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Improving health literacy to support better health outcomes.

The social determinants of health are the non-medical factors which impact on health, they are recognised as more important than medical care or lifestyle choices. They comprise the combined social, economic, and environmental influences, shaped by local, national, and international policies, including employment, income, education, environment, housing, food insecurity, early childhood development, discrimination, and access to healthcare (World Health Organisation (WHO) 2023). Health improvements and increases in life expectancy in the last century, are linked to the improvements in the social determinants of health, rather than medical interventions, although both are significant (Nutbeam and Lloyd 2021). The social determinants of health continue to have an impact on health, they are considered to be 'the cause of causes' of ill health, influencing people's personal control, resources, and opportunities to lead healthy lives (Office for Health, Improvement, and Disparities (OHID) 2023. Marmot et al 2020). These downstream effects are influenced by upstream determinants (Braverman et al 2011). For example, air pollution impacts on everyone but particularly children, people with existing cardiovascular or respiratory disease, low-income communities, pregnant women and communities by busy roads (OHID 2022). Vehicle exhaust emissions, the burning of solid fuels, poor building air quality and industries which emit pollution are some of the main causes of air pollution. Upstream solutions require national government and international policy action on the causes of air pollution (Chief Medical Officer's Annual Report 2022). While downstream actions involve health professionals being aware of and sharing information with vulnerable groups, affected by poor air quality. Advising people living with asthma on increased use of inhalers, avoiding strenuous outdoor activity and ensuring that windows and doors are closed at times of peak traffic flow and poor air quality (OHID 2022). Downstream solutions do not resolve the cause or influence of upstream determinants, but they may reduce the impact on individuals.

The differences in people's health status are known as health inequalities, affecting both life expectancy and healthy life expectancy. Health is unequally distributed throughout England. The north of England has more deprived neighbourhoods than the south. Health is generally worse in the north, where episodes of long-term ill health increase the risk of job loss, and reduction of income on return to work (Bambra et al 2018). Women in Blackpool have the lowest life expectancy, women in Westminster the highest by 7.7 years (The Kings Fund 2022). The social gradient of health demonstrates that people who have less advantage or

live in more disadvantaged regions spend more of their shorter lives in ill health, these differences are recognised as avoidable and unfair (WHO 2023).

Healthy Literacy a social determinant of health

Health literacy is seen as a key social determinant of health with close links to other determinants (Stormacq et al 2019). It is acknowledged as a multi-dimensional developing concept, essential for life in the modern world. 43% of the population in England have low health literacy, based on data from 2015 (Economist Intelligence Unit 2021). Low health literacy is a recognised barrier to health, demonstrated by poor health and higher premature mortality (Rowlands et al 2015). There are two key aspects to health literacy, one involves people's abilities to access, understand, appraise and use information to enhance health, the other relates to the steps organisations must take to ensure their services and information are easily accessible, helping people to use both the information and services to enhance their health (Sorensen et al 2019). Nurses have a critical and active role in both arenas.

Health literacy is seen as a modifiable determinant of health, as literacy, language and numerical skills are not fixed (WHO 2015), therefore change is possible with enhancement of skills and knowledge and the removal of barriers to health and social care services. However, Nutbeam and Lloyd (2021) emphasise that merely developing health literacy downstream is not a solution for resolving the consequences of an unequal distribution of assets and prospects within society, upstream societal factors require government action.

Nutbeam (2008, 2000) classifies the concept of health literacy into 3 major skill levels: functional, interactive and critical health literacy.

- **Functional health literacy** depicts the basic skills of reading and writing which people require to understand everyday health. An example includes reading the label on a prescribed or bought over the counter medicine, following the instructions to optimise the effects of the medication. This may include completing a course of antibiotics or taking the correct amount of medication at various times, perhaps with or before food. Difficulties may be made worse if maths skills are required, for example adjusting insulin dose based on blood sugar and carbohydrate intake, or drawing up or measuring medicines, or calculating the amount of paracetamol for a child based on their age and weight.

- **Interactive health literacy** is a collection of more enhanced thinking, learning and social skills. For example, a consultation with a health practitioner requires multiple skills; including the ability to speak about health concerns, accurately summarise

symptoms, and ask relevant questions, whilst listening, making sense of the information, and making decisions. In addition, after the consultation there is the challenge of applying the information to a situation, which may change. People with more developed interactive skills are seen to be able to discriminate between health information sources and gain more from sources such as online interactive services.

- **Critical health literacy** is a more advanced collection of skills which enables analysis of information from a variety of sources, and the development of autonomy over events and conditions which impact on health. People with these skills may collaborate with others to publicise and exert pressure on organisations, local and national government, in an attempt to resolve an upstream health determinant. An example is a group of people who have collaborated to form Surfers against sewage (SAS), their aim is to demand the ending of the release of raw sewage into the sea. The changes they seek, promise to be beneficial to humans, marine life, and the environment (SAS 2023).

Nurses, as providers of health care information, must also recognise that any individual may require help and support understanding health instructions or finding their way around challenging healthcare systems, at some stage in their life, especially if they are unwell, bereaved, or following an accident (WHO 2013).

The WHO (2023) maintain that improving health literacy amongst populations is central to active community engagement. People with higher levels of health literacy are more likely to adopt healthier behaviours, more able to make healthy food choices, more able to counter the pressure of the commercial determinants of health exerted by companies marketing tobacco, alcohol, and junk food, and as a consequence more likely to collaborate with others to force governments to enact policies to improve health for all.

Impact of low health literacy

Data collected in 2012 indicates that in England 16.4% of adults (7.1 million people) have the reading skills of a nine-year-old (National Literacy Trust nd), while 42% of adults have difficulty understanding health material (Health Education England nd). Leach et al's (2023) study demonstrates a link between low health literacy and unhealthy behaviours, including physical inactivity, smoking, unhealthy diet, nonattendance for screening and poor adherence of medication. While Stormacq et al (2019)'s review shows a strong connection between low health literacy rates and poor socio-economic living conditions, low educational

attainment, and income. Additionally work by Rowlands, et al (2015) identifies that people with low levels of health literacy are more likely to experience poor health, and more long-term chronic illnesses, which they find difficult to manage.

Health literacy also has an impact on healthcare organisations and systems. Berkman et al's (2011) review indicates that people with low health literacy tend to use emergency services more, have increased hospital admissions and make less use of screening services, which all contribute to increased healthcare costs. However, Sorensen (2019) highlights the challenges people with low health literacy have to cope with and manage as healthcare systems and organisations become more difficult and complex for users to find the services they need. Acknowledging that organisational services have been constructed around the requirements of healthcare systems rather than people.

ehealth literacy

The importance of health literacy and ehealth literacy gained further prominence during the Covid 19 pandemic when people were exposed to large amounts of both true and false health information, most of it online, via social media sites. eHealth literacy's definition is similar to that of health literacy but involves health information accessed from electronic sources (Norman and Skinner 2006). The seriousness of the pandemic required people to differentiate between true and false information and take decisions around the practice of hand washing, mask wearing, social distancing, limiting travel and contact with family and friends. Not only did these behaviours impact on the individual but also the wider community, further highlighting the importance of health literacy and information discernment skills (Hange et al 2022).

Economic costs of low health literacy

Eichler et al's (2009) systematic review considered the economic cost of low health literacy in the United States of America. Whilst the researchers acknowledged the limited number of studies, they reported that low health literacy costs may be as much as 3-5% of total healthcare costs. Using this information Lamb and Berry (2014) applied the percentage to the NHS budget in England and suggested that if health literacy rates were to be improved in England a saving of approximately £2.87- to £4.78 billion may be achieved, although this is acknowledged as rudimentary data.

Health Literacy and Health Promotion

The concept of health literacy is seen as complementary to health promotion and a core strategy of the 2016 WHO Shanghai Declaration on promoting health (WHO 2016). A central tenet of health promotion is to support and strengthen people's personal and community skills in ways that foster and enable people to become empowered, more self-confident, better informed, and more involved in decisions that influence the determinants of health. While community empowerment, a key element within health promotion, it is recognised by the Marmot Review (Institute of Health Equity 2010) as a vital strategy for the reduction of health inequalities. Community empowerment involves creating conditions for individuals to take control of their own lives, helping the development of personal and community capacity and capability. Promoting health and preventing ill health, is one of the seven platforms in the Nursing and Midwifery Council's (2018) Future Nurse Standards, demonstrating its importance within nursing practice.

Healthcare organisations and health literacy.

It is well recognised that the social and economic influences on health are shaped by governments and government policies, however in the UK The Health Foundation (2022) maintains that the NHS has been tasked with addressing the social determinants of health. Consequently, health care settings and healthcare staff have a responsibility and vital role in ensuring that their organisations provide equitable access so that people can find, understand, and use the provided information and services to support health decisions and care. Brach et al (2012) identifies a number of attributes which healthcare organisations must adopt to make their services easier to access. Essentially health literacy must be integral to all its activities and policies, all members of the healthcare work force must be supported to be health literate, served populations should be included in the design, implementation and evaluation of health information and services, health literacy strategies should be used in all forms of communications, whilst all provided information should meet the required standards.

Healthy literacy and health materials

Rowlands et al (2015) maintain that health materials are often too difficult to understand for a major percentage of the population, which means people struggle to read, comprehend, and put into action health instructions. People most at risk of low health literacy; include migrants, minority ethnic groups, older people, those with long term health conditions, disadvantaged socioeconomic groups and disabled people. These people experience the poorest health outcomes (PHE 2015). Nurses working in all areas of care delivery have a significant role in providing accessible, current and evidenced based information. NHS England (2022) has created standards for information, which aim to improve the quality and

content of healthcare material provided to the public. The essential requirements and best practice guidance are based around 6 principles:

- Design and adhere to a clear process for constructing content.
- Use suitable and current evidence.
- Follow laws and regulations.
- Concentrate on users' needs.
- Make content easy to use.
- Provide inclusive, accessible content.

Nurses developing health information literature should be aware of and adhere to the standards. In addition nurses must be able to direct people to good quality health information and trustworthy sources related to their requirements, examples include The Patients Association (https://www.patients-association.org.uk/finding-trustworthy-information-online), and British Heart Foundation (https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news).

Health literacy communication techniques

Person-centred care is at the heart of modern health and social care, with shared decision making a key component, this can only be achieved if people truly understand the discussed topics and decision implications. A healthcare discussion between a nurse and patient should create a friendly, respectful, non-judgemental environment, which encourages two-way communication, avoids medical jargon and abbreviations. The nurse should use easy to understand words ask open questions to engage the person, finding out what's important to them, while different media formats can sustain engagement, including pictures, videos or other interactive media. Nurses can incorporate a range of techniques including Ask-Me-Three, teach back, chunk and check, into the conversation. The aim of all of these techniques is to encourage people to be actively involved in their own health care by improving their understanding of the provided information, thereby enabling them to become active agents in their own care (Johnson 2016).

Ask-me-3

Is a teaching tool developed by the Institute for Healthcare Improvement (IHI) in the United States (US) to promote communication between people and healthcare staff. It aims to improve understanding of health conditions and self-care requirements. People are encouraged to ask care providers three key questions:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Evaluation of the program by Lord et al (2021) maintains that the Ask-me-3 is a simple but effective model which builds trust and encourages people to engage in their own care.

Teach Back

Is a simple mechanism to check that the provided information has been clearly understood. At the beginning of the consultation the nurse can explain that at the end of the session she will ask the person if they have understood what has been discussed, to make sure she has explained it effectively. Show back can also be used to ensure that a practical skill has been clearly understood and can be carried out by the individual. A video showing Teach Back is available in the Health Literacy Toolkit (NHS 2023)

Chunk and Check

This technique can be used in conjunction with Teach-Back. The nurse divides the information which the person requires into chunks and asks the person to Teach-Back at the end of each chunk to ensure understanding.

Training Opportunities

Many health and social care organisations provide information and teaching sessions on health literacy communication skills, while the eHealth Literacy Training programme is available from the NHS at Health Literacy - elearning for healthcare (e-lfh.org.uk). In addition, the Health Literacy Toolkit (NHS 2023) provides guidance and information on verbal communication and written information,

Conclusion

Low health literacy has a profound impact on health outcomes; however, it is not a fixed competency, people have the potential to enhance and improve their health literacy.

Nurses require an understanding of health literacy and the different techniques and strategies they can implement to improve care delivery, access to health and health outcomes. While nurse leaders must ensure that health literacy training opportunities are provided and that nurses have access to good quality trusted evidence sources to share with people in their care.

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