

A City Approach to Health Literacy - Stoke-on-Trent's Journey



What is Stoke-on-Trent like?

Stoke-on-Trent is a city with a rich history of manufacturing and industry. It is a city of contrasts, with a mix of old and new, and a strong sense of community. The city is home to a large number of people, and it is a city that is always changing and growing.

Why health literacy?

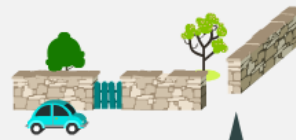
Health literacy is the ability to understand and use health information to make decisions about one's health. It is a key skill for living a healthy life, and it is something that everyone should have. Health literacy is not just about reading and writing, it is about understanding and using health information in a way that makes sense to you.

What framework did we use?

We used the Health Literacy Framework, which is a set of principles and practices that help us to understand and improve health literacy. It is a framework that is based on research and evidence, and it is designed to be used by anyone who is interested in health literacy.

Why this approach?

This approach is based on the idea that health literacy is not just about reading and writing, it is about understanding and using health information in a way that makes sense to you. It is an approach that is based on research and evidence, and it is designed to be used by anyone who is interested in health literacy.



What are we doing next?

We are continuing to work on improving health literacy in Stoke-on-Trent. We are doing this by working with a steering group, new volunteers, and connecting with WEA, HealthWatch and arts organisations. We are also working to bring ideas, exchange back together to develop action plan.

What are our priorities?

Our priorities are to improve health literacy in Stoke-on-Trent, to work with a steering group, new volunteers, and connecting with WEA, HealthWatch and arts organisations. We are also working to bring ideas, exchange back together to develop action plan.

What have we done since?

We have done a lot of things since we started. We have set up a steering group, we have recruited new volunteers, and we have connected with WEA, HealthWatch and arts organisations. We have also brought ideas, exchange back together to develop action plan.

design by Don Sully for Prez

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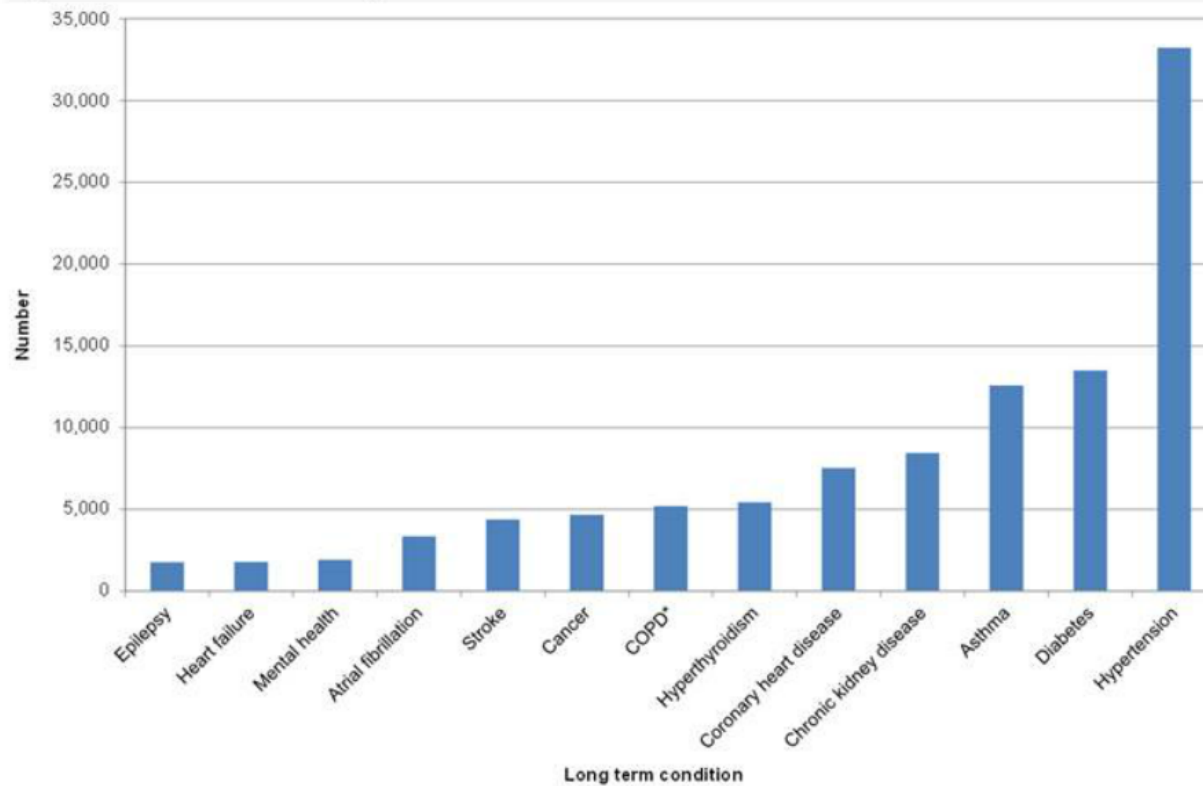
What is Stoke-on-Trent like?



A city of contrasts
mandate for change
Pottery industry largely gone - BUT smaller
specialist factories
Industrial legacy e.g. industrial diseases -
COPD, low paid jobs, low literacy
Innovation - £1 houses success
Evidence of economic growth

Stoke's state of health

Figure 1 Number of long term conditions in Stoke-on-Trent in 2012



Why health literacy?

Low literacy levels in city

Low skills levels across the city
Adults with no qualifications =
North Staffs **63 out of 64**



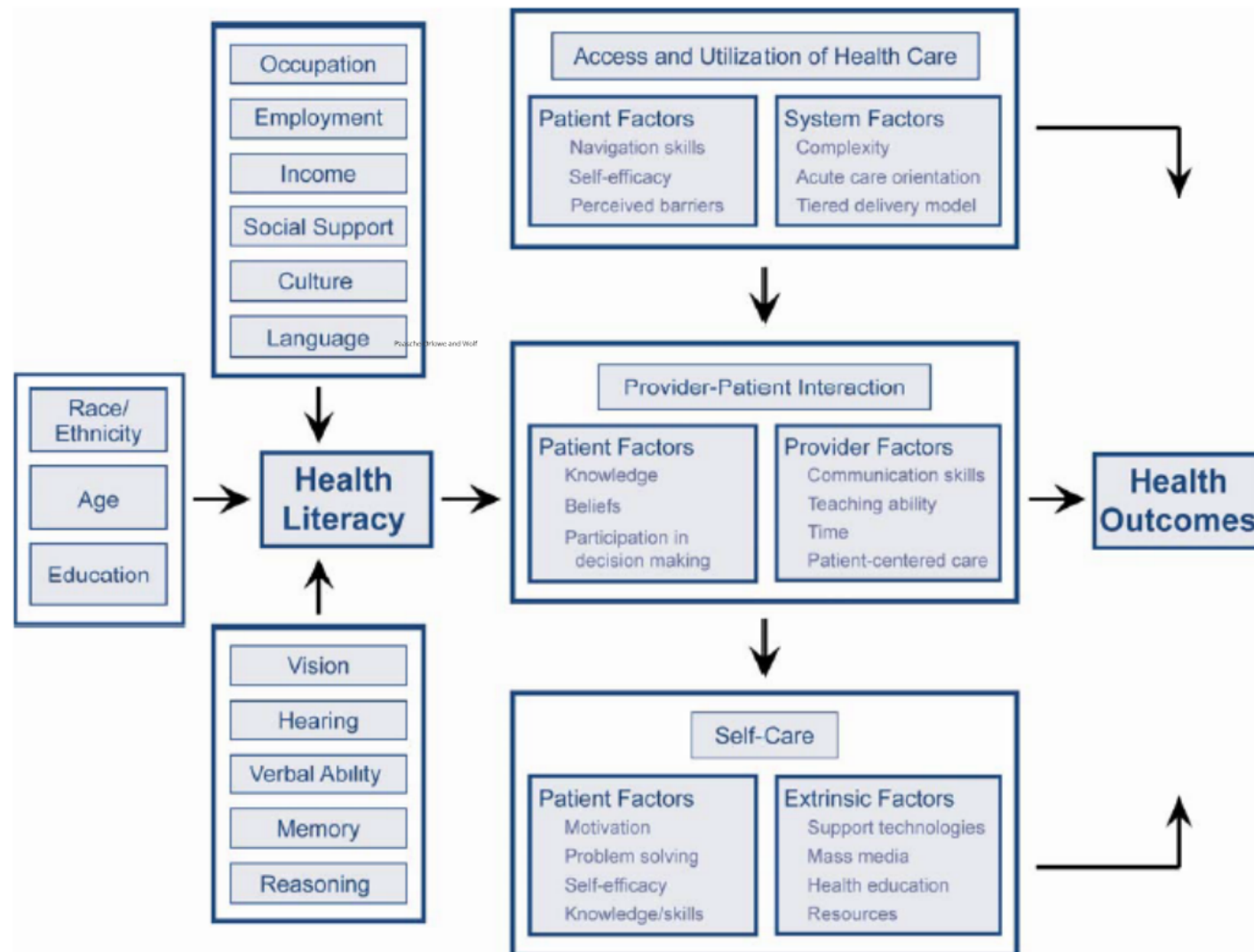
18.3% of City adults with no formal qualifications

National average is 9.3%

19.3% of City adults have Level 4 qualification

National average is 35.2%

What framework did we use?



Why this approach?

Newest Vital Signs

Newest Vital Sign (NVS), is a nutrition label that is accompanied by 6 questions and requires 3 minutes for administration.

It is oral, so no need for questionnaire & form-filling by participants - important because of low literacy level in the city.

It is reliable and correlates with the TOFHLA (Test of Functional Health Literacy in Adults).

Patients with more than 4 correct responses are unlikely to have low health literacy, whereas fewer than 4 correct answers indicate the possibility of limited health literacy.

Product Description: Ice Cream

Serving Size: 100ml
Servings per container: 4

NUTRITIONAL INFORMATION

TYPICAL VALUES	Per 100ml
Energy	1050 kJ
	250 kcal (calories)
Protein	4 g
Carbohydrate	30 g
of which sugars	23 g
Fat	13 g
of which saturates	9 g
of which monounsaturates	0 g
of which polyunsaturates	3 g
of which trans fats	1 g
Fibre	0 g
Sodium	0.05 g

Ingredients: Cream, Skimmed Milk, Sugar, Whole Egg, Stabilisers (Guar Gum), Peanut Oil, Vanilla Extract (0.05%).

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Ingredients: Cream
Stabilisers (Guar Gum, Gellan Gum)

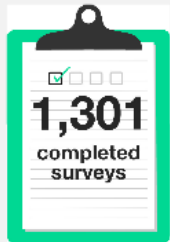
What methodology did we use?

Objective:

To provide sufficient baseline data for increased understanding of the local levels of health literacy and to inform future interventions



Study design: face-to-face doorstep survey



Survey sample designed to take account of variance in levels of health literacy by age, educational attainment and deprivation

Questions included:

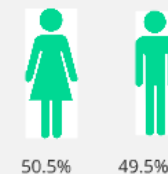
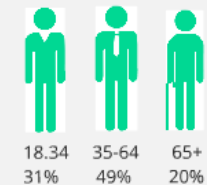
Newest Vital Sign – individual test of health literacy

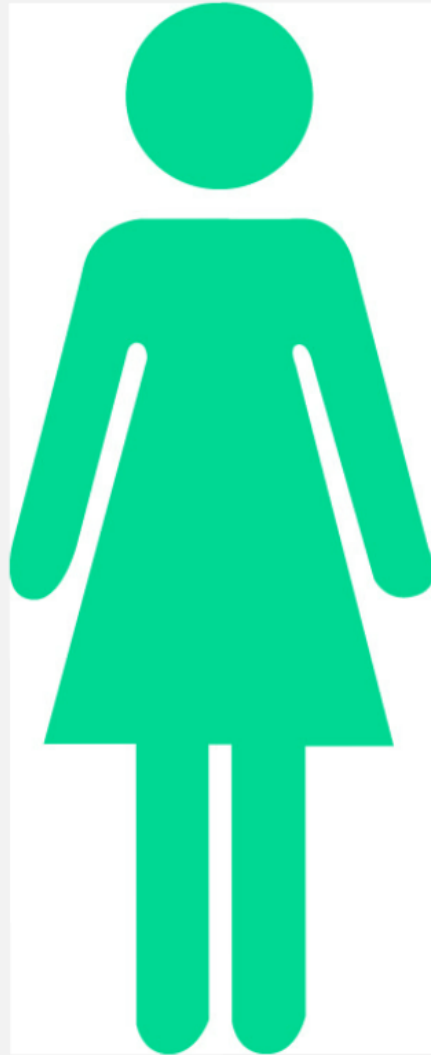
Age, sex, ethnicity, household income

Lifestyle behaviours – smoking, alcohol, perceived activity and health

Social inclusion

Internet use





50.5%



49.5%



18-34

31%



35-64

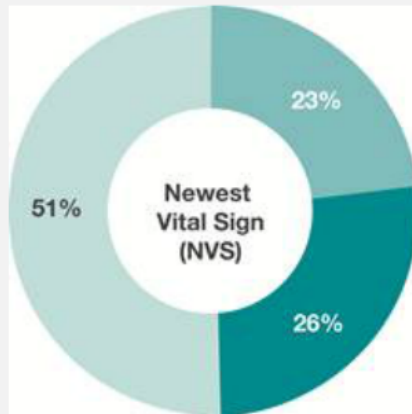
49%



65+

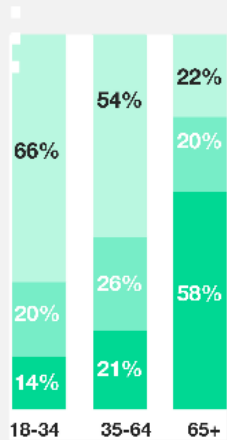
20%

What have we learned? 1

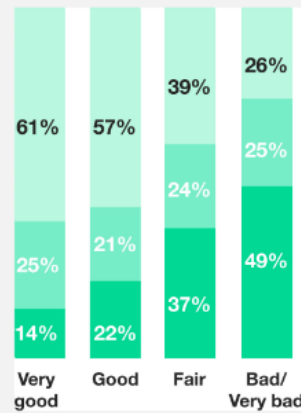


49%

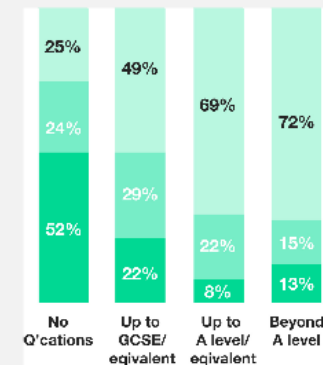
of the adult population of Stoke-on-Trent has inadequate health literacy



Results by age



Results by self-reported health



Results by qualification

What have we learned? 2

Characteristics of those with poor health literacy

- **Older age group** significantly more likely to have poor health literacy
- Significantly more likely to rate their **general health** as fair, bad or very bad
- Significantly **less likely to have close to friends or relatives** whom they see or speak to regularly
- Significantly more likely to be **aged 65+**
- Significantly less likely to have **qualifications**
- Significantly more likely to be retired or **not working** due to long term condition or disability, and less likely to be working as an employee
- Significantly less likely to be **white British**
- Limited literacy is significantly higher for respondents with **no access to the internet** (61%) than for respondents with **internet access** (18%)

Find it at www.stoke.gov.uk/healthliteracy



What have we done since?



Health literacy matters to us all

Ideas Exchange

Set priorities

Started a pilot with community
pharmacies

Written strategy

Taken through key partnerships

What are we doing next?



City-wide approach

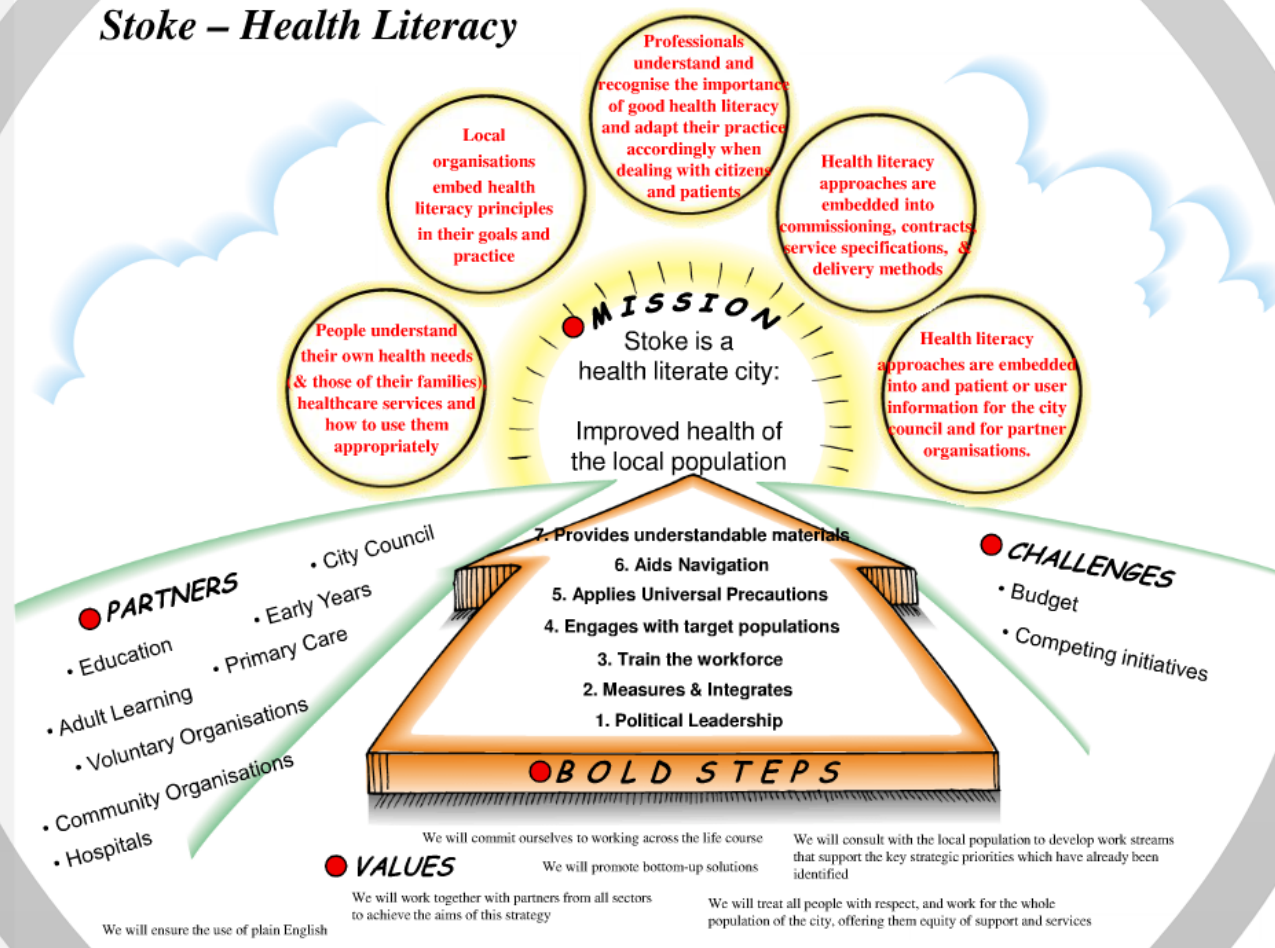
Steering group as think tank

New volunteer

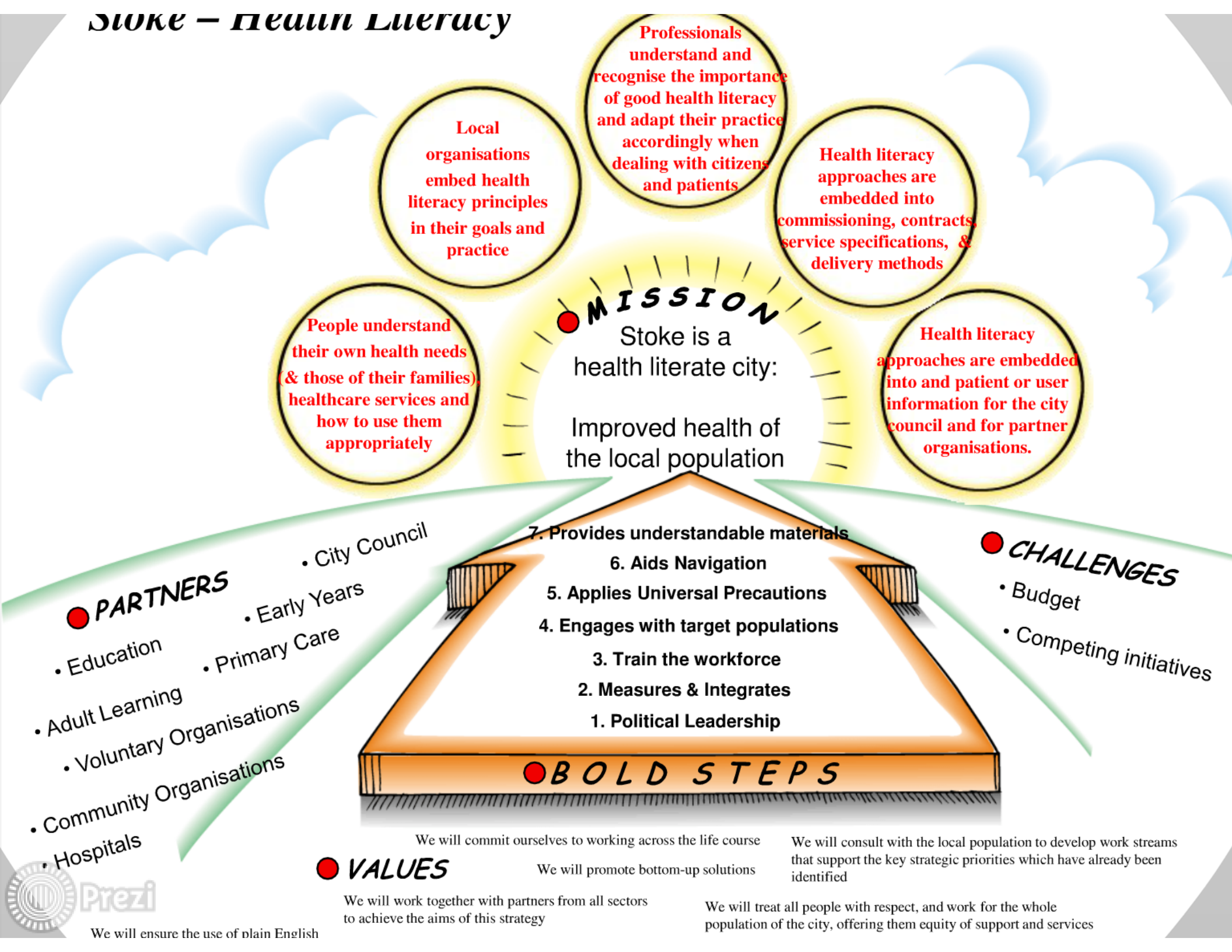
Connecting with WEA, HealthWatch and arts orgs

Bringing Ideas Exchange back together to develop action plan

Stoke – Health Literacy



Stoke – Health Literacy



What are our priorities?

1. Health literacy pilots in areas of :

- Adult literacy curriculum - Skills for Life
- Pre-school and early years
- Internet and digital access
- Plain English
- Developing work with health champions around peer support

2. Removing structural and environmental barriers to health literacy

3. Working with partner organisations to embed HL as a key social determinant of health and core value



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What is Stoke-on-Trent like?

Stoke-on-Trent is a city with a rich industrial heritage. It is a city of contrasts, with a mix of old and new, and a mix of people. It is a city that is proud of its history and its achievements, and it is a city that is looking to the future with optimism and hope.

Why health literacy?

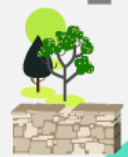
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What framework did we use?

We used the Health Literacy Framework, which is a framework that is designed to help organisations understand and improve health literacy. It is a framework that is based on research and evidence, and it is a framework that is used by many organisations around the world.

Why this approach?

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What are we doing next?

City-wide approach: Steering group: as think tank. New volunteer. Connecting with WEA, HealthWatch and arts orgs. Bringing ideas, exchange back together to develop action plan.

What are our priorities?

- 1. Health Literacy Framework
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- 7. Health Literacy Framework
- 8. Health Literacy Framework
- 9. Health Literacy Framework
- 10. Health Literacy Framework

What have we done since?

Stoke Exchange. Set priorities. Started a pilot with community pharmacies. Written strategy. Taken through key partnerships.

design by Don Sully for Prezi