the facilitator

Duration of the training

The training programme has been developed in a flexible way and can be delivered as four individual complimentary modules or together over one day.

Audience

The Health Literacy Communication Training is designed for professionals who are involved in any aspect of a person's health and wellbeing; that is to include, health and social care professionals, as well as those working in housing, local government and the voluntary and community sectors.

While the makeup of each group is dependent on each organisation, it is anticipated that professionals from different areas of work within the same organisation will take part in the training sessions. This will facilitate the sharing of knowledge, understanding and experience from a range of perspectives.

Training Module components

Each training module is outlined in an individual chapter and consists of the following components:

- **Time Schedule**
- **Learning Objectives**
- **Key Messages**
- **Supporting materials and resources for facilitators**
- **Additional reading for participants**
- **Handouts**
- **Group Activities**

Action Plan

An action plan template is provided to enable organisation specific priorities to be identified, to take forward the learning from this training and implement a health literacy approach to support the organisation's needs.

The appendices to this training manual include:

- **Further reading sources**
- **Resources and Handouts**
- **Course Evaluation Forms**

Overview of the training

1 MODULE

ONE HOUR SESSION

Introduction to Health Literacy

Module one will provide participants with an understanding of health literacy as a concept, the role it plays in policy in Northern Ireland and across WHO Europe, explaining why the issue is important to consider. This session will include a brief discussion around the relationship between health literacy and health inequalities.

MODULE OUTLINE:

- **What is Health Literacy?**
- **The Policy Context in Northern Ireland and WHO Europe**
- **Why is health literacy important?**
- **The link between health literacy and health inequalities**

2
MODULE

ONE HOUR SESSION

Health Literacy in Practice: Written Communication

Module two will explore methods of written communication including: posters and leaflets, social media, prescription labels and instructions, appointment letters and guidance for developing clear written health information.

MODULE OUTLINE:

- **What does good written health information look like?**
- **Guidelines for written health information**
- **Developing written health information**
- **Review existing examples of written information**

3
MODULE

ONE HOUR SESSION

Health Literacy in Practice: Spoken Communication

Module three will explore spoken communication and consider the importance of ensuring the conversation in a way that ensures understanding on the part of the individual. This module explains how participants can use health literacy tools to aid and enhance conversation, supporting shared decision making between the professional and the individual.

MODULE OUTLINE:

- **Identifying people with low levels of health literacy**
- **Creating a person-centred environment: Gathering information**
- **Providing Information**
- **Tools for Shared Decision Making**

4

MODULE

ONE HOUR SESSION

Critical Health Literacy

Module four will explore the importance of considering health literacy within an organisation. WHO Europe roadmap outlines a whole of society approach to health literacy, considering the wider determinants of health.

MODULE OUTLINE:

- **An introduction to Critical Health Literacy**
- **Health literacy and the wider determinants of health**
- **Identify the impact your organisation can have on shaping the health choices of the people you work with**

Introduction to Health Literacy

MODULE 1

Before examining the practical tools that can be used by professionals to help people with low levels of health literacy, it is important to understand the theory that underpins why these tools are needed. This provides an understanding of health literacy as a theoretical concept, the role it plays in health policy in Northern Ireland and why it is a priority for WHO Europe. Highlighting the importance of health literacy, the relationship between health literacy and health inequalities is essential to ensuring it is included as a consideration in all work relating to health.

Learning Objectives

By the end of this training session, participants will be able to:

- Define health literacy
- Identify the key policies for health literacy in Northern Ireland and Europe
- Understand the impact of low levels of health literacy
- Understand the relationship between health literacy and health inequalities

KEY MESSAGES

1. Health literacy is related to people's ability to access, understand, appraise and apply health information to make everyday decisions about health, including services, screening and treatment options

2. Health literacy is an increasingly important component in policy in Northern Ireland and across WHO Europe

3. Professionals have an important role in supporting people with various levels of health literacy to make informed decisions about their health and wellbeing, and improve their levels of health literacy

4. Health literacy is important to consider across sectors and can support people's understanding of the impact of the wider determinants of health

5. People who currently experience inequalities may also have lower levels of health literacy

Module 1 Overview

Module Issue	Duration
1. Introduction and housekeeping	5 minutes
2. What is Health Literacy?	10 minutes
3. The Policy Context in Northern Ireland and WHO Europe	5 minutes
4. Why is health literacy important? The link between health literacy and health inequalities	35 minutes
5. Session Review	5 minutes
Total Time	**60 minutes**

1. Introduction & Housekeeping (5 minutes)

Resources for participants

- **PowerPoint Presentation**
- **What is health literacy? Factsheet**

Resources for facilitators

- **PowerPoint Presentation**
- **Video message from Chief Medical Officer, Sir Michael McBride**

Session delivery notes

The first module sets the scene, providing the context and underpinning rationale for this training. The session is designed to ensure that all participants have the same level of understanding around health literacy before moving into the practical tools that they can use in everyday communication.

Introduction

At the beginning of the training, it is important to outline the structure of the module, explaining its purpose, detailing the learning objectives.

- **What is health literacy?**
- **Is health literacy part of policy in Northern Ireland?**
- **What factors influence an individual's level of health literacy?**
- **What is the health impact for an individual with low levels of health literacy?**

Given this is the first part of either a combined one day session or the first of multiple sessions, it is also recommended that you consider offering a general introduction to the training. This introduction may include your organisations focus on health literacy and the rationale it has for introducing staff to this training.

Outline housekeeping, including any health and safety instructions of venue.

2. Defining health literacy (10 minutes)

This part of the session is concerned with the theoretical definition of health literacy. It is advisable that you start with the formal definition of health literacy and highlight the key elements of it.

The World Health Organization Europe publication Health Literacy: The Solid Facts 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."[5]

Figure 2: 3 Pillars of Health Promotion

5. WHO Europe (2013) Health Literacy: The Solid Facts (2013), available at: https://www.who.int/europe/publications/i/item/9789289000154

In 2016 the 9th Global Conference on Health Promotion identified health literacy as one of the three pillars of health promotion, along with good governance and healthy cities. The World Health Organization identifies health literacy as one of the pillars of self-care.

Health literacy in its most basic form is being aware of health messages, able to identify reliable sources of information and make a good decision for everyday health, prevention of illness and engage in screening activities. In broader terms it is also considering the wider determinants of health their impact on our lives including housing, education, income, support networks, employment opportunities and the natural and built environment. As illustrated in Figure 3 below.

Figure 3: The Settlement Health Map adapted from Barton and Grant 2006

Developing and improving an individual's health literacy level is about empowering and giving them the skills to ultimately make effective health and wellbeing decisions.

It is important when explaining the definition to emphasise the following:

- **Health literacy is not necessarily linked to a person's level of education. Therefore, being literate and numerate does not necessarily equip people with a high standard of health literacy.**
- **A well-educated person can have a limited level of health literacy and may not feel confident making decisions in a health context.**
- **A person's level of health literacy is not static but can change depending on their life and circumstances. For example a first time parent or someone in an unfamiliar and worrying situation such as a parent of a child rushed into hospital or a recent new diagnosis.**
- **While health literacy can be used as a catch all term, it is important to remember that a person's level is particular to them because their circumstances are unique to them. Addressing health literacy is about meeting individuals where they are at and helping them to access and understand health care information and the complexities of the health system.**
- **A Universal precautions approach suggests presenting information clearly helps most people**

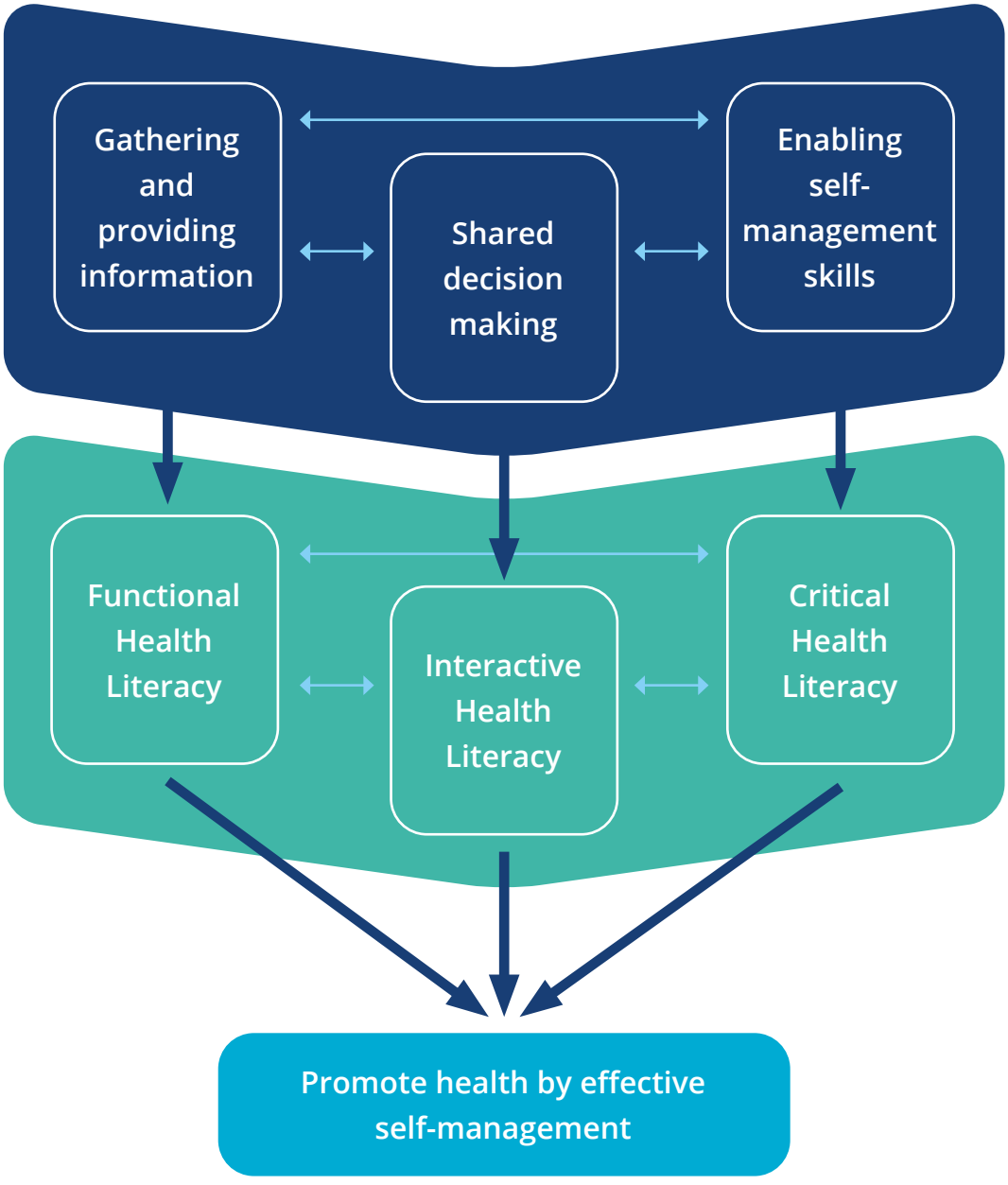
Classification of health literacy

Nutbeam (2000) classified three levels of health literacy that an individual can display. These levels are developmental in the sense that one builds on the other and can change across the lifecourse.

Health Literacy Level	Level Definition	What this actually means
Basic or Functional	The ability to read and understand information and instructions related to health	• Health information leaflets and posters • Signage in a hospital, health setting or public building • Prescription instructions • Appointment letters and texts • Communication with people and explaining information
Communicative or Interactive	The ability to be actively involved in decisions about health and care	• Spoken communication with people decisions about their health care and wellbeing including Shared Decision Making (SDM) • People's active participation in consultation and decision making
Critical	The ability to consider the impact of the wider determinants of health	• Understanding and acting on issues that have an impact on health – e.g. air quality, access to green spaces, physical activity, employment, education, housing quality and nutritional guidance • The support provided to people to develop their understanding – e.g. health inequalities or organisational health literacy audits

Adapted from Don Nutbeam, Health Literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century (2000) and Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015)

The following diagram demonstrated how the levels of health literacy are related and link to the ultimate goal of empowering individuals to make effective health care decisions.



Source © IROHLA Health Literacy Communication Training Programme

3. Health literacy in the Northern Ireland policy context (5 minutes)

The purpose of this section of the training is to briefly highlight the role that health literacy plays in policy in Northern Ireland.

The following policies highlight health literacy as an increasingly important component of policy and delivery in Northern Ireland:

- **Northern Ireland Executive, Making Life Better: A Whole System Strategic Framework for public health (2013-2023) – details the centrality of improving the health literacy levels of individuals accessing the health and social care system (Theme 3, Outcome 9)**

- **Local government Community Plans make specific reference to health literacy as central to improving health and well-being in communities: Derry and Strabane, Causeway Coast and Glens and Fermanagh and Omagh District Councils**

- **Department of Health, Medicines Optimisation Quality Framework identifies health literacy as central to providing people with better information about medicines, to support safer prescribing (Standards 1 and 2)**

- **Health and Social Care Board offered health literacy training across all the Health and Social Care Trusts to implement Making Every Contact Count (MECC) initiative in 2019**

WHO European roadmap for implementation of health literacy initiatives through the lifecourse provides guidance for national governments to develop health literacy policies at a national level to promote and strengthen health literacy within policy, community, organisations and people.[6]

6. For more detail, please see: WHO Europe, Draft WHO European roadmap for implementation of health literacy initiatives through the lifecourse (2019), available at: https://www.who.int/europe/publications/i/item/EUR-RC69-14Rev.1

4. Why is health literacy important? (35 minutes)

It is important to emphasise why health literacy is such an important issue and, ensure participants understand why it is important in their setting and the potential to support behaviour change and health outcomes.

Presentation will illustrate:

A. Prevalence of low levels of health literacy

B. The impact of having low levels of health literacy

C. The impact of improving a person's health literacy standard

A: Prevalence of low levels of health literacy

The most recent European Health Literacy Survey (EU-HLS)[7] published in 2012, included 8000 residents across 8 European countries:

Austria, Bulgaria, Germany, Greece, Spain, Ireland, Netherlands and Poland

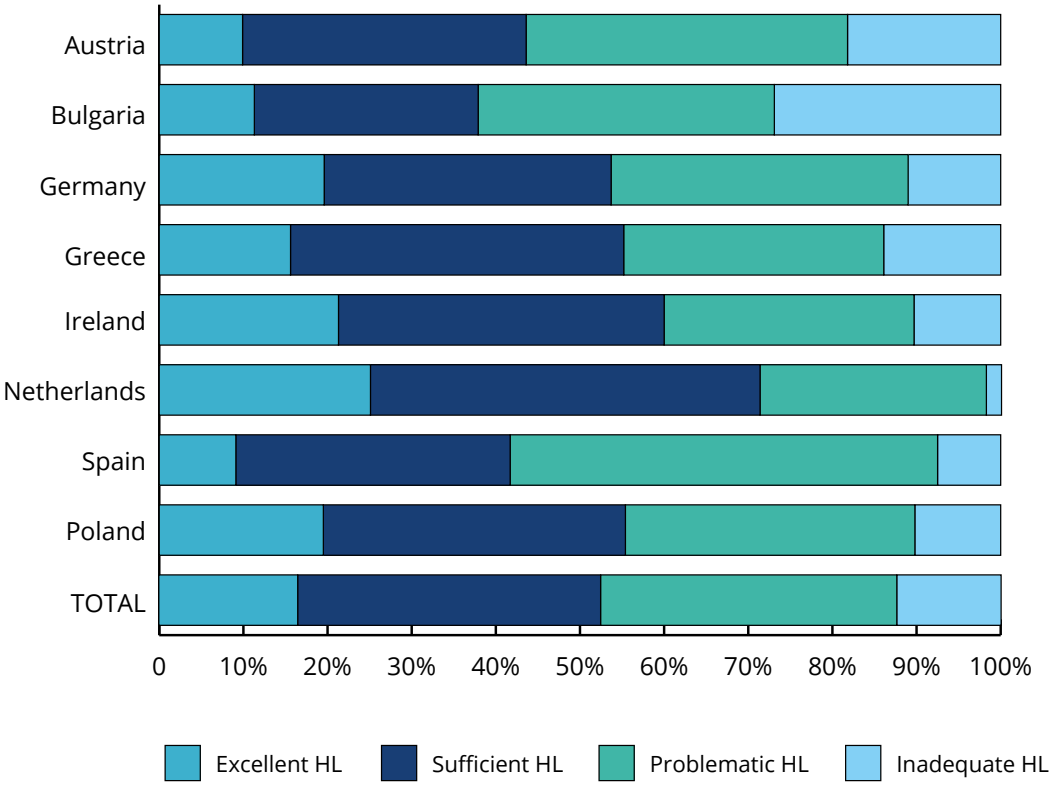
The results of the survey found 47% of people across all countries had issues with health literacy:

- **12% of people had inadequate levels of health literacy**
- **35% of people had problematic levels of health literacy**

It might be useful to highlight the findings in Ireland, as the closest representative model for Northern Ireland, where it was found that 40% of adults had a low level of health literacy, illustrated below.

7. Kristine Sørensen et al, 'Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU)', in European Journal of Public Health, Vol. 25, No. 6 (April 2015), pp. 1053-1058. DOI: 10.1093/eurpub/ckv043

Figure 4: Adult levels of health literacy



Source © European Health Literacy Survey, 2012

Note: Currently there are no specific statistics for Northern Ireland.

Having identified the scale of health literacy in Europe, it could be useful to provide some 'regional' statistics from the United Kingdom.

- **The Community Health and Learning Foundation has estimated that between 15 and 21 million people in the UK "might not have the level of skills needed to live a healthy life."** [8]
- **Research by Professor Gill Rowlands and Professor Joanne Protheroe concluded in very practical terms in England (2015):**
    - **42% of the adult population was unable to understand or make use of everyday health information, rising to 61% when numeracy skills were also required**
    - **43% of working age adults struggle to understand instructions to calculate a childhood paracetamol dose**

8. Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

The scale of low levels of health literacy is not something that is represented through broad national statistics. However, research suggests "health literacy contributes to health inequalities because the population groups most at risk of low health literacy are also known to have the poorest health outcomes." [9]

The statistics indicate that there are population groups that are most at risk of having disproportionately low or inadequate levels of health literacy. Therefore, a health literacy universal precautions approach is suggested. This requires health care and service providers to approach all people with the assumption that they are at risk of not understanding information relevant to maintaining and improving their health. People who may be at risk include:

- **More disadvantaged socioeconomic groups**
- **Migrants and people from ethnic minorities**
- **Older people**
- **People with long-term health conditions**
- **Disabled people (including those who have long-term physical, mental, intellectual or sensory impairment)**[10]

Research by Public Health England indicates that there are a range of factors that determine why these groups are more susceptible to having lower levels of health literacy.[11] Highlight in more detail relevant groups or select a number to emphasise the relationship between low levels of health literacy and health inequalities.

9. Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

10. Don Nutbeam, 'Health Literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century', in Health Promotion International, Vol. 15, No. 3 (September 2000), pp. 259-267. DOI: 10.1093/heapro/15.3.259; Kristine Sørensen et al, 'Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU)', in European Journal of Public Health, Vol. 25, No. 6 (April 2015), pp. 1053-1058. DOI: 10.1093/eurpub/ckv043; Gillian Rowlands et al., 'Characteristics of people with low health literacy on coronary heart disease GP registers in South London: a cross-sectional study,' in BJM Open (2012), pp. 1-5. DOI: :10.1136/bmjopen-2012- 001503; N Browning, 'Literacy of children with physical disabilities: a literature review', in Can J Occup Ther., Vol. 63, No. 3 (June 2002), pp. 176-182. DOI: 10.1177/000841740206900308

11. Taken from: Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

More disadvantaged socioeconomic groups

- People from disadvantaged backgrounds and with lower education are known to have a lower disability-free life expectancy and to die prematurely
- Rates of inadequate functional health literacy have been shown to be higher among lower income adults and adults with lower levels of educational attainment
- People in disadvantaged socioeconomic groups are less likely to seek information or help for their health problems than more advantaged people, are less likely to receive person-centred care and more likely to be affected by morbidity and mortality from cardiovascular disease
- A study by the Department of Business, Innovation and Skills (BIS) found that people with low adult literacy and numeracy skills had worse health-limiting conditions and were more likely to report deteriorating self-rated health. For example, women with lower literacy and numeracy skills are three times and twice more likely, respectively, to have worsening health-limiting conditions than women with higher skills.

Migrants and ethnic minority people

- Low health literacy and poor health outcomes among migrant and ethnic minority groups is thought to be due to greater difficulties in obtaining, understanding and acting on health information than the general population
- For example, language can be a major barrier for people from some ethnic groups – people from ethnic minority groups who are asylum seekers or refugees are particularly affected. The Office for National Statistics (ONS) report Focus on Inequalities found that 41% of people who speak English as a second language receive no interpretation support when visiting a GP or health centre.
- A lack of access to health information and inappropriate health information are seen as key drivers of risky behaviour, as well as inappropriate use of health services and generally poorer health outcomes among migrants and some ethnic minority groups. Indeed, health and health inequalities are experienced by the Traveller community partly because they are at an additional disadvantage due to a lack of internet and broadband access.
- Migrants and some ethnic minority people have poorer access to and use of health information, disease prevention and healthcare services compared with the general population. For example, take-up of interventions such as cancer screening, smoking cessation and diabetes programmes is lower among migrant and minority ethnic groups compared to the general population.

Older People

- Older adults (65 years-plus) were over four times more likely to have limited functional health literacy than the general population.
- Adults over the age of 65 years have the lowest levels of health literacy compared with younger age groups and health literacy skills have been found to decline rapidly from age 55.
- In the UK, a third of adults aged over 65 are unable to comprehend basic usage instructions on medicine labels, indicating low health literacy.
- Older adults (over 50 years) with inadequate health literacy are also less likely to participate in cancer screening than those with adequate health literacy – 48% and 58% respectively.
- Lower levels of health literacy among older people may be due to a number of factors, including a decrease in mental processing skills due to advancing age, having more long-term health conditions, and less participation in formal education than subsequent generations.
- People aged 65 years or older, with fewer years of education, are also more likely to report worse perceived health, have higher levels of disability, make more visits to health services, have higher rates of hospitalisation, engage in less activity and be less likely to obtain and adhere to medicines than those with more years of schooling.

People with long-term conditions

- Limited health literacy is more common among people with long-term health conditions, including diabetes, heart disease, stroke, kidney disease and musculoskeletal disease.
- Health literacy is an important factor in preventing long term conditions because low health literacy is correlated with unhealthy behaviours, including smoking, drinking alcohol, a sedentary lifestyle and eating an unhealthy diet, as well as lower use of preventive services such as health risk screening.

Disabled people

- Limited health literacy among intellectually disabled people is explained by limited communication skills and reduced capacity to access and comprehend health information and to express health needs effectively to health professionals and carers.
- Health and social care systems that do not adequately serve disabled people contribute to the disproportionate effect of limited health literacy on disabled people.
- It is particularly interesting to note that where initiatives aimed at strengthening the health literacy of people with intellectual disabilities do exist, they can inadvertently reinforce low health literacy skills by adopting a narrow definition of health literacy (functional), and neglect to offer people with intellectual disabilities opportunities to develop capabilities to interact with health information in a more interactive manner.

Addressing health literacy across the population and in particular with vulnerable groups, helps to rebalance health inequalities.

B: The impacts of having low levels of health literacy

Research has drawn a direct correlation between health outcomes and the level of health literacy a person has. The stronger level of health literacy an individual has, the greater health asset it is deemed for that individual.

People who have lower levels of health literacy are likely to:[12]

- **Have a less healthy diet**
- **Smoke**
- **Spend less time physically active**
- **Have an increased risk of premature death**

In turn, when compared with people who have higher levels of health literacy, those with lower levels of health literacy are:[13]

- **1.5-3 times more likely to experience increased hospitalisation**
- **1.5-3 times more likely to experience depression**
- **More likely to struggle with managing their and their family's health and well-being**
- **Less likely to use preventive and health promotion services as frequently, such as cancer screening and flu vaccination**
- **Less likely to have recall of and adherence to medical instructions**
- **More likely to find it more difficult to access health and social care services**
- **More likely to use Emergency Department and have longer in-hospital stays**
- **Less likely to engage in active discussions around their health, leading to potentially hidden health care problems**

12. Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

13. Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

C: The impact of improving a person's health literacy standard

Finally building on the information already presented on the prevalence and health impacts of low levels of health literacy.

It is suggested that you highlight the positive impacts that improved health literacy can have for an individual. Research[14] has suggested that it can:

- **Build resilience**
- **Reduce disease severity**
- **Improve mental health**
- **Increase health knowledge**
- **Improve adherence to medical guidance**
- **Promote healthy lifestyle changes**
- **Improve confidence and self-esteem**
- **Empower people to effectively manage their long term health conditions**

Extension Exercise

You may want to open up discussion on the three themes mentioned and identify if health literacy is important with participants to gauge their immediate reactions to the information presented. It might also be an opportunity to enquire if participants have any anecdotal evidence from their experience or they can think of people who may have low levels of health literacy.

5. Session Review (5 minutes)

At the close of the session, it can be a useful exercise to review the learning objectives set out at the start of the module and confirm that all participants are satisfied that these have been met.

14. Public Health England/UCL Institute of Health Equity, Local Action on Health Inequalities – Improving health literacy to reduce health inequalities (September 2015), available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460710/4b_Health_Literacy-Briefing.pdf

Health Literacy in Practice: Written Communication

MODULE 2

Module two will explore methods of written communication including: posters and leaflets, social media and digital communication, prescription labels and instructions, appointment letters and guidance for developing clear written health information.

Learning Objectives

By the end of this training session, participants will be able to:

- Identify what good written health information looks like
- Be aware of guidelines for written health information
- Outline key points when developing written health information
- Critically appraise written health information to assess its effectiveness to deliver health messages

KEY MESSAGES

1. Clear, accessible written communication improves health outcomes by helping individuals understand and act on health information.

2. Effective written health information should be:
   - Easy to read and understand (use plain language)
   - Visually accessible (clear layout, appropriate font size and style)
   - Action-oriented (focus on what the reader needs to do)
   - Culturally appropriate and inclusive

3. Formats matter: Posters, leaflets, social media, and letters each have unique strengths and should be chosen based on audience and message.

4. Test and review materials with intended audience: Involve target groups in reviewing drafts to ensure clarity and effectiveness.

5. Consistent messaging across platforms builds trust and reinforces understanding.

Resources for participants

- PowerPoint Presentation
- Checklist: Written Communication

Resources for facilitators

- PowerPoint Presentation
- Examples of written health information to compare and contrast from your organisation

Module 2 Overview

Module Issue	Duration
1. Introduction and housekeeping	5 minutes
2. What does good written health information look like?	15 minutes
3. Guidelines for written health information	10 minutes
4. Assessing written health information	25 minutes
5. Session Review	5 minutes
Total Time	**60 minutes**

1. Introduction & Housekeeping (5 minutes)

At the beginning of the training, it is important to outline the structure of the module, explaining its purpose, detailing the learning objectives.

Learning Objectives

By the end of this training session, participants will be able to:

- **Identify what good written health information looks like**
- **Be aware of guidelines for written health information**
- **Outline key points when developing written health information**
- **Critically appraise written health information to assess its effectiveness to deliver health messages**

If this module is being delivered as a one-hour session you may wish to allow participants to introduce themselves and ask for any thoughts from Module 1: Introduction to Health Literacy.

Outline housekeeping, including any health and safety instructions of venue.

2: What does good written health information look like? (15 minutes)

Often the first encounter people have with health information is through written materials and information.

Ask participants

What type of written material and information do you or other professionals in your organisation provide?

Answers may include the following:

- **Appointment letters and text messages**
- **Posters – can be related to health promotion, disease, events or service information**
- **Information leaflets**
- **Social media messages**
- **Noticeboards and Screens**
- **Application forms**

By the end of this section of the training programme, participants will be able to:

- **identify the features of written communication that aid understanding**
- **assess materials for their usefulness at presenting messages**
- **effectively develop health literacy sensitive information materials**

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:

A: Intended use of the information

Is the purpose of the material clear?

- **What is the overarching health message?**
- **Why is this message important?**

Where is the purpose made clear?

- **In the headline**
- **At the start**
- **In the body of the text**
- **At the end**

B: Nature of the Information

How many messages are included in the information?

The tone of the information:

- **Is the active voice being used?**
- **Does the information focus on an individual's behaviour?**
- **Is the message positive, focusing on what a person can do?**

C: Presentation of the Information

Consider the following:

- **Font style and size**
- **Use of plain text**
- **Length of sentences**
- **Use of jargon or plain language**

D: Order of information:

Does the information follow a logical order?

- **Are instructions written in the order they are expected to be carried out?**
- **Are headings and bullet points used?**
- **Are key points highlighted and repeated throughout?**
- **Is information grouped into smaller, meaningful sections?**

E: Use of pictures:

- **Are images relevant to text information?**
- **Are images representative of the whole community?**
- **Are the graphs, tables and charts presented in their simplest form and linked to relevant text?**

3: Guidelines for written health information (10 minutes)

BELOW TABLE POINTS F-I - combine with above points.

Guideline	Example
F: Use the active voice	'We will send a report to your doctor.' (active) ... 'A report will be sent to your doctor.' (passive)
G: Use short sentences	A good average sentence length is 15 words. Use shorter sentences to support understanding. Sentences should have a maximum of three items of information.
H: Use plain English	Neuralgia which accompanies fractures of the fibula indicates the advisability of administering an analgesic ... Giving pain relief to a person with a broken leg helps make them more comfortable
I: Instructions should be written in the order they happen, using bullet point	Take tablets twice daily on an empty stomach ... Take one pill in the morning before breakfast And one pill in the evening before dinner

4: Group Exercise: Assessing Written Health Information (25 minutes)

A simple checklist can be used when reviewing written communications, to ensure the material is suitable for the intended user.

In your groups, take examples of written information you have brought today:

- **Review it against the checklist to determine what it does well and where it needs improvement**
- **Propose amendments to the document to make it more suitable for use**

Group discussion: (15 minutes' group exercise, 10 minutes' feedback)

Feedback from the findings of each group will be presented to the whole group and comments recorded on a flip chart. This will be followed by general discussion around the common findings and the common suggested changes.

5: Session Review (5 minutes)

At the close of the session, it can be a useful exercise to review the learning objectives set out at the start of the module and confirm that all participants are satisfied that these have been met.

Further Resources:

A Plain English Guide is useful to support development of resources

- **Plain English Campaign free tools**

https://www.plainenglish.co.uk

Health Literacy in Practice: Spoken Communication

MODULE 3

Before examining the practical tools that can be used by professionals to support people with low levels of health literacy, it is important to understand the theory that underpins why these tools are needed. Highlighting the importance of health literacy, and the relationship between health literacy and reducing health inequalities is essential to ensuring it is included as a consideration in all work relating to health.

Learning Objectives

By the end of this module you will:

- understand the 'universal precautions approach' to health literacy
- recognise that effective health communication requires a person-centred environment
- utilise the health literacy techniques **Check and Chunk and Teach Back**
- understand how to approach and use **Shared Decision Making**

KEY MESSAGES

1. Use a 'universal precautions approach' to health literacy, includes assuming that all people can have difficulty understanding information and accessing services.

2. Use plain language, avoiding medical jargon and choose words the person will understand.

3. Use health literacy tools such as 'Teach-back' to ensure the person has understood the information and 'Chunk and Check' to focus on key points.

4. Shared decision making takes place by encouraging questions, use prompts such as "What questions do you have?" Support conversations with visual aids or demonstrations, to reinforce key messages when possible.

Resources for participants

- PowerPoint Presentation
- Roleplays

Resources for facilitators

- PowerPoint Presentation
- Video of Teach Back demonstration

Module 3 Overview

Module Issue	Duration
1. Introduction and housekeeping	5 minutes
2. Identify people with low levels of health literacy	10 minutes
3. Gathering information	5 minutes
4. Explaining information	5 minutes
5. Shared decision making	30 minutes
6. Session Review	5 minutes
Total Time	**60 minutes**

1: Introduction & Housekeeping (5 minutes)

Introduction to spoken communication.

Spoken communication with people is direct and may be categorised in three key parts:

- **Gathering Information – where the person tells you what the problem is**
- **Providing Information – where you explain the information specific to their needs**
- **Agreed action moving forward – where you agree on a way forward to address the problem**

Low levels of health literacy can impact on the nature and quality of your interaction with people. Therefore, how you communicate with people at each stage is very important.

Outline housekeeping, including any health and safety instructions of venue.

2: Identify people with low levels of health literacy (10 minutes)

How do we identify people who have low levels of health literacy?

You can't always tell a person's level of health literacy by looking at them, therefore you may rely on the formal and informal indicators that a person may give you. With participants, discuss which of the following they have identified in people they work with:

- **unable to name their medication or dosage**
- **identify medication by colour and shape, rather than their name and purpose**
- **unable to give a complete medical history**
- **frequently says, 'I've forgotten my reading glasses' or 'I'll read through this when I get home' when asked to discuss written material**
- **frequently miss appointments**
- **asks few or no questions**
- **answer no to every question to avoid follow up questions**
- **get lost in the details and miss the key points**
- **show signs of nervousness and frustration**
- **sign forms without reading**
- **doesn't follow through on tests or referrals**

Universal Precautions approach

In order to ensure messages are understood you should communicate in the most basic understandable level to ensure everyone can understand information or instructions you are providing.

3: Gathering Information (5 minutes)

In order to gather information, the environment has to be comfortable for the person to explain why they are there and for you to gather the appropriate information you need.

Positive body language includes:

- **Make eye contact**
- **Have an encouraging expression on your face**
- **Avoid crossing your arms or legs**
- **If you are using the computer or making notes, explain what you are doing to ensure the person is included in the conversation and not ignored**

Type of Questions:

- **Use open ended questions**
  You should try to avoid closed questions that can be answered with a simple 'Yes' or 'No'. Try asking questions that start with 'what' or 'how'.

  For example:
  'What questions do you have?' rather than
  'Do you have any questions?'

  This will encourage or at least give the opening for a person to engage further with you.

- **Try to focus on the behaviours associated with guidelines e.g. how much exercise or physical activity would you do during a typical week?**

4: Explaining Information (10 minutes)

The following general principles apply to spoken communication include:

- **Have a single, clear message**
- **Personalise your message and use the active voice**
- **Use plain English, avoiding jargon**

An effective approach to check understanding is to break the information you are giving into smaller chunks and then check they understand each of the chunks. A helpful tool to use to check for understanding is the 'Teach-back' method.

Using Teach-Back

Teach-back is a simple method used to check a person's level of understanding by asking them to explain in their own words key points of the conversation. In effect, you are asking them to teach back to you what you have told them.

You could introduce this into every conversation using something like:

- **"Your inhaler is important for your health. Can you show me how you would use it at home?"**
- **"I want to make sure that I explained things clearly. Can you explain to me what we have agreed?'**
- **"We have discussed some important information. So, can you tell me warning signs to look out for?"**

A couple of points to consider:

- **Find an introduction that is natural to how you make conversation, something that includes teach-back.**

- **It might take some time to get used to using teach-back and find your approach. Practitioners have found that introducing it initially during a few conversations each day can support this.**

- **When you use teach back, it can demonstrate that a person has not understood what you have said to them.**

- **This means that you need to rephrase and try a different approach to ensure understanding.**

5: Shared Decision Making (30 minutes)

The final part of any conversation is to confirm action for moving forward. Action plans should be **co-produced** between the person and professional.

Defining Shared Decision Making

Shared Decision Making is about empowering people, meaning that they have choice and control over the way their care or a service is planned and delivered, based on what matters to them and their individual strengths and circumstances. This means that people are supported to:

- **understand the supports and options available, along with any associated risks, benefits and consequences of each of these options**
- **make a decision about a preferred course of action, based on evidence-based, good quality information and their personal preferences.**

Ultimately, there are two types of expertise that need to be utilised during any consultation, clinical expertise and lived experience. Making shared decision-making a reality: No decision about me, without me. It is about equality, empowerment and co-production.

When you are engaging people in shared decision making, there are three types of 'talk' that can be useful as a guide to this process.

1. **Choice Talk**
   Explaining that there are a range of options that the person can choose from.

2. **Option Talk**
   Outlining the options that are available, including the strengths and weaknesses of each.

3. **Decision Talk**
   Reach towards a decision with the person. It is important to remember that sometimes a decision may not be reached on the basis of one conversation. The person may need time after the appointment to consider options available to them.

Practical Exercise

Watch video and discuss the potential use of Teach Back
The Health Literacy Place – Teach Back -
https://www.healthliteracyplace.org.uk/toolkit/techniques/

Optional exercise - roleplay

In groups we will practice a short role play. Each group has three people. There will be three roles: one for each participant:

- **One person will play the professional giving information**
- **One person will play the person receiving information**
- **One person will observe**

Within the groups, please decide what roles you would like to play.

The roleplay scenario provides background information for the role of the professional and the role of the person. Read through this and within the next 5-10 minutes act out your role play scenario.

The observer for the group will have to assess the conversation considering what has been discussed on key guidelines for spoken communication, in particular around the use of teach-back and shared decision making. At the end of the role-play, you will have to provide constructive feedback to your colleagues. I would suggest you start this process by asking the professional and person to reflect on how they experienced the situation and then evaluate themselves (their strengths and room for improvement).

Just a few points before you start your role play:

In Character		Observer
Do	**Don't**	
Adopt the character	Overreact	Use the question checklist as the basis for providing feedback
React to the other character and what they say	Play hard to get	Try to relate feedback to specific behaviours
Act as naturally as possible	Introduce misleading information	Balance positive and negative comments
	Take things too seriously – this is a learning activity but have some fun.	

It might be useful to review key points on 'teach back' and 'chunk and check' and use during the role play.

Following each of the group roleplays, invite general feedback from participants. Were there any common experiences? What did people find difficult about using teach back? Was it something that is familiar to anyone?

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.

6. Session Review (5 minutes)

At the close of the session, it can be a useful exercise to review the learning objectives set out at the start of the module and confirm that all participants are satisfied that these have been met.

Critical Health Literacy

MODULE 4

Highlighting the importance of health literacy, and the relationship between health literacy and reducing health inequalities is essential to ensuring it is included as a consideration in all work relating to health. Critical health literacy describes more advanced cognitive skills which, together with social skills, can be applied to critically analyse information, and to use this information to exert greater control over life events and situations. Enhancing critical health literacy empowers individuals and communities to not only take control of their own health but also to challenge and change the structural and social conditions that lead to poor health outcomes. This is key to reducing health inequalities and achieving health equity.

Learning Objectives

By the end of this module you will:

- understand the social determinants of health and impact on health literacy
- recognise that critical thinking is crucial to ensure informed decision making for choices that affect our health are made everyday
- identify the impact your organisation can have on shaping the health choices of the people you work with
- understand how the link between health literacy and health inequalities

KEY MESSAGES

1. **Health is socially determined:** Health is not only a result of individual choices but also shaped by structural and environmental conditions like poverty, housing, education, employment, and the built environment.

2. **Critical health literacy empowers individuals and communities:** It goes beyond understanding health information, it involves critical reflection, action, and advocacy for change in the wider systems that impact health.

3. **Health inequalities are unjust and avoidable:** Critical health literacy can be a strategic tool to reduce health inequalities by equipping people with the skills to navigate and challenge inequities.

4. **Everyday decisions are influenced by the wider context:** Real health choices are made within the constraints of social, economic, and environmental circumstances.

5. **Critical health literacy builds capacity for collective action:** It's not just about individual behaviour change; it's about community mobilisation and civic participation to influence social determinants of health health.

Resources for participants

- PowerPoint Presentation
- Action Plan
- Group Exercise - Critical Health Literacy Scenario

Resources for facilitators

- PowerPoint Presentation

Module 4 Overview

Module Issue	Duration
1. Introduction and housekeeping	5 minutes
2. Social determinants of health, health inequalities and health literacy	10 minutes
3. Understand the role of your organisation in shaping health choices – Group exercise	40 minutes
4. Session Review	5 minutes
Total Time	**60 minutes**

1: Introduction & Housekeeping (5 minutes)

Critical health literacy is the ability to consider the impact of the wider determinants of health to shape the choices you make every day that inform current and future health.

- **Understanding and acting on issues that have an impact on health – e.g. air quality, access to green spaces, physical activity, active travel, employment, education, housing quality and nutritional guidance**

- **Organisational readiness to support people to develop their understanding – e.g. health inequalities or organisational health literacy audits**

COVID-19 is a real-world example of critical health literacy in action. During this time the critical role public health plays on all aspects of life was understood.

Discussion point: Ask participants to share their experience of a time when they had to make a critical decision which impacted health long term. Examples could include awareness of; air quality, access to green spaces, physical activity, active travel, employment, education, housing quality and nutritional guidance

Outline housekeeping, including any health and safety instructions of venue.

2: Social Determinants of Health (10 minutes)

Key messages on links between health literacy, health inequalities and the social determinants of health:

Consider the key messages and encourage discussion from participants on examples in their work and knowledge. Highlight the need to support and encourage critical thinking for health choices. Encourage participants to understand the role of their organisation in shaping wider health choices.

- **Health is socially determined: Health is not only a result of individual choices but also shaped by structural and environmental conditions like poverty, housing, education, employment, and the built environment.**

- **Critical health literacy empowers individuals and communities: It goes beyond understanding health information, it involves critical reflection, action, and advocacy for change in the wider systems that impact health.**

- **Health inequalities are unjust and avoidable: Critical health literacy can be a strategic tool to reduce health inequalities by equipping people with the skills to navigate and challenge inequities.**

- **Everyday decisions are influenced by the wider context: Real health choices are made within the constraints of social, economic, and environmental circumstances.**

- **Critical health literacy builds capacity for collective action: It's not just about individual behaviour change; it's about community mobilisation and civic participation to influence social determinants of health.**

3: Group Exercise (40 minutes)

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 1 – How might the proposal affect health?

Consider ideas around how the proposal might shape the health and wellbeing of local people. You can begin with a discussion of what health means to you as a group, and then draw up a list of what sort of things in this proposal could support health, and what sorts of things could harm health.

Potential positive impacts	Potential negative impacts

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

Question 3. How could the proposal be strengthened?

Consider how the proposal could be improved from a health literacy and equity perspective. You might want to think in particular about ways of addressing impacts on the population groups in Question 2.

Analyse the Health Literacy Gaps

- What **health information or services** are these groups being offered?
- Can they **understand, critically assess**, and **act** on this information?
- What barriers exist (e.g., language, digital access, mistrust of institutions)?

Group writes down barriers and then considers **solutions that go beyond the individual**, e.g.:

- Culturally tailored messaging
- Advocacy for safer housing
- Partnership with local schools or faith groups

Solutions and potential ways to strengthen positive impacts	Barriers and potential ways to reduce negative impacts

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?

Improvment	Actions	By whom	Date

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?

4: Session Review (5 minutes)

At the close of the session, it can be useful to review the learning objectives set out at the start of the module and key messages to confirm that all participants are satisfied that these have been met.

Discuss with group if they will develop a Health Literacy Action Plan for your organisation? If you identify that you already work on health literacy, will you develop a case study to share learning?

Casestudies can be sent to: **info@belfasthealthycities.com**

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	
Name	Project name and organisation name
Date	Start and end date, within last 5 years or a good example of health literacy
Geography	City, community, geographical area
KEY WORDS	Catchment area, size, population, community level, target group
Context of initiation	
Aim, background to group, what happened, mandate	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.
Context of community or target group	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.
Influences on case study	Refer to any local, regional, national or international model or project that influenced the design of the case study.

Policy and other problems	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? Mention any non-controllable aspects of the project, or system / policy related problems that cannot change or health literacy will have no effect on.
Prior experience with health literacy across sectors	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.
Concept of health and health literacy	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). Is there awareness of the definition of health literacy or concept being used?
Context of project implementation	
Prioritisation of issue	What prioritisation has been given to project? WHO priority, government or organisational policy?
Formal processes	Please detail: • The community / voluntary, statutory agency or funders involved • The formal reporting and management structure of the project • The steering group members or management committee • If a tendering / commissioning process was used • Any tool or formal process used E.g. Patient decision making aid
Availability of resources	Outline the resources needed to deliver the project: money, human resources, promotional material etc.

Capacity-building activities	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.
Social mechanisms, i.e. activities & actions	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.
Main outcomes	
Acceptability	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.
Feasibility	What made the project feasible in terms of implementing it - within lead organisation/implementing organisation and for participants?
Sustainability	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.
Other comments/ information	Comment on any aspect of the case study; challenges, key success factors or points not considered prior to commencing that had an impact.
Headline message(s)	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?
Evaluation	Please outline evaluation process, measurable outcomes or findings from any formal or informal evaluation conducted.
Further Information	Provide links to any website, relevant report or related strategy. WHO The Solid Facts: Health Literacy: http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf

For further information please contact Belfast Healthy Cities:
info@belfastheatlhycities.com

Evaluation

Workshop:	**Health Literacy Communication Training**
Date:	
Facilitator:	

Your name:	
Organisation:	
Contact email	

Training Feedback

How satisfied where 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:

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
- 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

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Belfast City Council

HSC Belfast Health and Social Care Trust

HSC Public Health Agency

Housing Executive