Health literacy: Constructing curriculum for health care providers, Promising practice from the UK

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1. Introduction

Any proposed health literacy curriculum for health care providers will be influenced by the way we define health literacy. There are several working definitions. The main differences between them lie in the interpretation of health literacy as a either a basic skill which can be measured by using tests, or as part of a wider social construct that includes individual empowerment and social and community engagement[1].

This paper adopts a broad definition of health literacy[2] and starts from the premise that a multi-layered approach is required to tackle what health literacy seeks to address – namely, improved health, improved health care, and reduced health inequalities.

The paper looks at health literacy from three different angles and explores the implications of each for a curriculum for the health workforce. It starts with health literacy curriculum for patients and public, it then looks at awareness building programs for health practitioners, and finally considers examples of programs to develop organizational practice to support health literacy. A broad conception of health literacy suggests the need to develop health literacy curricula rather than a single curriculum, although there may be strong grounds to argue for a core curriculum for all health practitioners.

2. Supporting patient and public health literacy

Nutbeam's model for health literacy[3], which identifies functional, interactive and critical components of health literacy, provides a framework in which to place current practice in enhancing public health literacy.

▪ *Matching curriculum to learners*
In the UK, the delivery of this type of health education is largely through partnership organizations such as further education and voluntary sector learning providers. A number of health awareness courses have been developed under the broad umbrella of health literacy, some accredited, others more informal. The content of the curriculum and pedagogy depends on the intended participants. Some courses seek to develop specific literacy and numeracy skills in a health context, some seek to enhance use of information technologies, some seek to develop health behaviours, some

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[1] www.healthliteracy.org.uk
[2] 'Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health….Improved health literacy is critical to empowerment.' WHO (Nutbeam 2000)
[3] Nutbeam 2000

seek to foster improved health through confidence building activities, some relate to individual skill development, some support group work or seek to support community skills development. Some largely work through verbal and group activity; some are text based. No one approach will meet the range of public need.

▪ *Linking literacy, language, numeracy and health*
"Skilled for Health" is the national program that combines developing literacy, language and numeracy skills with seeking health improvement. It aims to address the low skills and health inequalities in disadvantaged communities. The program adopts an integrated approach, using health improvement topics that embed literacy, language and numeracy as an incentive to engage and recruit individuals who do not traditionally participate in adult learning initiatives. The program seeks to enhance the ability of individuals to make informed decisions about health and well-being and to support participants into other learning opportunities – including, where appropriate, a Skills for Life qualification-based outcome. It is currently in its second phase; an interim evaluation of its impact is due in Autumn 2008.[4]

▪ *Health trainers and potential for health literacy integration*
Evaluation of health education programs has repeatedly demonstrated that changes in knowledge do not necessarily result in behaviour change and improved health[5]. Hubley argues that health empowerment requires a combination of health literacy with self-efficacy; the latter he argues requires affective skills and higher self esteem. He suggests the formula: health empowerment= self-efficacy + health literacy.[6] Many adult education practitioners would argue that both process and content are key to delivery: The way you teach is as important as what you teach. However, in order to specifically address behavioural change, a growing strand of public health promotion in the UK is now delivered through health trainers. [7]

The Health Trainer's role is more than advice and support. It involves training people in skills to actively set their own behavioural goals and manage their own behaviour and circumstances in their lives that they would like to change. The training is mainly offered on a one -to-one basis. In targeting people who would like to change behaviours relevant to their health, and who have previously been "hard to reach" via other services, Health Trainers have been seen as an important element in the policy to reduce health inequalities. The training of Health Trainers incorporates information and explanations about psychological techniques and the theories of behaviour change, as implied by Hubley, and offers practical suggestions for using these techniques. The training has until recently not specifically addressed the literacy, language and numeracy skills of clients but is beginning to do so, following connections made through the Skilled for Health pilot.

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[4] More details can be found at:
http://www.continyou.org.uk/what_we_do/healthy_active_learning_communities/skilled_health
[5] Hubley 2002
[6] Ibid p2
[7] http://www.dh.gov.uk/en/Publichealth/Healthinequalities/HealthTrainersusefullinks/index.htm

▪ *Community development and health workers*

Community development approaches move beyond a focus on individual behaviour change to consider health empowerment in terms of the broader determinants of health, and address health literacy in this broadest sense. Community development is recognized as a process which can bring people together; help them identify the problems and needs they share, and respond. [8] The aim is to promote the skills and confidence of participants and develop their capacity to act together and deal directly with issues they think important. The process promotes increased local democracy, participation and involvement in public affairs, and can help public organizations work in more open and inclusive ways. Some UK primary health trusts directly employ community development and health workers. The Community Development and Health course in South Yorkshire is one of a number of programs offered through the health sector. [9] The curriculum to train such workers needs to foster the development of skills which help people learn how to do things for themselves, and which allow people to build the skills and organizations that can survive and respond to new issues. [10] Similar community development courses are also provided through partner organizations. An ongoing issue is the sustainability of these types of courses, and the recognition of their validity to either public health or skills development.

▪ *Linking health literacy to a healthy workforce*

An emerging element of health literacy is the promotion of a healthy workforce. The current policy rationale supports not only the health agenda but also aims to deliver a more motivated and ultimately more productive workforce. Approaches to building a healthy workforce include the development of a quality kite mark for employers such as the 'Mindful Employer' initiative[11]; the development of employer awards to promote best practice, such as the Healthy Workplaces Award[12]; and the development of courses such as 'Mental First Aid' and the Department of Health pilot 'Self Care' program. One element of Self Care is the development of short non-accredited programs to help employees take care of their own health and make changes to their lifestyle if necessary. [13] The course is provided free during the working day, lasts nine hours in total and covers: confidence building; dealing with stress and anxiety; tips on healthy eating and exercise and how to locate help from local services. Although it supports health literacy in the broadest sense of health awareness, this course does not directly address literacy, language and numeracy skills. One example of a course for the health workforce intended to do this is a "Skilled for Health" pilot project sponsored through the Department of Health's health literacy division. [14]

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[8] Community Development Alliance (Scotland) June 2008, p3

[9] http://www.publichealthsheffield2006.nhs.uk/burngreave/burngreave3a.php

[10] For an indicative list of skills see Community Development Alliance 2008 p10

[11] http://www.mindfulemployer.net/

[12] http://www.bitc.org.uk/what_we_do/awards_for_excellence/how_to_enter/categories/towers_perrin_health.html

[13] See for example http://www.bradfordairedale-pct.nhs.uk/Media+Centre/Press+releases/2006/self+carePR.htm

[14] Gateshead Foundation Trust Skilled for Health pilot. More details can be found at: http://www.continyou.org.uk/what_we_do/healthy_active_learning_communities/skilled_health

> **Question: What do health care providers and commissioners of services need to know to ensure the sustainability of a range of health literacy provision for the public?**

3. Building awareness of patient literacy, language and numeracy skills

There is a growing number of studies examining the link between health literacy and the effective prevention, diagnosis and treatment of different health conditions.[15] These studies have largely been shared at research dissemination events and ad hoc professional development training. Recently, there has been an emerging central concern, by the sector skills council for health, to build awareness of the importance of literacy, language and numeracy skills in health care, including those of patients.

▪ *Training health care staff about literacy impacts on health*
An accredited literacy, language and numeracy awareness-raising course[16] has recently been commissioned by Skills for Health. It has been designed for and piloted with health care staff who as part of their role come into contact with people with a literacy, language, numeracy or ICT need. The course involves 14 hours of delivery and includes developing an awareness of the impact on personal, social and working life of poor literacy, language, numeracy and ICT skills, and strategies to address these. All course materials are contextualized to health sector drivers and priorities.

> **Question: Should awareness-raising be part of the core, even mandatory, training for the entire health workforce? If so, how do we differentiate for different roles and levels of staff?**

4. Building patient and public health literacy: Organizational approaches

▪ *Organizational strategy to integrate health literacy*
As well as supporting individuals or communities to develop health literacy skills, it is important to look at organizational practice to foster health literacy. One promising practice example from the UK is that of Wakefield Primary Care Trust (PCT): one of the first trusts to establish a post of health literacy co-ordinator and develop a health literacy action plan. Using an expanded model of health literacy developed by Zarcadoolas et al[17], Wakefield has drawn up a model for organizational development with four domains: functional, scientific, civic and cultural. The functional domain concerns chiefly the accessibility and readability of information. The scientific domain concerns developing lay explanations of disease by specialists such as doctors and nurses. The civic domain concerns opportunities to publicize health issues

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[15] www.healthliteracy.org.uk
[16] City and Guilds Level 2 Certificate in Literacy, Language, Numeracy and ICT Awareness (9297), contextualised to health
[17] Zarcadoolas, Pleasant and Greer, 2005

working through the communications and community development departments. And the cultural domain *c*oncerns transmitting health messages in a way which is tailored to a community's context. The Wakefield PCT Health Literacy Action Plan 2007-9 includes establishing health literacy champions in each department, assessment of public information about health and readability levels, planned development of information using a range of media, participation models developed and evaluated by the community development team, and identification of specialists to develop scientific literacy.

> **Question: What curriculum will support effective organizational development to improve accessibility to health care for those with a literacy, numeracy and languageneed?**

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5. Learning for a healthy society and workforce

The Ottawa Charter identifies eight areas of influence on health, with education being but one.[18] In the UK, the social determinants of health, and the importance of socio-economic status and poverty, are widely recognized in government health policy[19]. We know that learning has an impact on health[20]: qualifications can affect employment and socio-economic status; learning can influence health behaviours, and access and take up of health and other services; it can enhance self esteem and ability to deal with stress; it can foster social cohesion and a resultant sense of well being.

▪ *Learning for wider health workforce*
Since literacy, numeracy and language skills constitute the central building blocks of learning, one could move swiftly to argue that access to literacy skills training, learning and qualifications for the wider health workforce, particularly those who have had limited access to learning opportunities within their initial education, would be a way to improve health. This was part of the philosophy of the now dismantled National Health Service University (NHSU).

One vision of the newly elected Labour government in 1997 was of a learning society, which would help deliver equality of opportunity as well as a competitive economy.[21] The NHSU was a product of this vision. Launched in 2003, it promoted learning for everyone connected with health: the health and social care workforce, patients and their families. It saw learning per se as having transformative powers with the potential for improved health. With the

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[18] Ottawa Charter 1986. The others are: peace, food, shelter, income, stable eco-systems, sustainable resources, social justice and equity
[19] Department of Health 2008 and 2003
[20] James K, 2004; and http://www.learningbenefits.net/Research.htm

[21] Department for Education, 1998

early demise of the NHSU[22] this vision was not realized. Within its short lifespan, the focus of the NHSU was largely on supporting the development of skills of lower paid health staff. This indeed generated much interest and activity around literacy, language and numeracy skills for staff within health and social care and gave a boost to those health organizations already developing literacy, language and numeracy skills support. The promotion of skills development in the effective delivery of health care has continued in the work of the sector skills councils for health and social care, though the rationale has now switched to ensuring competence in health care delivery.

Question: Is a culture of learning a pre-requisite for developing health literacy?

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6. A core curriculum and strategic approach

A social model of health implies the need to train health care providers to support individuals as citizens, patients and employees to develop their health understanding and empowerment. It involves developing procedures to ensure health care support is accessible; and it involves linking with partner organizations concerned with public health. All these areas require health practitioners to have an understanding of the role of learning and literacy in health. We need to develop curricula to support health literacy and we need to develop policy to sustain these developments.

▪ *Policy implications*
What policy elements need to be in place at a local, area or national level to secure effective health literacy? In the UK, the Department of Health is developing a strategy for health literacy. Such an approach could include the development of a national strategic partnership to take forward the development of a sustainable health literacy program in England with representation from key bodies including professional, representational and regulatory bodies, academic institutions and organizations that have an interest in particular sectors of health. It might also consider the establishment of a core awareness-raising program for all health and social care staff. A strategic approach requires an underpinning shared definition of health literacy and a conceptual framework for taking the agenda forward. The development of health literacy curricula therefore requires moving forward with a partnership of literacy specialists, health care providers, policy makers and academic researchers alike, mutually informing each others practice and ideas, and achieving the sustainability of health literacy programs.

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[22] NHSU was closed in 2004

End notes

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[6] Ibid p2

[7] http://www.dh.gov.uk/en/Publichealth/Healthinequalities/HealthTrainersusefullinks/index.htm

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[19] Department of Health 2008 and 2003

[20] James K, 2004; and http://www.learningbenefits.net/Research.htm

[21] Department for Education, 1998

[22] NHSU was closed in 2004

Bibliography

Community Development Alliance (Scotland). (June 2008). What Community Development Does
http://www.scdc.org.uk/uploads/whatcommunitydevelopmentdoes.pdf

Department for Education. (1998) The Learning Age

Department of Health. (2008). Health Inequalities: Progress and Next Steps
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085307

Department of Health. (2006). Learning for a Change in Health Care, First Report from Professor Bob Fryer, National Director for Widening Participation in Learning

Department of Health. (2003). Tackling Health Inequalities: A Programme for Action,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008268

Hubley, Health Empowerment, Health Literacy and Health Promotion- putting it all together www.hubley.co.uk/1hlthempow.htm accessed 22/01/2003

James, K. (2004). Winning Hearts and Minds, NIACE

Nutbeam, D. (2000). Health promotion as a public health goal; Health Promotion International, Vol15 no 3

Warburton P and Kahn P, Improving the numeracy skills of nurse prescribers, *Nursing Standard*, vol 21

Zarcadoolas,C., Pleasant,A., and Greer, D.(2005) Understanding Health Literacy: an expanded model; *Health Promotion International* Vol 20, no 2.

http://rwp.qia.oxi.net/embeddedlearning/index.cfm

http://www.topssengland.net/view.asp?id=806

http://www.skillsforhealth.org.uk/lln

http://www.mindfulemployer.net

http://www.bitc.org.uk/what_we_do/awards_for_excellence/how_to_enter/categories/towers_perrin_health.html

http://www.bradfordairedale-pct.nhs.uk/Media+Centre/Press+releases/2006/self+carePR.htm

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http://www.publichealthsheffield2006.nhs.uk/burngreave/burngreave3a.php

http://www.healthliteracy.org.uk

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