

# Health Literacy

Birmingham Measurement Tools Webinar Series

Shanara Abdin – Public Health Service Lead (Behavioural Science)



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# Introduction



Impact and outcome measurement should be a key part of any intervention.

Measuring the impact of what we do helps us demonstrate that what we are doing is making a difference. They help us demonstrate that an intervention is having an impact in a measurable way rather than using just stories.

Using standard tools allows us to compare different interventions impact. Combining these standard measures with standard questions on people's identity helps understand if different interventions are more effective for different groups. We can also combine them with information on the cost of an intervention and the numbers of users to look at cost effectiveness.

Without clear impact and outcome measurements it is difficult to support funding for interventions or to justify that the approach used should be continued or scaled up.

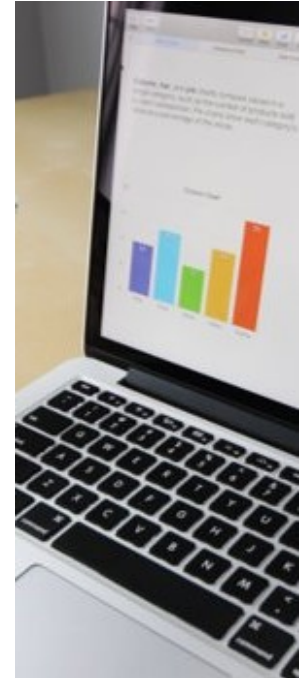
# Birmingham Public Health Measurement Toolbox

The Birmingham Public Health Measurement Toolbox has been developed to standardise impact and outcome measures for interventions that are trying to improve health and wellbeing across Birmingham.

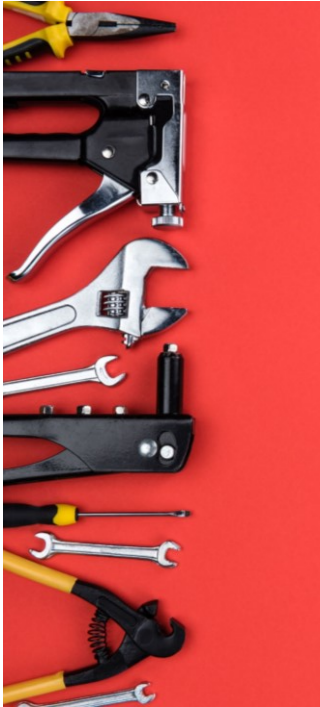
The toolbox supports organisations when they are developing projects to build the appropriate measures into their service design.

It provides clarity and transparency on how to clearly assess and measure interventions based on their focus, which can then be demonstrated clearly when applying for funding.

It allows for accurate and meaningful comparisons between different programmes and interventions to help inform decision-making.



# Contents



The Tool Box is a developing set of resources to support measurement related to different areas of health and wellbeing, these include:

- Physical activity
- Smoking
- Mental Wellbeing
- High Blood Pressure/Hypertensions
- Long-acting Reversible Contraception
- HIV and Hepatitis Risk Reduction

For each section there is:

- A description of the issue/topic
- Links for local or national information on the issue/topic
- A description of the tool
- Information on any registration requirements to use the tool
- Useful links to support behaviour change and evidence-based interventions related to the issue/topic
- A case study example of using the tool in practice

# HEALTH LITERACY



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# What is health literacy?

- Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems. To access, assess and apply health information, people need to be health literate.
- Supporting people to improve their health literacy so that they can be more in control of their own health and be actively engaged with health and social care professionals when they need help is important.

# What is Health Literacy?

- Having low health literacy interacts with having a limited English Proficiency (LEP), which refers to someone whose primary language is not English, or someone who has difficulty communicating effectively in English. Having low Health Literacy and / or having LEP can significantly impact communication and as a result use the information as part of their decision making.
- Improving the level of health literacy amongst communities can lead to changing behaviour in relation to alcohol, physical activity and smoking.

# National Context

- In England 43% of adults (18-65) do not have adequate literacy skills to routinely understand health information and 61% of adults (18-65) do not have adequate numeracy skills to routinely understand health information.
- Evidence has suggested that health literacy is related to an individual's social circumstances. Having good education has been found to strongly predict good health literacy and individuals with limited financial and social resources are more likely to have limited health literacy.
- Low health literacy is an inequality issue which limits opportunities or vulnerable and disadvantages groups to be involved in decisions regarding their health.



# Local Context

- In Birmingham, over 56% of residents between the ages of 16-64 are estimated to be below the threshold of low health literacy. Our population is 1,144,900 (Census, 2021). This means that over **641,000** of our residents do not have adequate skills to understand health information. This means they will be struggling to know how to use and act on the information.
- Inclusion Health Groups for target populations :
  - Adults who live in Birmingham or registered with a Birmingham GP and:
    - have lived experience of the criminal justice system
    - have migrated to the UK from overseas within the last 5yrs or
    - are from the Gypsy, Roma or Traveller community or
    - are women and don't speak English as a first language

# What are the benefits of Health Literacy?

- Improving health literacy can have a wide range of benefits. They can increase health knowledge, build resilience, encourage positive lifestyle change and empower the community to effectively manage health conditions.
- This allows the community to:
  - Access the right services at the right time
  - Navigate health services
  - Attend appointments
  - Engage with disease prevention e.g., cancer screening, immunisation
  - Understand when they need help and feel confident accessing it in a timely manner
  - Communicate better with health professionals
  - Avoid unhealthy behaviours, alcohol, unhealthy eating, smoking
  - Engage in healthy behaviours; good diet/normal weight, physical activity
  - Better understand of labelling and how to take medicines correctly

# HEALTH LITERACY TOOLKIT



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# All Aspects of Health Literacy Scale - AAHLS

## ALL ASPECTS OF HEALTH LITERACY SCALE (AAHLS)

Please tick one response only for each question by placing a tick in the box

If you prefer, a member of staff or the research team can read out questions to you

FQ1	How often do you need someone to help you when you are given information to read by your doctor, nurse or pharmacist?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	
FQ2	When you need help, can you easily get hold of someone to assist you?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	<input type="checkbox"/> not applicable
FQ3	Do you need help to fill in official documents?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	
ComQ1	When you talk to a doctor or nurse, do you give them all the information they need to help you?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	
ComQ2	When you talk to a doctor or nurse, do you ask the questions you need to ask?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	
ComQ3	When you talk to a doctor or nurse, do you make sure they explain anything that you do not understand?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely	

Cr1	Are you someone who likes to find out lots of different information about your health?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely
Cr2	How often do you think carefully about whether health information makes sense in your particular situation?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely
Cr3	How often do you try to work out whether information about your health can be trusted?	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely
Cr4	Are you the sort of person who might question your doctor or nurse's advice based on your own research?	<input type="checkbox"/> yes, definitely	<input type="checkbox"/> maybe/sometimes	<input type="checkbox"/> not really
Emp1	Do you think that there are plenty of ways to have a say in what the government does about health?	<input type="checkbox"/> yes, definitely	<input type="checkbox"/> maybe/sometimes	<input type="checkbox"/> not really

Emp2	Within the last 12 months have you taken action to do something about a health issue that affects your family or community?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Emp3	What do you think matters most for everyone's health? (tick one answer only)	<input type="checkbox"/> a) information and encouragement to lead healthy lifestyles	<input type="checkbox"/> b) good housing, education, decent jobs and good local facilities

# What does the toolkit measure?

- **Helps identify:**
  - Gaps in understanding health information among individuals or communities
  - How well people can communicate with health care professionals
  - Gauges an individual's ability to make decisions about their health
  - How health literacy influences lifestyle choices, adherence to medication and engagement in preventative care as can correlate with poorer health outcomes
- **Allows professionals to:**
  - Tailor information effectively
  - Improve communication between service users
  - Ensure better health outcomes by empowering people to make informed decisions about their health

# What are we aiming to measure in the All Aspects of Health Literacy Scale?

- AAHLS is designed to comprehensively measure various dimensions of health literacy. It assesses an individual's or a population's proficiency in multiple areas.
- It focuses on 4 factors that correspond to skills in using written health information, communicating with health care providers, health information management, and appraisal/assertion of individual autonomy with regards to health.

# What are we aiming to measure in the All Aspects of Health Literacy Scale?

- **Functional Health Literacy**
  - Ability to understand and apply basic health information to make appropriate health decisions
- **Communicative Health Literacy**
  - Capacity to effectively communicate and interact with health care professionals, ask questions and actively participate in health care discussions
- **Critical Health Literacy**
  - Skills in analysing and evaluating health information, understanding the implications and making informed judgements about health-related issues
- **Empowerment**
  - Gauge an individual's or community's sense of control, confidence and ability to take action regarding their health

# Measurement tool: All Aspects of Health Literacy Scale

Tool	All Aspects of Health Literacy Scale
Weblink	13 items Questionnaire Three functional (e.g., When you need help, can you easily get hold of someone to assist you?) and communicative HL questions (e.g., When you talk to a doctor or nurse, do you ask the questions you need to ask?); four critical HL questions (e.g., Are you someone who likes to find out lots of different information about your health?) and three empowerment questions (e.g., What do you think matters most for everyone's health?)
Cost	N/A
Use	Self-completed questionnaire
Frequency	Pre-intervention 4 weeks post-intervention
Ambition	Individuals should be aiming to increase health literacy scores in the following way: FQ1-3 – Reduce number of 'often' answers, ComQ1-3 – Increase number of 'often' answers, Cr1-3 – Reduce number of rarely, Emp 2 – Move from No to Yes .
Benchmark Data	No benchmark data



# Using the tool

- This tool was developed to be used in primary care settings e.g. GP clinics. Therefore, the wording is clinical . It is generally advised not to change the wording in validated tools , but in the absence of an alternative tool , you may want to change specific words like ‘patient’ to make it more relevant e.g. you may want to tweak the wording based on your service users.
- It takes approximately 7 minutes to complete the tool
- The tool is delivered in English but you may want to translate in other languages to meet your community groups

# Using the tool

- Find a quiet area to use the tool with service users
- Users could complete the tool on their own if they wish or you may wish to read the questions out for them.
- It can be used with anyone 18 years and over
- The questionnaire is typically completed using pen and paper, but you may want to use an online version based on the needs of your users

# Specific risk and issues to consider

- The tool is related to how well people can communicate with health care professionals.
- Individuals may not always answer truthfully or may answer in a way they think people would want them to respond.
- Individuals may find it difficult to assess themselves accurately
- The wording of items may be confusing

# Specific risk and issues to consider

- The tool asks questions that may upset or trigger individual emotions. If individuals become distressed stop completing the tool and offer them support.
- Ensure your organisation has updated General Data Protection Regulation (GDPR) and Data Protection Act 2018 policies in place
- Organisation would need to ensure all employees are trained on using the toolkit and what to do in situations where individuals become distressed

# How to report the findings

- Individuals should be aiming to increase health literacy scores in the following way:
  - FQ1-3 – **Reduce** number of ‘often’ answers
  - ComQ1-3 – **Increase** number of ‘often’ answers
  - Cr1-3 – **Reduce** number of rarely
  - Emp 2 – **Move** from No to Yes
- You may wish to collect the data on an excel spreadsheet or a word document

# Case study – Hypothetical

- **Issue:** Voluntary organisation is aware that not all service users access Birmingham health services or fully engage with the information when they do.
- **Aim:** Decide to deliver a healthy literacy intervention to equip service users with skills to engage more effectively with professions and empower them to take action regarding their health.
- **Intervention:** service users were asked to complete the health literacy toolkit (along with other measures such as demographics). Professionals offered training on health literacy to users. Once training is provided, service users were asked to complete the measure again 4 weeks after the intervention.
- **Findings:** The voluntary organisation was able to demonstrate that service users' health literacy scores had increased.
- **Implications:** Professionals were able to use the findings and work with local GP clinics to support the delivery of health information

# Additional links

If you have any questions or queries regarding the toolkit, please contact the public health department.

Link to the toolkit: [Health Literacy Tool Shed \(bu.edu\)](#)

- [eLfh Health Literacy E-learning module](#)
- [HEE Improving Health Literacy](#)
- [CDC Understanding Health Literacy](#)
- [HMG Local action on improving health literacy](#)
- [Health literacy: how can we improve health information? \(nihr.ac.uk\)](#)