

What is Skilled for Health: Making the Case

For many years it has been recognised that people with less well-developed language, literacy and numeracy (LLN) skills experience poorer health outcomes. Having low LLN skills means that people may be less able to manage their health and wellbeing and to access and use services on a day to day basis. This also has an impact on their longer-term health outcomes. Skilled for Health is a set of evidence based, tested resources which integrates health and adult learning, maximising the impact on both.

Background to Skilled for Health

In 2001, the then Government launched Skills for Life – a national strategy that aimed to improve adult LLN skills. At the same time, the Department of Health (DH) was becoming increasingly aware of the negative impact of low levels of ‘health literacy’ on people’s ability to navigate the healthcare system and in making empowered choices about treatment and healthy lifestyles. Health Literacy is defined as “the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health¹.”

Skilled for Health was born out of the concerns of these two government departments and took a partnership approach to addressing both issues together.

Building on an earlier project the Skilled for Health programme used an innovative approach in which the two “worlds” of health improvement and adult learning were combined. It did this by creating a set of national Skilled for Health learning materials which embedded LLN learning (Skills for Life) * into health topics. These resources enabled participants to develop health skills and knowledge whilst also improving their LLN skills. For example, the participant might be learning about healthy eating, keeping active, taking medicines or how to register with a GP but the skills they are learning are LLN skills such as measures, using data, reading comprehension, vocabulary development, speaking, listening and responding.

For the adult learning professionals, the attraction of using the Skilled for Health learning materials was the use of the topic of health, as a learning context which is relevant and accessible to most people. Health was a “hook” into learning, making learning attractive to a cohort of the community who didn’t have access to or who had actively rejected formal education many years previously.

For the health professionals, the Skilled for Health approach was about addressing health inequalities by improving individual’s ability to make informed decisions about health and wellbeing in a range of settings; enhancing their health literacy.

The Skilled for Health national learning materials were first published in 2006 and continued to be piloted and evaluated nationally until 2009.

¹ Ref: Dodson S, Beauchamp A, Batterham RW and Osborne RH. Information sheet 1: What is health literacy? In Ophelia Toolkit: A step-by-step guide for identifying and responding to health literacy needs within local communities. Part A: Introduction to health literacy. 2014. Deakin University, Melbourne <https://www.ophelia.net.au/about-health-literacy>.

*Note that the 2018 updated version anticipates the changes around functional skills

The second phase of Skilled for Health focused on introducing the programme into a range of employer, sector and community sites; testing it out in these different settings. It engaged people primarily through an interest in health issues.. This initial 'draw' led to learning outcomes as well as positive changes in health literacy, awareness and behaviours. The national evaluation found that one of the distinctive, aspects of Skilled for Health was its flexibility in responding to a range of learners' needs and circumstances, through user-led approaches that attracted groups who would have been unlikely to access mainstream learning or health promotion provision.

It showed that participants had increased knowledge of health topics but also made changes in health-related behaviour. This was particularly in healthy eating, being more active and taking care of their mental health and wellbeing. The skills and knowledge in healthy eating developed during courses also had secondary outcomes, with learners making improvements to family health and cascading their new knowledge back into the community.

In terms of learning outcomes, the programme evidenced improvement in skills levels and a high motivation to continue learning together with some learners realising these plans through increased confidence to enter educational spaces (i.e. Classrooms). Around 80 % of Skilled for Health learners were interested in further study, with a quarter finding or registering on another course.

The resources have been reviewed and updated on several occasions since 2009, the latest update being in 2018.

How does Skilled for Health help improve Health Literacy?

Functional literacy is defined as a set of skills in reading and writing and the capacity to apply these skills in everyday situations.

Managing health and wellbeing on a day to day basis requires individuals to be functionally literate and to use a whole range of literacy and numeracy skills routinely. For example; in order to understand food labels, eat healthily or interpret recommended physical activity levels, explain symptoms to a doctor, make an appointment or understand medicine dosage instructions.

The relationship between low literacy and a range of health-related outcomes is well established. Individuals with low literacy and numeracy skills are likely to be less responsive to health education, less likely to use disease prevention services, and less likely to successfully manage chronic disease.² These people may also have more limited employment options and lower lifetime income which, in addition, may indirectly affect their health outcomes.

Literacy and numeracy skills are therefore essential to good health literacy; being able to “access, understand, appraise and use information and services to make decisions about health”.

Skilled for Health improves LLN skills within the context of health so that individuals are more able to navigate the health and care system and make empowered choices about all aspects of their health and wellbeing, such as lifestyle behaviours and treatment options.

This is why Skilled for Health provides such a valuable contribution to the wider Health Literacy agenda.

² Berkman N D, Sheridan SL, Donahue KE, Halpern DJ, Crotty. 2011. Low Health Literacy and Health Outcomes: An Updated Systematic Review. *Annals of Internal Medicine*, 155, 97-107

Why does Health Literacy matter?

Health Literacy matters because it is one of the most significant determinants of good health. Having the skills and resources needed to navigate the health and care system and being able to make empowered choices about healthy lifestyles and treatment is key to an individual having good health outcomes.

So firstly, Health Literacy matters because it is an issue which is relevant to everyone.

People need different levels of Health Literacy at different times in their lives and in different situations. Everyone, including individuals who are very well educated, can be faced with considerable Health Literacy demands. For example, an individual may need sophisticated communication skills at a time of significant anxiety and distress on being diagnosed with a serious or complex medical condition. In this context, even the most well-educated individual may find it difficult to understand information they are being given, for example, or participate in making decisions about their treatment.

Secondly, Health Literacy matters so much because having low Health Literacy is a cause of health inequalities. Although everyone can experience low Health Literacy, people who struggle with reading, writing and maths are much more likely to do so. This means that these people are more likely to experience poorer health outcomes than the rest of the population. In real terms this means that they are more likely to have more years of poor health, living with preventable diseases and ultimately are more likely to die younger.

How big is the problem?

Research³ published in 2015 found that 43% of the adult population (16-65) in England did not have adequate literacy skills to routinely understand health information. Where the health information tested included numerical component, that figure rose to 61%. The research identified that in terms of both literacy and numeracy, health information is produced at a level higher than the capability of the general population

This is a problem in the context of an increasingly complex health and care system which places a heavier reliance on the individual to understand how to manage their health and wellbeing. One which is moving towards people taking much more responsibility for their own and their families' health and wellbeing and being less reliant on health services. In order for people to engage in self-care, self-management, shared decision making, prevention and early identification of health problems, it is more important than ever that we combine making the health and care system more health literate with providing opportunities to empower people to improve their health literacy skills knowledge and confidence

What can Skilled for Health achieve?

In terms of individuals and families, Skilled for Health is a vital resource in helping people improve their LLN skills within a health context. This can lead to improved Health Literacy which can lead to improved health outcomes.

³ 'Defining and describing the mismatch between population health literacy and numeracy and health system complexity'. Rowlands G, Protheroe J, Winkley J, Seed PT, Richardson M, Rudd R.

Skilled for Health also offers opportunities for providers of health and care information and services, and the “system” as a whole. The programme can help to support people to;

- engage in improving and protecting their own health and wellbeing
- make the most of the health and care services,
- help people to manage their existing health conditions

In the long term this can lead to more effective use of health and care resources because people are better able to manage their health and wellbeing and empowered to access, understand, use and appraise to use services appropriately. It can also contribute to reducing health inequalities, by giving more people the best possible opportunity to achieve good health outcomes for themselves and their families.

How should Skilled for Health be used?

The national Skilled for Health learning materials cover topics around Health and Wellbeing, Services and Self-Management.

Skilled for Health has been, and will continue to be, developed and delivered in many different settings, for example in communities, in primary care, in colleges, in prisons and in the workplace.

It was designed to be delivered to groups but the learning materials have also been used on a one-to-one basis in both clinical and community settings.

The resources are designed to be used very flexibly and can be used to build bespoke sessions and courses for a range of different needs, from healthy lifestyles to accessing services effectively to managing long term conditions, the possibilities are endless!

The Community Health and Learning Foundation develops and delivers a range programmes which utilise Skilled for Health with a diverse range of individuals, communities and settings. They also provide training on the Skilled for Health approach and how to use the national learning materials, whatever the context in which you operate.

Further information

The Skilled for Health national learning materials can be found at www.chlfoundation.org.uk

For more information about Skilled for Health, or to enquire about training, please email info@chlfoundation.org.uk