



NALA Audit Project 2010



NALA

National Adult Literacy Agency
Áisíneacht Náisiúnta Litearthachta do Aosaigh

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NALA Audit Project 2010

In 2010 NALA received a grant from MSD to conduct a research project using the NALA/HSE Audit. The project had three elements.

1. It sought to conduct a literacy audit in 4 health settings.
2. It sought to analyse a range of popular health information leaflets from these 4 settings to ascertain at what level they are pitched at, using the National Framework Qualifications as a reference point.
3. It sought to organise 2 small focus groups amongst the public including literacy students, to gather their thoughts on health literacy and on some of the findings from the literacy audits.

Rationale for project

In 2009 NALA launched the publication Literacy Audit for Healthcare Settings. This NALA/HSE publication was produced as a health literacy tool for health settings. It allows people to identify possible literacy barriers in their workplace. It does this by comparing current practice to established communication best practice. The audit is also designed to highlight good practice in communication. The HSE wish to pilot this audit tool in 2011 and the findings of this report will feed into this process. Since its publication NALA has worked within a number of health settings using the audit.

This project introduced four Irish health settings to the NALA/HSE audit. It is hoped that this project will stimulate interest amongst other settings to use such tools as the audit and start a discussion around health literacy. It hopes to start a discussion amongst health practitioners around how:

- the design of materials and settings can be made more literacy friendly; and
- tools such as the NALA/HSE Audit, accompanying DVD and initiatives such as plain English can be used by practitioners.

What is health literacy?

Health literacy is a relatively new field of study in Europe. In early definitions it was narrowly conceived as the ability to read and comprehend written medical information and instructions. More recently an expanded understanding of the nature and context of health literacy has been offered by such people as Kirkbusch et al (2005): “the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the healthcare system, the market place and the political arena.”¹

Most of the research comes from the USA, where the relationship between literacy skills and health outcomes has been well documented. Lower literacy has been linked to problems with under usage of preventative services, self management skills and delayed diagnosis (Weiss, 2005).²

Definition of health literacy

The USA Institute of Medicine (IOM) and the Department of Health and Human Services offer the most relevant definition for NALA. It emphasises a dual responsibility for health literacy.

“Health literacy emerges when the expectations, preferences and skills of individuals seeking health information and services meet the expectations, preferences and skills of those providing information and services.”

(IOM, 2004)³

This definition acknowledges that service providers contribute to the problem of health literacy and therefore have a part to play in making information and services more accessible.

Plain English service

NALA has operated a plain English (PE) service since 2001. This work includes editing materials and training health practitioners to write and design materials for the general public that is literacy friendly and follows communication guidelines. Since 2002, 300 HSE staff have availed of this training. While Plain English is not the total answer to health literacy, it is a very good start. Using PE in any public setting will greatly contribute to people’s understanding of material, and Irish research has shown that all readers prefer easy-to-read material (NALA, 2005).⁴

¹ Kickbusch, I. 2005. Enabling healthy choices in modern health societies. Presentation given to the 8th European Health Forum Badgastein: 5-8 October 2005.

² Weiss, B.D., 2005. Epidemiology of Low Literacy. In J.G. Schwartzberg, J.B. VanGeest and C.C. Wang eds., *Understanding Health Literacy: Implications for Medicine and Public Health, USA* : American Medical Association.

³ IOM, 2004 *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies of Science.

⁴ National Adult Literacy Agency, 2005. *Financial Literacy: Improving choice, creating opportunity*. Dublin: NALA.

Literacy skills in the health service

While complexity of materials is an issue, attention also needs to focus on the range of skills called on in different health settings. Rudd (2009) argues that health literacy could be described as the interaction between individual factors and health sector factors. She outlines the core skills called for and the range of factors involved in encounters.⁵

Core skills

Reading	Writing	Numeracy	Oral Exchange
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Individual factors

Literacy and numeracy skills	Language skills
Health Status	Experience and background knowledge

Health sector factors

Communication skills of healthcare workers	Institutional features
Procedures and processes	Material in use
Assumptions around people's literacy skills	

⁵ Rudd, R. 2009. Presentation at NALA/MSD Health Literacy Meeting, Dublin.

Health literacy in Ireland

There is currently a lack of Irish research in this area. In 2002 NALA published a health literacy policy and strategy paper, and highlighted the hidden nature of this issue.⁶ Health literacy is not usually included in Irish national surveys, however in response to NALA's suggestion it was included in the 1999 Survey of Lifestyle Attitudes and Nutrition (SLAN) survey.⁷

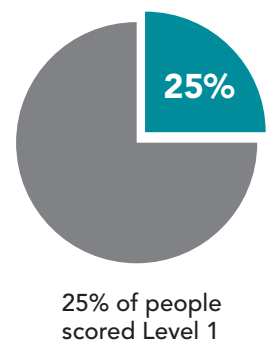
- An estimated 17.4% of respondents were not able to read and understand information and this prevented them from improving their general health.
- 6.4% of respondents reported that they think their health would be better if they had easier to read health information.

A European health literacy survey will take place this autumn with results in 2011. The Irish results should stimulate more analysis.

Irish literacy results 2007

While we do not as yet have Irish health literacy results we can be guided by Irish literacy statistics. The Irish results of the international adult literacy survey, published in 1997 show that Irish adults are running into trouble with everyday material. It used a 5 Level scale with Level 3 considered the minimum level needed to actively engage in Irish society. Results showed that 25% of the Irish population, or at least 500,000 adults, scored at the lowest level, Level 1. This means that a large percentage of the population were running into trouble with everyday reading material. People at this level for example were not able to follow instructions on an everyday health medicine: packet of Aspirin. People were asked to look at the directions on this bottle to find "the maximum number of days a person should take this medicine".

A total of 23% of Irish adults (24% male and 21% female) could not answer this correctly.



ASPIRIN	500	INGREDIENTS: Each tablet contains 500mg acetylsalicylic acid. Excipient c.b.p 1 tablet. Reg. No. 88246 Made in Ireland by XYZ LTD.
INDICATIONS: Headaches, muscle pains, rheumatic pains, toothaches, earaches. RELIEVES COMMON COLD SYMPTOMS.		
DOSAGE: ORAL. 1 or 2 tablets every 6 hours, preferably accompanied by food, for not longer than 7 days. Store in a cool, dry place.		
CAUTION: Do not use for gastritis or peptic ulcer. Do not use if taking anticoagulant drugs. Do not use for serious liver illness or bronchial asthma. If taken in large doses and for an extended period, may cause harm to kidneys. Before using this medication for chicken pox or influenza in children, consult with a doctor about Reyes Syndrome, a rare but serious illness. During lactation and pregnancy, consult with a doctor before using this product, especially in the last trimester of pregnancy. If symptoms persist, or in the case of an accidental overdose, consult a doctor. Keep out of reach of children.		

▲ Instructions on an everyday health medicine - Aspirin

⁶ NALA, 2002. Health Literacy Policy and Strategy Report. Dublin: NALA.

⁷ NUI Galway 1999. National Health and Lifestyle Survey: survey of lifestyle attitudes and attitude (SLAN).

NALA/MSD 2007 Omnibus Health Literacy Survey

In 2007 the first national health literacy questionnaire was undertaken amongst the general public. People were questioned about their interactions with medical practitioners and their understanding of medical terminology.



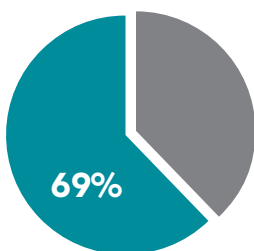
The following are some of the key findings from the research:

- One in 5 Irish people, approx 680,000 people do not deem themselves to be fully confident when dealing with medical professionals.
- Nearly half of those surveyed stated that if they did not understand something a healthcare professional said to them they would only sometimes ask for clarification.
- Nearly two thirds of those surveyed admitted to having difficulty understanding signs and directions in Irish hospitals at least some of the time, with 1 in 5 stating difficulty most of the time.
- The word “Prognosis” caused the most confusion, with 60% of participants being unable to correctly define this word.
- 1 in 5 participants were not able to correctly identify which part of the body the “Cardiology Department” was for.

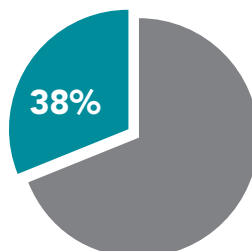
Patient communication research amongst Irish GPs

In April 2009 MSD sponsored a questionnaire amongst 1,000 GPs to examine their views on patient communication.

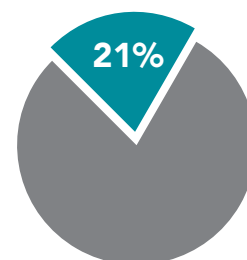
- 69% of GPs were not aware that almost 50% of the Irish population have low literacy skills.
- 38% had not received training associated with patient communication skills.
- 21% cited lack of education/literacy skills among patients as the greatest barrier to successful communication.



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Literacy Audit for Healthcare Settings Project

Using the audit over 50 questions were asked in areas such as:

- Literacy Awareness
- Signage
- Print Materials
- Website

The audit was designed to put a structure on how to analyse settings with a checklist devised to assess the quality of communication. Some of these questions were answered with the help of staff in each health setting. Most of these audits concentrated on print material and was completed by NALA staff member Jennifer Lynch who studied a range of materials aimed at the general public. These settings were very different, reflecting the diversity of health settings in Ireland.



Settings included in the project include:

- Irishtown Primary Care Centre;
- Information Centre in Temple Street Hospital;
- HSE Community Care Centre in Waterford; and
- Diabetic Clinic in St James' Hospital.

Primary Care Teams (PCT)

Many peoples first contact with the health service is through the primary care services, usually the General Practitioner. In 2001 the government published a fresh policy for the development of primary care services.⁸ This report said PCTs 'will be based in single locations where possible and will be easily accessible'. The HSE has identified the need for 530 PCTs by the end of 2011—one for every 8,000 people around the country. In 2002 NALA published a Health Literacy Policy and Strategy Report (funded by the Department of Health and Children). This document pointed to these proposed new structures, which specifically called for:

- Involvement of local community and voluntary groups in the planning and delivery of primary care services to be encouraged.

⁸ Department of Health and Children (2001) Primary Care: A New Direction, Dublin Stationary Office.

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- Mechanisms for active community involvement in primary care teams to be established.
 - User participation in service planning and delivery to be encouraged at local level by primary care teams.
 - Consumers have an input into needs assessments.

Irishtown Primary Care Centre

The Irishtown and Ringsend PCT was officially opened in July 2009 to a local population of 9,000. Irishtown PCT is a purpose built award winning building and its information leaflet was shortlisted for a NALA/MSD Crystal Clear award in 2010.

Children's Health Information Centre (CHIC) Temple Street

CHIC is a drop in centre where parents and staff can access information on conditions and other educational and health promotion information. Information is provided to patients and staff in leaflets, booklets, kiosks and the Children's University Hospitals' website. Staff can also use this service to look for advice when devising information leaflets for the general public.

HSE Waterford Local Health Office

This office is the central focus of all community health and personal social services. It provides information and a wide range of health services such as public health nurse, community nurse and physiotherapy service. It would distribute a large amount of health materials and information.

St James' Diabetes Day Centre

Patient education is an essential component of diabetes care. This centre organises group educational sessions and public classes amongst 10,000 patients.

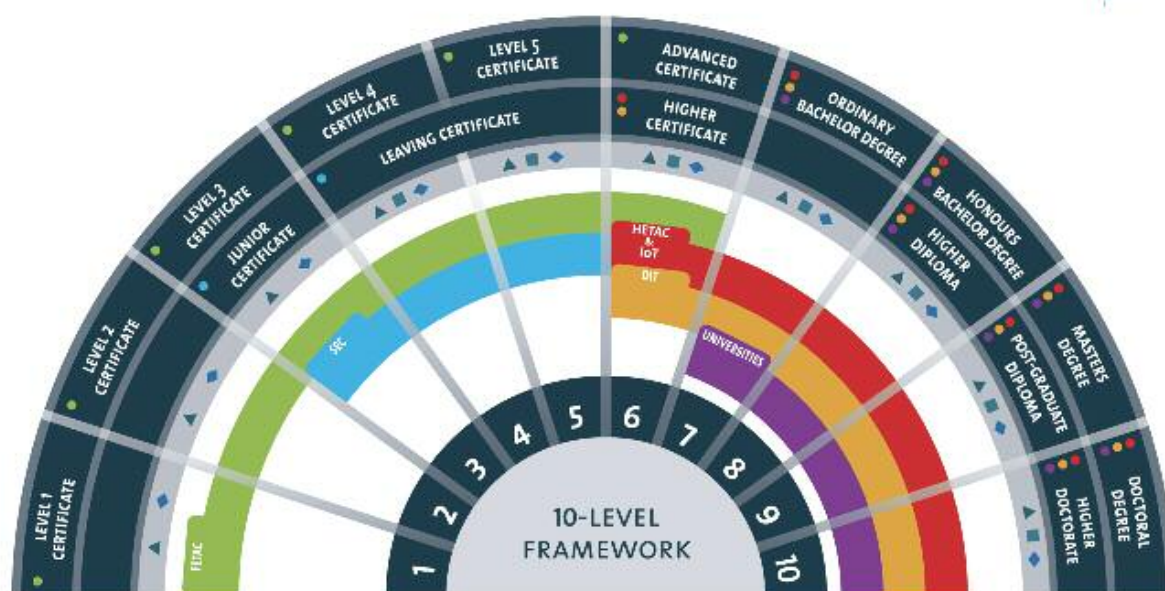
Each setting was quite different but a number of themes emerged. Results from each audit are used in this report. There was a broad recognition in each setting that services are becoming more varied and the demand for all services is increasing.

Analysis of health materials by accreditation consultant

A sample of leaflets from each audit setting was sent to a Qualification consultant who assessed a range of leaflets using the National Framework of Qualifications (NFQ). The NFQ is made up of 10 levels. Each level is based on a range of standards of knowledge, skill and competence.

NATIONAL FRAMEWORK OF QUALIFICATIONS

Údarás Náisiúnta
Cáilíochtaí na hÉireann
National Qualifications
Authority of Ireland



While some leaflets were level 3, others were level 5. The report recommended that leaflets should be pitched at level 2 so as to enable people to read and understand the information on medical information and services. It concluded that “it would be very difficult for someone with literacy difficulties to understand, use and relay the information in these leaflets”.

Focus groups

Part of NALA's work involves giving adult students a voice. Following the audits two focus groups took place in July 2010 with members of the general public, including literacy students, to discuss health literacy and interacting with the health service. The focus groups identified a number of issues, some of which echo the 1997 Omnibus survey and the 2002 NALA research.

The focus groups discussion covered the following areas:

1. How do you find, use and understand health information? What would have made it easier to understand?
2. How do you find using the health services?

On explaining information to you



“Doctors need to talk and explain things about health in lay man’s language. [To be] less technical. Patients need to ask questions and demand the answers.”

– woman late 50s

“[Doctors] need to explain it in simple language, sometimes you are more frightened after the explanation with the big words.”

– woman 40s

“They might know what they are talking about [the docs] but you don’t”

– woman 50s

“There’s something about putting the onus on the patient to ask the questions. I think it should be the other way round – it should be up to the medical people to ask if we have questions rather than you sitting saying will I ever get the chance to ask. Not even have you any questions but what are your questions.”

– woman 40s

“I think you need to tell people twice because the first time you say it, they don’t hear ... or if they do hear they hear the bad bit. I was glad my husband was with me because he heard the rest ... good to have someone with you who can ask questions.”

– woman 50s

“More training for front line staff. Money directed at awareness campaign of what not to do for doctors. Do role plays with ordinary people...to learn how to explain. If there is someone beside you who explains what the doctor is saying, then the doctor will never have to do that. Kind of educate them [the doctors] to [the fact that] ‘do you realise that nobody else understands what you are talking about?’”

– man 20s

On hospitals



“As soon as I go into a hospital I go blind and deaf. I had to ask six people how to get to the x-ray department – I don’t know how you get around it, clear signs are fine but you know when you’re in the situation you go deaf.”

– woman 40s

“In hospitals they are talking among themselves. You haven’t got a clue, if one of them sits down and says to you this is what I am going to do and this is what the outcome is going to be [you would feel better]. Need somebody to explain things like nuns did in the past.”

– woman late 50s

“When I worked in a hospital in admissions you were so busy anyway filling out forms, we always said it would be great if there was someone in the hospital who was standing there to ask where you want to go because everyone just keeps asking same questions. It would speed up the process – where you were going, what you had to bring.”

– woman 40s

Positive examples of public interacting with healthcare staff



“The chemist is very good, I find them very helpful. I’d go into the chemist first.”

– woman 30s

“Sometimes they are better than the doctor ... when the doctors are prescribing something, they will turn around and say are you allergic to anything, if you have high blood pressure they will ask you that.”

– woman 60s

“When I did get diabetes first, there was no-one really that sat me down and explained to me what it was...but now I go to the diabetic centre if I had a problem. It is easier to go to the centre cause they explain...I don’t think the doctors explain to you in words you know.”

– woman 60s

“I went for a breast check and they had diagrams ... showed how to look for a lump which was quite good because sometimes it’s hard for people. I think they are taking it on board that people need more help.”

– woman 50s

Recommendations from focus groups

1. The medical profession should listen to their patients and give them time to talk through a diagnosis with the patients.
2. There needs to be more promotion on effective engagement with services and how to be more assertive and demanding.
3. Speak, write and communicate in plain English and if you have to use medical terms, try to define them in layman’s language.
4. Consider what is delivered in schools around health education and emphasise more if necessary.
5. Medical environments should be more welcoming. For example, in a hospital there could be a person at the door of the hospital to greet people, direct them and answer any questions they have.
6. All staff and in particular front line staff should receive literacy awareness training and plain English training.

Key findings from project

Training

Literacy Awareness Training

Health literacy is not included in the formal curriculum of health professionals in Ireland, despite a growing awareness that it's an issue. While staff in two of the settings had attended NALA's literacy awareness training, more is needed. Front line staff as well as health practitioners would benefit from literacy awareness training. This training would make them sensitive to the fact that patients with weak literacy skills may appear passive in their treatment and are less likely to know about their illness or medicine. Health literacy is largely a hidden issue in Irish healthcare and until there is awareness, solutions will not be forthcoming.

Plain English training

Plain English training is also needed and will illustrate how communication techniques, written and oral could make health settings more literacy friendly. To quote Rima Rudd:

“Professionals in public health and health care do not have the skills or mechanisms to improve the literacy skills of their community population or of their patients. They can, however, work to improve their own communication skills, the procedures followed for communicating with and interacting with people, and the forms and materials they write.”

(Rudd, 2002)⁹

The 2008 National Intercultural Health Strategy recognises that a greater emphasis on visual and spoken messages will be required. It advocates the provision of information in clear understandable language.

⁹ Rudd, R. 2002. A Maturing Partnership, Focus on Basics, World Education NCSALL, Volume 5, Issue C February.

Health literacy policy

No setting had a health literacy policy. This meant that when staff were engaging in literacy friendly initiatives, efforts were not integrated into mainstream department activities. Health literacy is currently not a feature of any accreditation process and so efforts are not being guided by ongoing work to improve services.

Health literacy is not as yet a feature of national health policy documents, which explains in part a lack of awareness of the extent of literacy issues in Ireland and an understanding of how it might impact on care.

Lack of knowledge about local VEC literacy service

All but one setting was aware of their local literacy service. This finding echoes the findings from the NALA 2002 Health Strategy report. While pockets of work in health promotion have built an increasing awareness of health literacy issues, a publicity campaign should be organised to introduce the VEC local literacy service to health practitioners. Health care settings could refer patients to their local literacy scheme.

With the arrival of primary care centres there will be a bigger focus on local services working together. It would seem like a good time to introduce education and health parties through an awareness campaign.

Skills involved in healthcare

An analysis of some leaflets from two audit settings show that a high degree of literacy was called for. Currently staff producing written materials do not have to consider the literacy levels of readers. NALA would argue that a discussion on this issue is needed and guidelines may be necessary.

Use of health literacy audits internationally

In the USA and Canada a number of health literacy audits have been designed and they have advanced our understanding of what constitutes good literacy communication practice. These audits assist in the USA healthcare accreditation process in the area of communication. The Joint Commission on Accreditation of Health Organisations in the USA now requires that instructions be given at a level understandable to the patient. It is hoped that the NALA/HSE Audit for healthcare workers will help organisations develop clear health communication policies.

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