Health Literacy in Scotland

National Demonstration Programme

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Literacy levels per 100 adults in Scotland (IALS)

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† †	Ť	† †	† †	† †	† †	†	† †	† †	† †	Weak skills. Can only deal with well laid out simple material and tasks that are not complex
		† † †	Ť		•	Ť	Ť	Ť		Skills at or above level required for coping with demands of everyday life

Survey findings



- 43% English working age
 adults were unable to understand instructions to calculate a childhood paracetamol dose
- 49% did not have the ability to understand the instructions for using the National Bowel Cancer Screening kit

You can't always tell

 36% of patients that resident physicians did not think had literacy problems could not read 6 out of 8 common medical words

(Bass et al. Acad Med 2002, 77(10):1039-1041)

 Of 58 patients with low literacy, two thirds had not revealed the problem to their spouses and one in five had revealed it to no one

(Parikh NS et al. Patient Educ Couns 1996, **27**(1):33-39)

"They [healthcare staff]
judge people on your
appearance and what you
give them. On the
appearance, fine, on my
speech, fine. When they
look at a paper, they must
think, 'God she'ssee
that, she's like that,
wouldn't have expected
that of her.'"

(Barbara, female, 50s)

Low functional or health literacy may impact on ..

- Access to and engagement with health services
- Interactions with healthcare professionals
- Self management of health conditions

Easton P, Entwistle V, Williams B. BMC Health Services Research 2013, 13:319

http://www.biomedcentral.com/1472-6963/13/319







Felt stigma – limiting participation in clinical consultation

... If you're nervous and you're pulling back then you're just going to finish it [the consultation] as quick as you can, short answers, just get out. 'I don't know,' or 'Yeah,' 'No,' where you wouldn't say, 'Well, actually....' and be more explicit, you wouldn't do that. Well, I wouldn't. I'd want out (Barbara, female, 50s)

Felt stigma – compromising relationships with healthcare staff

Participants anticipated that disclosure would not change clinical treatment **but** .. staff would judge them, be patronising, think badly of them, look down on them

..... Then they wouldn't leave you alone and then they're kinda like as if you can't do nothing for yourself (Katy, female, 20s)

Setting the scene for shared decision making?

Research participants reported:

- Hiding literacy problems
- Feigning understanding
- Not asking questions
- Not asking for help

The hidden population

... you're saying 'Could you show me, cos I'm not too sure' and they go 'Oh we've already gave you a leaflet' you're not going to turn round and say 'Well I've got dyslexia' because they're moanin' already (Katy, female, 20s)

When I had [daughter] I had to fill out the sheets, like when she had a wet nappy and stuff, that was quite hard and I never told anyone, but I did find it quite hard. I just had to get my sister to help us with it. I found it really hard, like reading stuff and that.

(Carol, female, 20s)



Q. How do you improve people's computer literacy?



resource library

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http://www.healthliteracyplace.org.uk/

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Health literacy is about people having enough knowledge, understanding, skills and confidence to use health

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Demonstration Programme objectives

 To improve people's confidence, knowledge, understanding and skills to access support, collaborate with their professionals and self manage at home after leaving hospital



 To improve people's confidence, knowledge understanding and skills in accessing their out patient appointments, collaborating and sharing decisions with their healthcare professionals and safeguarding their safety and ability to self manage

Health Literacy Walkthrough: Paediatric Neurology







Health literacy issues raised by parents of children accessing care in paediatrics

- "Not a big fan of reading"
- Depends on listening to doctor
- Gets information spoken by family members with experience of condition
- Mother doesn't read information, daughter does
- Would like to bring someone along with them
- Would like to bring recording device
- Summary of visit would be helpful

Teach-back is...

 Asking patients to repeat in their own words what they need to know or do, in a non-shaming way.

 NOT a test of the patient, but of how well you explained a concept.

 A chance to check for understanding and, if necessary, re-teach the information.

Asking for a Teach-back - Examples

Ask patients to demonstrate understanding, using their own words:

- "I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?"
- "What will you tell your husband about the changes we made to your blood pressure medicines today?"
- "We've gone over a lot of information, a lot of things you can do to get more exercise in your day. In your own words, please go over what we talked about. How will you make it work at home?"

Feedback from healthcare staff

"Yes, I think it [Teach-back] worked quite well when I had explained something to a couple and then I asked the woman to make sure I feel confident that I have explained that well"

"Sometimes it's difficult to get into the Teachback conversation"

"Would be useful to practise the Teach-back technique at training sessions"

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