



National Literacy Trust Hubs:

Understanding the role of literacy in public health

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July 2015

Introduction

In this paper we present the case that low literacy negatively impacts on the health of communities in the UK. The inability to access and interpret information stemming from a lack of basic skills presents individuals with a fundamental challenge to take control of their own health. As a result, health literacy skills should be considered an integral part of any public health strategy, and it is essential that literacy skills underpin such strategies. Improving health literacy will empower communities, reduce health inequalities, and reduce pressure on our public services. The second section of this paper will review broad themes from the World Health Organisation's paper '*Health Literacy: the solid facts*', to draw out emerging principals for effective health literacy strategies, highlighting the emphasis of local area approaches in this field. The paper will then examine the National Literacy Trust Hubs, our own local area approach to embedding literacy support within communities, before exemplifying how the National Literacy Trust is working on a shared public health agenda in conjunction with Middlesbrough Council, the James Cook Hospital, and a numerous other partners.

Understanding the link between health and literacy

What is the relationship between health and literacy?

"Literacy is a stronger predictor of individual's health status than income, employment status, education level and racial or ethnic group." (Weiss, cited in WHO, 2013)

Evidence demonstrates a clear link between low literacy and poor health. In 2008 the National Literacy Trust published a paper highlighting the association between low literacy and poor health outcomes.¹ In 2014, we explored the direct nature of this relationship, demonstrating that those with low literacy were up to 18 times more likely to take their prescriptions incorrectly, significantly less likely to understand symptoms of a medical condition such as diabetes or asthma, and more likely to rate their health as "very poor" than those with better literacy skills.²

This paper goes further to argue that literacy skills comprise a fundamental area of public health. Literacy is directly related to health because it provides individuals with the skills to obtain, process, understand, appraise and apply information relating to their own health and behaviours. This capability, combined with motivation and knowledge, is understood as health literacy³, and evidence shows that measures used to signify health literacy are highly correlated with other standard literacy tests.⁴ In practical terms, this means that literacy impacts an individual's ability to learn about disease prevention and health promotion, follow health care regimens, and communicate about health messages with other people.

¹ Dugdale, G. and Clark, C. (2008) *Literacy Changes Lives: An advocacy resource*. London: National Literacy Trust.

² Morrisroe, J. (2014) *Literacy Changes Lives 2014: A new perspective on health, employment and crime*. London: National Literacy Trust.

³ "Health literacy is 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 decision in every-day day life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course." (cited in WHO, 2013: 4)

⁴ Cited in Baker, 2006. See: De Coulon, A. Meschi, E. and Yates, M. (2010) *Education, basic skills and health-related outcomes*. London: NRDC

Where has the interest in health literacy come from?

Across Europe, considerable concern has been growing around the “crisis” of health literacy, driven by a rapidly expanding body of research. In 2012, the European Health Literacy Survey found that nearly half of all adults across eight European countries have inadequate or problematic health literacy that adversely affects their health. In the same year, health literacy comprised a key dimension of the European health policy framework – ‘Health 2020’ – adopted by member states.

While low literacy is common, limited health literacy is very common. Currently in the UK, a third of older adults have difficulties reading and understanding basic health related written information, an issue associated with higher early mortality rates. Nearly half of all Europeans have inadequate and problematic health literacy, and particular groups are generally more vulnerable, including those with lower self-assessed social status, low levels of education, and low income. In addition those who struggle with health literacy are often older, from ethnic minorities, recent immigrants, or those with low proficiency in the national language.

How can literacy impact the health of communities?

Health literacy strategies are multidimensional, and it is important to recognise that multiple factors impact individual health literacy, including basic numeracy and ICT skills, confidence, contextual health knowledge and the accessibility of information itself. Today, those living in the poorest neighbourhoods of the UK have a life expectancy on average seven years shorter than those in the wealthiest.⁵ In addition to this inequality, the NHS faces significant challenges, and could experience up to a £30 billion funding gap by 2020.⁶ For these reasons, strategies aimed at improving health literacy offer the potential to empower individuals and communities to take control of their own health, tackle health inequalities and reduce pressure on public services.

Improving literacy skills must fundamentally underpin health literacy strategies. Evidence demonstrates the direct relationship between literacy and health literacy and it is widely recognised that educational interventions play a central role in promoting and strengthening health literacy. Building the foundations for health literacy in early child development, developing and supporting health-promoting school approaches (including building literacy, numeracy and ICT skills), and addressing the barriers to adult learning are evidence based approaches for improving health literacy.⁷ Other sources show that qualifications are the most important driver of health literacy,⁸ while informal lifelong learning such as daily reading, and formal, structured learning are considered to be likely to facilitate the development and maintenance of health literacy skills.⁹

⁵ Public Health England (2014) *Tackling health inequalities*, [press release] 26 Feb 2014. Available:

<https://www.gov.uk/government/news/tackling-health-inequalities>

⁶ My Health London NHS (2014) *Today's NHS – our current challenges*. Available at:

<http://www.myhealth.london.nhs.uk/your-health/call-action/nhs-today>

⁷ Kickbusch, I., Pelikan, J., Apfel, F., and Tsouros, A. (2013) *Health literacy: The solid facts*. Copenhagen: World Health Organisation.

⁸ Marshall, K., Roberts, G. and Wilsher, S. (2014) *Health Literacy in Stoke-on-Trent: Final Report – Quantitative*. Available at: http://www.stoke.gov.uk/ccm/cms-service/download/asset/?asset_id=898095

⁹ Kickbusch, I., Pelikan, J., Apfel, F., and Tsouros, A. (2013) *Health literacy: The solid facts*. Copenhagen: World Health Organisation.

Making the case for local area literacy and health literacy strategies

“Addressing health literacy requires a whole-of-society approach – many sectors, settings and actors need to work together to improve the health literacy of individuals and communities and to make environments easier to navigate in support of health and well-being.” Zsuzsanna Jakab, WHO Regional Director for Europe¹⁰

In this section, we synthesise evidence of what works in health literacy strategies from the World Health Organisation’s *Health Literacy: Solid Facts*. We believe this evidence recognises the need to tailor approaches to local audiences, approach health literacy with a multi-stakeholder perspective, and embed health literacy in day to day life.

Defining, understanding and targeting local audiences

“Health literacy initiatives work best when they customise approaches based on understanding the diversity of how individuals and communities approach health. The roles of family, social context, culture and education need to be factored into the development of all health literacy messages and proposals.”¹¹ Investing in research, analysis and measurement is crucial to ensure that interventions are built on good empirical data, that approaches are accessible and responsive to individuals with the highest need, and to evaluate whether strategies are effective with target audiences. Designing and tailoring approaches based on local need in which all practitioners communicate effectively, including those with limited health literacy, is an essential element of system change.¹²

Involving multiple stakeholders in a whole-of-society approach

“Health literacy is not only the responsibility of individuals or of policy-makers or professionals in the health sector; rather, it crosses multiple boundaries, professions and sectors”¹³. System change in which local strategies recognise the multiple impacts on health inequalities across public services are key for effective health literacy. Evidence shows that multi-agency and multi-strand approaches to health literacy are proven, and strategies are effective when mobilised across a network of services, from education to criminal justice. City-wide innovation must come through leadership, political commitment, partnership and participation.



Embedding strategies into the settings of every day life

Individuals develop and learn within the social environments in which they live. This ecological understanding of development shows that social networks and communities hold a close and

¹⁰ Ibid: p. v

¹¹ Ibid: p.23

¹² Community Health and Learning Foundation (2014) *Health literacy – the agenda we cannot afford to ignore*. [pdf]. CHFL. Available at: http://www.chlfoundation.org.uk/pdf/Health_literacy_policy_briefingMay14.pdf

¹³ Kickbusch, I., Pelikan, J., Apfel, F., and Tsouros, A. (2013) *Health literacy: The solid facts*. Copenhagen: World Health Organisation. P.9

important influence on individual's behaviour.¹⁴ Embedding activity into the settings of every day life therefore is an essential strategy to access individuals in need of support. This is supported by evidence that the Home Learning Environment is one of the most important factors for childhood development and that barriers to adult literacy can often relate to social, rather than structural issues.

Incorporating literacy into health strategies: National Literacy Trust Hubs

The principals for building effective health literacy in the previous section demonstrate the need for tailored, relevant, and multi-stakeholder local area approaches. Since 1995, the National Literacy Trust has placed an emphasis on local area based solutions. In 2007, we developed our work significantly with a major review of area based approaches in 21 local authorities in conjunction with the Basic Skills Agency, leading to the development of Partnerships in Literacy in 2008. Through this, the National Literacy Trust worked with local authorities to raise literacy standards by improving literacy support for the most vulnerable families, providing the foundations for the National Literacy Trust Hubs model. Currently, three Hubs have been established in the UK; first in Middlesbrough in 2013, with two further Hubs launched in Bradford and Peterborough in 2014.

What is the National Literacy Trust Hub approach?

National Literacy Trust Hubs are designed to create long-term change in communities across the UK where low levels of literacy are entrenched, intergenerational and seriously impacting on people's lives. Our policies aim to tackle intergenerational low literacy by mobilising schools, public services, businesses, communities, and cultural, faith and voluntary groups in a campaign focusing on improving literacy levels in a local area. The following section demonstrates how our Hubs seek to achieve this, followed by evidence of how this approach has enabled health and literacy practitioners to work together towards a shared agenda.

Local planning and marketing is a fundamental aspect of our tailored approach. Currently, a wealth of data exists in local areas relating to the demographics and literacy levels of its communities and the uptake of its services. We utilise existing data and conduct new research to identify weaknesses in literacy provision and communities with high need. This ensures that services can be retargeted to meet the needs of families and become accessible in their day to day lives. Furthermore, the mapping of stakeholders within the local area provides insight into where partners are able to reach families directly, either through formal services or community organisations. We further segment and target local literacy messaging through partnerships with local media, local events, environmental interventions, and local campaign websites in each area.

Building partnerships and prioritising literacy enables a multi-stakeholder approach. Each National Literacy Trust Hub works directly in partnership with the local authority and a wide range of local partners. Through this network, we seek to prioritise literacy in the local area, opening up new avenues to provide literacy support to families, redirecting them to the services they need, and raising the profile of literacy through targeted media campaigns. This is achieved through the prioritisation of literacy in the local authority through the co-ordination of a senior steering group,

¹⁴ Ibid: p.35

and at a broader level through an interest group representing a wide range of local organisations who advise and support the aims of the hub.

Unlocking the potential of existing services is achieved by collaborating to provide literacy support for the most vulnerable families. This approach is built on evidence showing that despite three quarters of community and local service providers frequently meeting parents with low literacy, approximately half rarely or never signposted these parents to support for either themselves or for their children’s literacy development.¹⁵ Awareness training, signposting, supporting promotion across services, and collaboration are just some examples of how services can increase their reach and efficiency to meet literacy needs.

Case study: Working in partnership with Middlesbrough Public Health

For the past three years, the National Literacy Trust has worked in conjunction with Middlesbrough Public Health to address a number of priority areas for literacy improvement, including improving parenting skills and knowledge among parents of premature babies and improving development outcomes for early years children from birth to age 5.

At the age of two, a child’s language development can strongly predict their reading skills on entry to school. Worryingly, large inequalities exist in these skills of pupils from low-income backgrounds and their peers; research finds the poorest 20% of children are on average 17 months behind the highest income group.¹⁶ Despite this, evidence demonstrates that parental behaviours and engagement during the early years can close the inequality gap in terms of children’s development.¹⁷ While language development is highly important, parental engagement also supports the wellbeing of young children through personal, social and emotional development, and its contribution to secure attachment bonds.¹⁸

Through partnerships with local health services – the James Cook University Hospital neonatal ward and premature baby charity Bliss – we have identified new opportunities to provide support and guidance to parents and families with babies and young children. With support from Walker Books we have developed free book packs, which have been distributed to the parents of premature babies in neo-natal wards by trained nurses and volunteers. Each pack includes guidance on the importance of babies in the unit hearing their parents’ and family members’ voices and the value of sharing stories with babies from the earliest stages. To embed this

Parent receiving Book Pack support in the neonatal unit, James Cook Hospital

“I never thought to read to her in the unit until the nurse mentioned it... We have a night time routine in the unit, we read to her before we leave to go home... I think she enjoys me reading, I know I do”.

¹⁵ McCoy, E. (2011) *Local authorities improving life chances: a review of a new approach to raising literacy levels*. London: National Literacy Trust.

¹⁶ Warren, H. and Paxton, W. (2014) *Read on. Get on: How reading can help children to escape poverty*. London: Save the Children.

¹⁷ Ermisch, J. (2008) *Origins of social immobility and inequality: parenting and early child development*. National Institute Economic Review, 2 (05). Pp: 62 – 71.

¹⁸ Moullin, S. Waldfoegel, J. Washbrook, E. (2014) *Baby Bonds: Parenting, attachment and a secure base for children*. London: Sutton Trust.

further, training has been delivered to nurses on neonatal wards around providing literacy messages to parents, and a parents and older siblings library has been established in the coffee lounge within the unit.

This partnership activity has had a real impact on families' behaviour. Baseline data shows that before engaging with nurses and volunteers, many parents lacked awareness of the value of reading with their very young children, however following the intervention reading had become seen as an enjoyable, important way of connecting with their child. Furthermore, focus groups with parents have demonstrated that this activity has become routine and embedded in day to day life. Qualitative evidence demonstrates that the book packs and activities also help families to bond with their children during difficult circumstances, and was particularly useful for the siblings of children in the ward.

The Hub's partnership approach has enabled health and literacy practitioners to unlock the potential of services and respond to families needs in a number of ways. First, early years development and parental engagement has been identified and prioritised within the local authority. Establishing this as a shared agenda across health and literacy services has provided new opportunities to reach families. Furthermore, through training and the provision of resources, practitioners are now able to support families through signposting and guidance. Ultimately, we believe that this approach offers the potential to transform the accessibility of literacy services and outcomes for communities.

Bliss Family Centre Care Co-ordinator, James Cook Hospital

"Before parents had been given welcome packs, awareness about reading and storytelling was low. Occasionally families bring a book, but it's not the norm. Parents of premature babies are unprepared for obvious reasons, and more practical items are more of a priority. Having a baby in an incubator makes interacting with them difficult and families often feel awkward and don't know what to say to them, especially older siblings who can feel embarrassed."

"The baby diary has been a great resource for parents who are in turmoil at this time as they can write about how they feel. Being able to document the first time they read to their baby in the diaries alongside the first time they changed their nappy or feeding them has really reinforced the message that reading is as important as the more obvious practical 'firsts'."

"Parents and siblings have found that the books have provided a meaningful way for them to bond with the baby and they have helped prevent awkwardness. The books have provided a routine for families at bedtime. Seeing a ward full of families reading has been lovely to see- there's been a bit of a 'table-top' sale atmosphere around the book boxes! The comments from parents who might not have realised that reading to babies from day one was so important has shown what a difference having these packs in the wards can make."

Next steps: developing a shared agenda

This paper has presented the argument for a shared agenda for literacy and public health. To conclude this report, we look ahead to further developments, both within the National Literacy Trust and externally, that support this agenda:

1. The National Literacy Trust will publish an interim evaluation report of our impact in our Hubs in Middlesbrough, Bradford and Peterborough in the autumn 2015.

Building on our experience working in Middlesbrough, early years literacy posters and leaflets with key messages will continue to be distributed across the city, including on free standing poster sites in the town centre, in registrars, prisons, children's centres, drug and alcohol services, paediatric wards and receptions and foyers of public buildings in Middlesbrough. Within maternal and neonatal wards, the National Literacy Trust Hub will see information cards produced to provide key literacy development points from birth to school to be distributed via personal children's health records. In addition, literacy related activity packs will be introduced for older age groups and training will be provided to health practitioners and volunteers on children's wards. Health visitors will also be trained to signpost parents to early years support programmes, such as the National Literacy Trust's *Early Words Together* programme.



2. Launch of a national health and literacy campaign in partnership with Boots Opticians

The National Literacy Trust is delighted to announce a pioneering multi-year partnership with Boots Opticians, which will highlight the links between eye health and literacy and aims to improving the literacy outcomes of the UK's most disadvantaged children. Boots Opticians research shows many children in the UK do not have an annual eye test, and as a result some of these children have uncorrected vision needs. This inevitably impacts on the literacy skills and enjoyment of reading for many children and young people. The research also shows that children from areas of deprivation are likely to have poorer eyesight, and low levels of literacy are also most prevalent in the poorest communities.

3. Read On. Get On. calls for greater collaboration between public health and education in the early years

In June 2015, a report published by Save the Children on behalf of the Read On. Get On. campaign has emphasised the need to act early to empower parents to support their child's early language development from birth. It recommends three key priorities; investing in the early education workforce, strengthening support for parents, and tracking improvements in young children's language skills. In supporting parents, the report argues that greater priority should be given to early language in local public health strategies, that local health and education services work more closely, and professional development to help staff identify, support and refer parents in the area of early language development.