### 1.0 Situation

This year the Director of Public Health’s (DPH) Annual Report puts the spotlight on health literacy. Health literacy is defined by the World Health Organisation as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions\(^1\).

Limited health literacy has been shown to be one of the strongest predictors of health status along with age, income, employment status, education level and race/ethnic group. It is also associated with high health system costs and increasing rates of non-communicable diseases\(^2\).

Although health literacy levels have not yet been formally assessed in the ABMU Health Board area, we can infer from statistics taken from the National Survey for Wales 2016 relating to key health behaviours – smoking prevalence, obesity rates and alcohol consumption rates being higher than the Welsh average for example – that a number of vulnerable groups (discussed below) will be affected by low/poor health literacy.

The report is presented in a video format, in order to make it more accessible to those with limited ability to read and/or understand statistics. It provides a snapshot of the indicators of poor health literacy that are evident in ABMU Health Board area. This format also allows us to feature some residents’ views about health and health information in their own voices.

The video report culminates in a call to action to work with and support the residents of Neath Port Talbot (NPT), Swansea and Bridgend to improve their health literacy. The Public Health Team plans to have a stronger focus on this important area of population health in the coming year and it is hoped that this report will challenge the Health Board and our partners to do the same.


2.0 Background
The WHO Solid Facts Health Literacy Report (2013) states that there is a significant problem across Europe with inadequate or problematic health literacy – with low literacy being common and limited health literacy very common.

Weak health literacy skills are associated with riskier behaviour and less ability to access the appropriate health services, understand health information and make informed, sound health decisions. Consequently, this results in poorer health, higher incidence of non communicable diseases, additional hospitalization and increased healthcare costs.

Poor health literacy tends to follow a social gradient and exacerbate health inequalities. Some of the ABMU residents that are most likely to struggle with limited health literacy are older people, members of ethnic minorities, recent immigrants, people with lower levels of education, those with low incomes, and people with poor/no employment.

2.1 Indicators of possible poor health literacy in the HB area
There are a number of indicators of poor literacy including deprivation, income, employment, qualifications and poverty. The following snapshot of statistical facts would indicate that low health literacy will be a problem in many parts of ABMU.

- In terms of the % of LSOA’s ranked in the 10% most deprived LSOA’s in the Welsh Index of Multiple deprivation – Swansea has the 3rd highest number (18), Neath Port Talbot is 5th highest (12) and Bridgend 7th (9) highest across all Local Authority areas in Wales
- The area has less than the Welsh average of working age people who are in employment - between 68.1% and 70.7% compared to a 71.4% Welsh average
- has the 3rd highest number of working age adults with no qualifications and ABMU as a whole features in the top 10 areas in Wales in this category
- Swansea has amongst the highest number in Wales of working age people claiming benefit and NPT has the 3rd highest in Wales
- 1 in 5 children live in poverty in Wales and each geographical area of ABMU has higher than the Welsh average of children living in poverty
- Following national trends, the numbers of older people in ABMU are set to rise by between 25 – 28% (Wales 27%) by 2039
- 2 out of 3 of ABMU areas are below Welsh Average for breastfeeding

3 http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf
3.0 Assessment

“Health citizenship requires a combination of personal and social responsibility from individuals, but even more so it requires the institutions of society to promote choice, empowerment, self-management, responsiveness and participation in health and well-being”

Cayton & Blomfield

Health literacy is an asset for both individuals and communities and investment in strengthening health literacy is likely to yield a substantial return in health and well-being at both the individual and community levels. It is also an important form of social/cultural capital, which is linked to improved health outcomes. In addition, health literacy is empowering and would enable ABMU residents to make better decisions about their health and improve their self management skills.

From an individual patient perspective, a health-literate individual is able to:

- seek and assess the health information required
- understand and carry out instructions for self care, including administrating their own daily medical/health regimens
- plan and achieve the lifestyle adjustments required for improving their health
- make informed positive health-related decisions
- know how and when to access health care
- share health-promoting activities with others and address health issues in the community and society.

Interventions to improve health literacy should, therefore, focus on assisting residents and patients to improve their skills in these areas.

3.1 A Health Literate Health Board

From a Health Board perspective there are several promising areas for action laid out in the WHO report.

- Reframing health literacy as a challenge to the Health Board and wider partners
  Health care providers and systems need to actively work to understand their population needs and co-design delivery models that accommodate their service users

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5 Cayton & Blomfield. Health citizenship – leaving behind the policies of sickness

6 Adapted from the WHO Solid Facts Health Literacy Report 2013

Establishing a policy to promote health literacy in all communication materials
Health systems need to look at introducing policies that promote health literacy in all forms of communication to and with the public and patients, as their initial response to health literacy. This includes enforcing plain-language approaches and pilot testing with the intended audiences.

Make health literacy sensitivity a quality criterion for health care management
Health literacy should be included as a criterion in assessing the quality of professionals/ organisations. The principles of co-production should be applied at all stages, including planning, governance, quality assurance and improvement. There should be best practices for spoken communication in all interactions with patients and written materials should be accessible, fit for purpose and jargon free. Programme evaluation must contain measures relating to health literacy, including feedback as to how initiatives/programmes are affecting health literacy.

Invest in professional education.
Clinicians and other health workers should be trained to communicate more effectively to help them care for people with limited health literacy.

Utilise the International Network of Health Promoting Hospitals and Health Services as well as European patient organisations to foster health literacy.
The health-literate health care organisation is an important model for hospitals and other health services. Health literacy is a core concept for implementing health promotion. Networks such as this are therefore an important resource for promoting health-literate healthcare environments.

4.0 Recommendations
The Board is asked to receive the report, note the messages within the report video and endorse the Director of Public Health’s focus on health literacy as a priority for action.
Appendix: Figure 1 – the Health Literate Organisation