

Health Literacy Pathfinder Project Proposal

The Health Literacy Imperative

Health professionals alone cannot make and keep patients well. They cannot ‘deliver’ health as you would deliver a pizza or any other product. Health can be defined in many different ways. One way is to see it as a process of communication that is co-produced between doctors, nurses, other health professionals, patients, their families and communities.

The traditional relationship between patient and doctor, mediated through the short consultation, is under unprecedented strain. People are encouraged to know their rights through consumer awareness and people have increasing access to the vast resources of the internet along with a spectrum of complementary approaches to healthcare. They are becoming more questioning ‘consumers’ of health.

General Practitioners have a specific duty of care to provide proper health information to patients. GPs that fail to do so through lack of time, resources, interest or communication skills, or through sheer negligence, are costing the NHS dearly. Successful litigation over failure to provide proper information about treatments costs millions of pounds a year.

The best way to improve this situation is to provide the educational and training resources for both patients and health professionals to co-produce health literacy. The term ‘health literacy’ has been coined to capture the idea that patients must have both the opportunity and the skills to absorb, understand and act on health information in order to play their role in the co-production of health.

This means increasing patients’:

- **Awareness** of the variety of health information resources
- **Access** to a range of sources of health information, advice and guidance produced in a variety of modes to reflect the range of learning styles (visual, auditory, tactile etc.), literacy skills and first languages of patients: stories, games, tapes, videos, internet, support groups etc.
- **Ability** to determine the quality and validity of information given
- **Knowledge and understanding** about health issues, treatments, side effects and impartial advice about any existing alternatives in order to create both ‘informed consent’ from patients and appropriate, responsible use by patients of medicines and NHS services
- **Guidance for self-management** of health care and treatment plans.

GPs do their best to use the precious time available to them to communicate health information to patients. Many patients do not have a scientific education and many have problems with reading so it is a challenge to make health literacy a reality in such conditions. Mediators and advocates such as community nurses, health visitors, health promotion services, community health councils and Expert Patient Groups all have a role to play in increasing health literacy by improving access to health information and knowledge through a variety of media and through training.

Public Health and Health Literacy

Public health is normally seen as the discipline that studies health factors affecting whole populations eg through epidemiology. It may also be seen as the interface between the multiple factors that affect the health of individuals: environment, lifestyle, stress, poverty, access to resources, mobility, health of community life. Health literacy has a role to play in raising awareness of individuals about how to respond to, manage or change any of these circumstances. This inevitably challenges health professionals to take a more holistic view of health factors by working more closely both with residents and with other professionals in the voluntary and community regeneration sectors to co-produce healthier communities. For instance, local people may decide to create a map of play areas in their district. In the process of doing this they will create a useful resource for new parents but will also identify places where new play areas could be set up – this project has both community development and health outcomes. Health literacy becomes community literacy.

Opportunities

The Department of Health has, for the first time, established a Department of Health Literacy, which is keen to see about six ‘early adopter projects’ set up around the UK, including one or more deprived areas in Lancashire. The Department of Health sees such projects as a contribution to the reduction of ‘inequalities in health’. It has been mooted that about *“one hundred thousand pounds per annum for 5 years will be available for each project”*. ‘Early adopters’ will have the chance of becoming teachers and mentors for project development as the scheme is extended to other PCTs in future.

The Newton Road Surgery with its branch at Yates Street in Blackpool has been identified as one potential host to the Lancashire project. Blackpool PCT could become a pathfinder Health Literacy (HL) project, which could add value to the existing Health Trainers scheme.

The Pathfinder HL project would:

- **evaluate the quantity and quality** of current information, advice, guidance, referral and support services
- **recommend enhancements** of existing provision through use of multimedia, video games, the internet and state-of-the-art communications for all audiences
- **identify health literacy facilitators** to be trained to deliver a HL service, from where and at what hours
- **determine how** the HL service would be **governed and managed**, and by whom
- **determine** what an **information prescription** looks like and how it would work in practice
- **identify training needs** of healthcare professionals to make use of the new service effectively
- **engage the adult education, museum and library services** in promoting health literacy and providing materials for use by health literacy facilitators
- **identify how** the service would be **marketed** to the wider public
- **explore how volunteers** in Primary Health Care could be **motivated** to sustain their participation (eg through a time bank) to develop HL projects.

There is a clear opportunity for a Local Health Authority to work in partnership with the Adult Education, Museum and Library services and the Voluntary and Regeneration Sectors to develop an innovative, holistic, cost-effective and cross-sectoral service with benefits for all stakeholders.

Further Reading

'The Autonomous Patient – ending paternalism in medical care',
Angela Coulter, The Nuffield Trust, 2002

'A Fair Share of Health Care',
Martin Simon, Agency for Health Enterprise and Development, 2003

'Time for Health - new approaches to patient participation in primary healthcare',
John Rogers, Value for People

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