



NUI Galway
OÉ Gaillimh



HPRC

Health Promotion Research Centre

19th Annual Health Promotion Conference

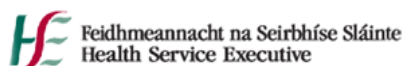
Health Literacy: Research, Policy and Practice

NUI Galway

Thursday 18th June, 2015



An Roinn Sláinte
DEPARTMENT OF HEALTH



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



HPRC

Health Promotion Research Centre

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Conference Programme

- 8.30 Registration & Coffee *Venue: Foyer, Áras Moyola, NUI Galway*
- 9.00 **Welcome:** *Venue: MY243, Ground Floor*
Professor Tim O'Brien, Dean of Medicine, Nursing and Health Sciences,
NUI Galway
- Opening Address:**
Mr. Tony O'Brien, Director General, Health Service Executive
- Keynote Speakers:**
- 9.30 *Health Literacy: New developments and policy implications*
Dr. Rima Rudd, Harvard T.H. Chan School of Public Health, US
- 10.00 *Making it Easy: Health literacy policy in Scotland*
Dr. Graham Kramer, GP & National Clinical Lead for Self-management
and Health Literacy, Scottish Government
- 10.30 *Evolving Health Literacy Policy in Ireland and the Challenge of
Implementation*
Ms. Inez Bailey, Director National Adult Literacy Agency
- Chair: Dr. Kevin Kelleher, Health Service Executive
- 11.00 Tea/Coffee (**Posters and Applications Hub** will be available for viewing in
the [MY129](#) during breaks)
- 11.30 **Research Exchange (Parallel Presentations):**
- | | |
|--|---------------------|
| Session A: Understanding Health Literacy | <i>Venue: MY123</i> |
| Session B: Cultural Domains in Health Literacy | <i>Venue: MY124</i> |
| Session C: Health Literacy Interventions and Evaluations | <i>Venue: MY125</i> |
| Session D: Health Literacy and Education | <i>Venue: MY126</i> |
| Session E: Health Literacy and Healthcare | <i>Venue: MY127</i> |
- 1.00 *Lunch* *Venue: Friar's Restaurant, NUI Galway*

- Keynote Speakers:** *Venue: MY243, Ground Floor*
- 2.00 *Health Literacy Research in Europe and Ireland: The State of the Art*
Dr. Gerardine Doyle, School of Business, University College Dublin
- 2.20 *Health Literacy: Moving from research into practice*
Dr. Joanne Protheroe, General Practice, University of Keele, England
- Chair: Dr. Cate Hartigan, Head of Health Promotion
and Improvement, Health Service Executive
- 2.50 **Workshops:**
- Workshop 1: Experiences and Lessons Learnt from Implementing a
Health Literacy Environmental Assessment in an Irish Hospital Setting
Venue: MY123, Ground Floor
- Workshop 2: Developing Policy in Health Literacy Workshop
Venue: MY124, Ground Floor
- Workshop 3: Using Plain English to Write Clearer Health Information
Venue: MY125, Ground Floor
- Workshop 4: The Crystal Clear Mark: Health literacy in GP and pharmacy
settings *Venue: MY126, Ground Floor*
- Workshop 5: Targeting Health Literacy Research at Policy makers
Venue: MY127, Ground Floor
- Workshop 6: Health Literacy Research: knowledge transfer and policy
translation *Venue: MY227, First Floor*
- Workshop 7: Student Workshop: Health-literate settings
(Invited workshop for students only) *Venue: MY228, First Floor*
- 4.15 *Tea/Coffee TO GO*
- 4.30 **Closing Session:** *Venue: MY243, Ground Floor*
- Reflections on the Evolution of Health Promotion in Ireland - 40 years on
from the establishment of the Health Education Bureau*
Mr. Owen Metcalfe,
CEO, Institute of Public Health in Ireland
- Chair: Ms. Biddy O'Neill, Health Service Executive
- 5.00 **Reception** *Venue: Foyer, Áras Moyola*

Plenary Speaker Biographies

Dr. Rima Rudd, *Harvard T.H. Chan School of Public Health*



Dr. Rima Rudd, a member of the faculty at the Harvard T.H. Chan School of Public Health focuses her work on health disparities and literacy related barriers to health information, health programs, services, and care. Dr. Rudd was a member of the original Institute of Medicine [IOM] Health Literacy Committee and has written and contributed to policy reports, white papers, and research studies in health literacy. She currently serves on the IOM Round Table on Health Literacy and is engaged in policy projects in the US and internationally. She is one of the founders of and a leader in the burgeoning field of health literacy studies.



Dr. Graham Kramer, *GP & National Clinical Lead for Self-management and Health Literacy, Scottish Government*

Dr. Graham Kramer has been a GP at Annat Bank Practice, in Montrose, Tayside for the last 19 years. He has had a strong interest in the primary care management of people living with long term conditions and the challenge of delivering person-centred care and supporting self-management. In 2004 he had a sabbatical in New Zealand studying a postgraduate diploma in General Practice.

Since 2011 he has been working part-time with the Scottish Government, within the Person Centred Health and Care Team as National Clinical Lead for Self-management and Health Literacy. His work has been looking at ways healthcare and polices can support and enable people with long term conditions to have more confidence, understanding, knowledge and skills to be in the driving seat of their health and care.



Ms. Inez Bailey, *Director National Adult Literacy Agency*

Inez Bailey has been the Director of the National Adult Literacy Agency (NALA) since 1997. NALA is a non-profit membership organisation concerned with national co-ordination, practitioner support and policy development in adult literacy and numeracy work in Ireland. Her work is primarily with government departments and organizations with a role to play in supporting people with literacy and numeracy needs.

Inez is a graduate of NUI Maynooth where she completed a Bachelor of Arts in English, History and Sociology, a Masters in History and a Higher Diploma in Adult and Community Education. She is currently studying with the University of Sheffield towards an Education Doctorate.

She currently sits on the Expert Group on Future Skills Needs, Healthy Ireland Council and CORU and is Chair of the Southside Partnership and the Mounttown Neighbourhood Youth Project and is a former member of the National Qualifications Authority, Citizens Information Board, Women's Health Council, National Consumer Agency, Education Finance Board, and Information Society Commission.



Dr. Gerardine Doyle, *School of Business, University College Dublin*

Dr. Gerardine Doyle is a senior lecturer in the UCD College of Business and has served as Head of the Accountancy Department and academic director of the MBA (Health Services Management) at the Michael Smurfit Graduate Business School. Gerardine's research interest in health care combines her degree in pharmacology (UCD) with her qualification and experience as a chartered accountant with KPMG. Gerardine's research interests span the disciplines of accounting, economics, medicine and sociology to include health literacy, patient level costing, the management of health care systems and connected health.

Gerardine is the principal investigator for Ireland in the Diabetes Literacy study funded by the EU Seventh Framework Programme and was Principal Investigator for Ireland in the European Health Literacy Survey (HLS-EU). Gerardine is also a collaborating investigator within the UCD research centre *Applied Research in Connected Health*. Gerardine has been chairperson of the judging panel for the Crystal Clear MSD Health Literacy Awards 2008-2013, is a member of the Audit Committee of the Health Service Executive and is a board member of the European Institute of Advanced Studies in Management.



Dr. Joanne Protheroe, General Practice,
University of Keele, England

Dr. Protheroe joined Keele University as a Senior Lecturer in General Practice in 2011 and continues to practice as a GP Principal in Manchester. Her research, influenced by her clinical practice as a GP in inner-city Manchester, is focused on two NHS priorities - the needs of socio-economically disadvantaged patients and the need for interventions to improve patient self-management in long-term conditions. Research has shown that patients with low health literacy have difficulty in participating in their health care, resulting in poorer health.

She is a national expert in the field of Health Literacy, regularly invited to present at conferences, membership of Scientific Committees of Health Literacy conferences in US and Europe and examination of students. She is Chair of the Health Literacy UK (www.healthliteracy.org.uk) group, organising and chairing regular UK seminars and National Conferences, liaising with NHS England and policy groups and working closely with Public Health Stoke to develop a Health Literacy Strategy and action plans. In this capacity she has been involved in disseminating health literacy research findings to a broad audience, including House of Commons; patient groups (Patient Information Forum, National Voices) and the media (BBC Breakfast interview; national and local press).

Mr. Owen Metcalfe, Chief Executive of the Institute of Public Health in Ireland



Owen Metcalfe is Chief Executive of the Institute of Public Health in Ireland a position he has held since 2011. Prior to being Director he was Associate Director from 1998 with responsibility for health promotion, youth, elderly and gender targeted programmes, health in all policies approaches, health impact assessment, communications, governance, finance and human resources.

Prior to joining the Institute Owen worked as Chief Health Promotion Advisor for the Department of Health and Children. He has also worked as a teacher, trainer and counsellor.

He has a Master's Degree in Health Promotion, a degree in Business Studies, a Higher Diploma in Education and a postgraduate counselling qualification. He has been involved in health education and health promotion for twenty-five years and is widely conversant with public health and health promotion policy, planning and implementation at regional, national and international levels. In 2009 he was awarded Fellowship of the Faculty of Public Health UK.

In his current position Owen has a commitment to personal and organisational development for improving the effectiveness of public health.

Plenary Session Abstracts

Health Literacy: New developments and policy implications

Dr. Rima Rudd, *Harvard T.H. Chan School of Public Health*

Dr. Rima Rudd will provide a brief overview of the changes in 'health literacy' studies to note new variables and new focal points and highlight implications for health programs and policy decisions. Over the past two decades, health literacy researchers have moved attention from a singular focus on the reading skills and deficits of patients to a broader appreciation of multiple literacy skills, an understanding of 'texts' and 'contexts', and an appreciation for the influence of the environments within which we take healthful action.

Making it Easy: Health literacy policy in Scotland

Dr. Graham Kramer, *GP & National Clinical Lead for Self-management and Health Literacy, Scottish Government*

This presentation will outline the work that has been going on in Scotland to make our health and social care system responsive to the health literacy needs of all of us living in Scotland. It will explain the progress of Scotland's National Health Literacy Action Group in defining health literacy and building an ambition for Scotland to be a health literate society. It recognises health literacy as a social disability and key social determinant of health which can be mitigated by a responsive healthcare system.

It sets out some key actions which will hopefully allow us to cater for all our health literacy needs in order to reduce health inequalities and recognise our equal rights to access and collaborate in our health & care and successfully self-manage.

**Evolving Health Literacy Policy in Ireland
and the Challenge of Implementation**

Ms. Inez Bailey, *Director National Adult Literacy Agency*

The Healthy Ireland Framework provides the first clear national policy commitment to health literacy. It has emerged as a result of consistent and focused efforts to bring health literacy to the fore in health policy and practice, and now presents significant challenges in ways to fully realise it through effective and diverse implementation. In my presentation, I will briefly trace the evolving adoption of health literacy in Irish health literacy policy and practice and highlight key activities currently underway.

**Health Literacy Research in Europe and Ireland:
The State of the Art**

Dr. Gerardine Doyle, *School of Business, University College Dublin*

Dr. Doyle will provide an insight into current research at a European level and at a national level. This will include recent studies performed in countries which were not part of the HLS-EU consortium but who have since performed their own health literacy survey (Portugal and Belgium) in addition to other countries where data collection has commenced. An analysis of current research suggests a future research agenda and highlights the importance of using scientific evidence to inform health policy at both the European and national levels.

**Health Literacy:
Moving from research into practice**

Dr. Joanne Protheroe, *General Practice, University of Keele, England*

In this presentation I will briefly describe my pathway into research in Health Literacy and how my clinical practice as a GP in Inner-City Manchester informed my research interests. I will describe how the practical implications of low health literacy affects patient care in General Practice. I will then talk about some of my own research both nationally and locally – and how I am currently working with Stoke-on-Trent Public Health to ‘do something about’ some of these research findings. We have invited Stakeholders (taking a very broad approach to health, including physical activity, education, community groups and city council groups) to examine the research findings with us and develop concrete plans of action to improve the public health of our city by considering its ‘health literacy’.

**Reflections on the Evolution of Health Promotion in Ireland -
40 years on from the establishment of the Health Education Bureau**

Mr Owen Metcalfe, *Associate Director, Institute of Public Health in Ireland*

The Health Education Bureau was established in 1975 as the national organisation to advise on policy and carry out programmes. This presentation reflects on the Bureau and subsequent structures which were introduced to fulfil advisory functions in the areas of policy and programme development and implementation in health education and health promotion. It reviews the strengths and weaknesses attached to some of the delivery mechanisms and identifies key factors associated with particular achievements. Reference will be made to International and Global developments during this period.

Oral Communication Abstracts

Room MY123	A: Understanding Health Literacy <i>Chair: Dr. Martin Power, HPRC, NUI Galway</i>
11.30	Health Literacy in Childhood and Adolescence (HLCA): Methods of measuring health literacy of children (HLCA-MoMChild) Okan, O.; Lopes, E.; Bröder, J.; Bruland, D.; Bauer, U.; Pinheiro, P.
11.45	The Insignificant Role of Social Determinants of and the Relationship between Life Skills and Health Literacy Some Surprising Empirical Results of German Students Aged 15+ Islertas, Z., Kloß, I., Bittlingmayer, U.H., Sahrai, D., Gerdes, J., Sahrai, F.
12.00	An Investigation into the relationship Between Health Literacy, Ehealth Literacy and Online Health Information Seeking Behaviour Quinn, S., Bond, R., Nugent, C.
12.15	Examining Health Literacy Practices: a Qualitative Approach McKenna, V. and Barry, M.M.

Room MY124	B: Cultural Domains in Health Literacy <i>Chair: Dr. Lisa Pursell, HPRC, NUI Galway</i>
11.30	Health Literacy: Knowledge and Experiences of Traveller Women Fitzmaurice, V.
11.45	Health Literacy in Childhood and Adolescence (HLCA): Exploring and developing theories, concepts, and models on health literacy in childhood and adolescence (HLCA-TeCoMo) Bröder, J.; Okan, O.; Bruland, D.; Bauer, U.; Pinheiro, P.
12.00	Health literacy from a Student's Perspective: Learning and applying skills to communicate effectively with culturally diverse populations Scovill, S.
12.15	A New Conversation for Men: 7 key questions towards better health and wellbeing Brennan, L.

Room MY125	C: Health Literacy interventions and evaluations <i>Chair: Dr. Vicky Hogan, HPRC, NUI Galway</i>
11.30	Findings from ‘Fit for Work & Life’: A pilot, community based healthy lifestyle, early detection and prevention programme Daly, S.; Halford, J.; Vance, J.
11.45	Evaluation of an Adolescent Mental Health Literacy Programme ‘Beat the Blues’ O’Sullivan, S., Doyle, E., Hennessy, E.
12.00	Signs of Empowerment – A community action project Howard, M.
12.15	Tailoring Health Literate Communication to Older Adults with Limited Health Literacy. Development and pilot-testing of a training for health care professionals Kaper, M.

Room MY126	D: Health Literacy and Education <i>Chair: Dr. Margaret Hodgins, HPRC, NUI Galway</i>
11.30	Adding to Food Literacy? Primary teachers’ perspectives on food education in the curriculum Mooney, E.; Kelly-Blakeney, E.; Mc Cloat, A.
11.45	Health Literacy in Practice – Innovation in getting health students industry ready Barrett, N.
12.00	Mental Health Promotion for Children of Mentally Ill Parents. Assessment and promotion of teacher-specific mental health literacy (Teacher-MHL) Bruland, D., Bauer, U., Bröder, J., Okan, O., Pinheiro, P.
12.15	“Empowering me to Empower the Health Care Workers”: Exploring the sustainability of a Training of Trainers (TOT) model of men’s health training Carroll, P., Lefkowich, M., Richardson, N., Brennan, L., Lambe, B.

Room MY127	E: Health Literacy and Healthcare <i>Chair: Dr. Colette Kelly, HPRC, NUI Galway</i>
11.30	Radiation Therapists' Knowledge and Perceptions of Health Literacy Quinn, F.; Gillham, C.; Craig, A.
11.45	Literacy Levels in Prostate Cancer Patients: The relationship between health literacy level, understanding of cancer information and decision-making- results from phase 1 Craig, A. & Seery, A.
12.00	The Impact of Health Literacy in Individuals with Chronic Pain Mackey, L.M.; Power, C.; Victory, R.; Hearty, C.; Casey, M.; Fullen, B.
12.15	Hospital Signage, Wayfinding in Complex Buildings O'Sullivan, F.

Session A: Understanding Health Literacy
Room MY123

Health Literacy in Childhood and Adolescence (HLCA): Methods of measuring health literacy of children (HLCA-MoMChild)

Authors: Okan, O.; Lopes, E.; Bröder, J.; Bruland, D.; Bauer, U.; Pinheiro, P.

Affiliation: Faculty of Educational Science, Centre for Prevention and Intervention in Childhood and Adolescence (CPI), Bielefeld University, Germany

Room MY123: Session A: Understanding Health Literacy

Health literacy has gained great attention in health promotion and health education research. While the majority of theories, methodologies and measurements concentrates on assessing adult and young adult health literacy, there is a gap in validity-driven child/adolescent tools and methods. The recently started German Health Literacy in Childhood and Adolescence Consortium (HLCA) is a partnership of several national universities that will conduct evidence-based health literacy research for three years in ten subprojects within the age group and their environment.

As sub-project to the HLCA, the “Methods of Measuring Health Literacy of Children (HLCA-MoMChild)” study aims to develop a valid questionnaire to assess the health literacy levels of primary school children (ages 9-10), their health-related knowledge, and age-specific perception and understanding of health concepts. The instrument will be based on an underpinning model of health literacy for childhood/adolescence, to be developed in a parallel sub-project.

A systematic literature review is currently being conducted, exploring existing methodology and measurement of child/adolescent health literacy, as well as intertwining those results with knowledge from pedagogical, psychological and sociological research. A mixed-methods approach will be used, including multi-level perspectives on health literacy, as well as real-life contextual understanding and socio-cultural influences. Initially, (1) a concept clarification and item development guided by a logic model and concept mapping in the developmental stage will be followed by (2) a qualitative pilot study with cognitive interviews (n=25) and (3) a developmental pilot both in the testing stage and finally (4) a quantitative field test (n=300) in the refinement stage.

This will be the first evidence-based data from the target population in Germany, enabling to examine the health literacy state of primary school children. The results will help to develop policy, strategies and interventions for school-based health education.

The Insignificant Role of Social Determinants of and the Relationship between Life Skills and Health Literacy Some Surprising Empirical Results of German Students Aged 15+

Authors: Islertas, Z., Kloß, I., Bittlingmayer, U.H., Sahrai, D., Gerdes, J., Sahrai, F.

Affiliation: University of Education, Freiburg

Room MY123: Session A: Understanding Health Literacy

Context and background

Present knowledge shows that socially underprivileged students dispose of more limited life skills. We suppose that there is a theoretical link and an empirical correlation between life skills and health literacy.

Aim of the study

Our principal aim was to investigate the effects of life skills for individual transition from school to vocational education market. In this context we analyse further some other skills – for instance the sense of coherence and health literacy.

Data

In our longitudinal study we evaluate in pre-/post-follow up-design with repeated measurements the school-based of life skills programme LiST (Life Skills as Basic Help for Individual Transition). Our data content around 400 cases of German students aged fifteen and older (grade 9 and 10). Our volunteers are students from special needs schools, secondary modern schools and middle schools. Health Literacy is measured with an 8 Items in the second wave.

Key findings and conclusions

First analyses shows that surprisingly there are very little social determinants of health literacy within our data. Neither gender, nor the social background of the students nor the migration background deliver significant correlations.

Inferential we want to interpret this surprising empirical results regarding methodological problems e.g.; discussing, whether the typical measurement of health literacy is meaningful and senseful. We want to provide a more theoretically driven interpretation on the fundament of Pierre Bourdieus sociology, especially his notion of symbolical violence.

An Investigation into the relationship Between Health Literacy, ehealth Literacy and Online Health Information Seeking Behaviour

Authors: Quinn, S., Bond, R., Nugent, C.

Affiliation: University of Ulster

Room MY123: Session A: Understanding Health Literacy

Context and Background

Health information seekers are increasingly using online health information to answer health questions. Nevertheless, the ability to evaluate and use online health information may be affected by an individual's level of health literacy and eHealth literacy.

Aim of the study

The aim of this study was to investigate the relationships between how an individual searches for and uses online health information and their level of health literacy and eHealth literacy.

Research Methodology

We recruited 22 participants of whom 14 were male and 8 female, with an age range of 22 to 38. Each participant was presented with 6 health questions and searched online for information to answer the questions. Searching behaviour was recorded, this included the search terms entered, the websites visited and the duration of each question. Each individual also completed the Newest Vital Sign (NVS) health literacy tool and the eHealth Literacy Scale (eHEALS).

Key findings

The NVS scores indicated that 21 of the participants had adequate health literacy skills. Moreover 16 participants indicated that they were confident in using online health information and 17 agreed that they could distinguish between high and low quality online health resources. There was variation in the number of questions answered however all participants answered 3 or more questions correctly. Only 2 participants gathered information solely from government or certified health websites while the remaining participants utilised certified and uncertified websites to answer the questions.

Conclusion

All the participants were able to use online health information to correctly answer health questions. Despite having adequate health literacy skills most individuals utilised both accredited and uncertified health information. Moreover, the most frequent online seeking method for discovering health information was through search engine results.

Examining Health Literacy Practices: a Qualitative Approach

Authors: McKenna, V. and Barry, M.M.

Affiliation: Discipline of Health Promotion, NUI Galway, Ireland.

Room MY123: Session A: Understanding Health Literacy

Background

Few research studies have examined health literacy either in terms of its broader health promotion context or using a qualitative methodology. While health literacy measures are an important tool to raise awareness of the issue, the addition of qualitative approaches can further illuminate the barriers and facilitators to health literacy development. This is of particular relevance for individuals in managing their health.

Aim: To investigate and describe how individuals develop and practice health literacy in the management of their health.

Methodology

This study is part of a larger on-going longitudinal qualitative study design with three waves of data collection. Purposeful sampling was employed and semi-structured interviews undertaken with 26 participants who are attending a community based cardiovascular disease prevention and health promotion programme. Participants also completed the HLS-EU 47 item instrument to determine levels of health literacy. The interview data was analysed using a thematic analysis methodology.

Preliminary Findings

The HLS-EU measure at baseline indicated a high degree of limited general health literacy for the majority of participants (65%) as well as for the health promotion domain (69%) and the prevention domain (66%) with a lower level for the health care domain (46%). The HLS-EU conceptual model was used as the framework to examine how participants access, understand, appraise and use health information. Preliminary findings indicate that the majority of participants actively seek out health information and do encounter some difficulties in terms of understanding health conditions. Various strategies are used to make judgements on health information but barriers putting health information into practice also exist. Further themes being explored are the pivotal role of the GP, communication and the sense of *being in control* for individuals.

Conclusions

The addition of qualitative data can expand our understanding of how health literacy is facilitated /hindered for individuals in managing their health and well-being.

Session B: Cultural Domains in Health Literacy

Room MY124

Health Literacy: Knowledge and Experiences of Traveller Women

Author: Fitzmaurice, V.

Affiliation: Mayo Travellers Support Group

Room MY124: Session B: Cultural domains in Health Literacy

The area of health literacy and Travellers is under researched however the All Ireland Traveller Health Study (2010) exposes the poor health status of Travellers and shows that almost half reported difficulty in reading the instructions on prescription medications. There are a number of definitions of health literacy available however this research focuses on a broader definition which encompasses making critical judgements and decisions about health.

The aim of this research was to gain more understanding and insight into health literacy, to explore the knowledge and experiences of Traveller women in the area of health literacy and to draw relevant conclusions instead of make recommendations based on the outcomes.

The use of narrative inquiry was used to measure critical health literacy among Traveller women as it is a culturally appropriate method which enables the validity of the lived experience of the participants. Three Traveller women who left school at primary level and returned back into adult education aged between thirty and fifty years of age participated in the research. The author's prior relationship of working with the Traveller women in a peer led Primary Health Care Programme was incorporated.

Based on these findings conclusions include that; Health Literacy needs to be recognised as a stand-alone public health issue for the Traveller community in order to be addressed effectively
Critical health literacy in addition to functional health literacy is the best method in empowering the community to achieve overall better health literacy. Culturally appropriate literacy friendly health promotion messages are key to empowering the community. Traveller peer led health educators are a key resource and can work collaboratively with health services and the community to increase health literacy levels among Travellers.

Health Literacy in Childhood and Adolescence (HLCA): Exploring and developing theories, concepts, and models on health literacy in childhood and adolescence (HLCA-TeCoMo)

Authors: Bröder, J.; Okan, O.; Bruland, D.; Bauer, U.; Pinheiro, P.

Affiliation: Faculty of Educational Science, Centre for Prevention and Intervention in Childhood and Adolescence (CPI), Bielefeld University, Germany

Room MY124: Session B: Cultural domains in Health Literacy

Recent evidence has highlighted the critical impact of low health literacy on health and its importance for health promotion and prevention. Interestingly, common theoretical, conceptual as well as empirical data, fail to integrate health literacy needs of children and adolescents. This contrasts with the importance given to childhood and youth for healthy human development, and for health and well-being throughout adulthood. For the next three years, the German Health Literacy in Childhood and Adolescence (HLCA) Consortium aims to tackle this shortfall by exploring a multidisciplinary perspective of health literacy within this target group.

This consortium's sub-project HLCA-TeCoMo strives to a) develop a theoretical and conceptual framework for health literacy in children and adolescents; b) adjust prominent adult health literacy concepts, linked to children's development to child health issues and needs; c) frame demands on children's health literacy over time and caregivers' and professionals' knowledge base on health literacy. The framework will provide the theoretical foundation for the sub-project "Methods of Measuring Health Literacy of Children" (HLCA-MoMChild).

In the initial phase, systematic literature reviews will be conducted in close cooperation with HLCA-MoMChild. The reviews aim to scope existing concepts and models of child and adolescent health literacy, as well as relevant child development factors, while taking into account perspectives from pedagogical, psychological and sociological research. Further methods include content analysis, deductive and inductive reasoning, or expert opinion using the Delphi technique. The methodological approach will be adapted according to the project's progress and recommendations of the consortium's advisory board.

Contribute to the evidence base and understanding of health literacy within children and adolescents by providing a theoretical and conceptual framework, and models that can be operationalised for assessing health literacy within the target group.

Health literacy from a Student's Perspective: Learning and applying skills to communicate effectively with culturally diverse populations

Author: Scovill, S.

Affiliation: University of Wisconsin Stevens Point

Room MY124: Session B: Cultural domains in Health Literacy

Background

The U.S. Department of Health and Human Services (2000) defines health literacy 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.” Additionally, the U.S. Centers for Disease Control and Prevention (CDC, 2010) has identified health literacy as a priority area in disease prevention and health promotion and estimates that only 12% of US adults have proficient health literacy. Because health information comes from many different avenues, such as media, schools, physicians, worksite programs, newspapers, nutrition labels, and safety warnings, individuals may receive multiple and sometimes conflicting health messages. These messages may make it harder for individuals to make appropriate decisions about health.

Professionals in the health promotion field must learn a variety of techniques to reach the populations they serve. One area is through developing cultural competence. Competence includes communicating in a manner that is linguistically and culturally appropriate in order to produce positive health outcomes. The CDC (2015) states that anyone who provides health information and services to others, needs health literacy skills to:

- Help people find information and services
- Communicate about health and healthcare
- Process what people are explicitly and implicitly asking for
- Understand how to provide useful information and services
- Decide which information and services work best for different situations and people so they can act

Aims

This is a case study on how Health Promotion/Wellness students at the University of Wisconsin Stevens Point (UWSP) understand the issue of health literacy. The implications of poor health literacy and how to address this issue is important as part of the cultural diversity & competence objectives of the major. Low health literacy impacts the population at work and in the community where students will work in Experiential learning courses and after graduation. Students will describe methods of effective communication for diverse populations, and outline challenges in understanding the needs of the communities they serve. UWSP has also just begun to assess the changes in students' understanding of cultural diversity, and preliminary data will be presented.

Methods

Students in Health Promotion/Wellness learn how to develop appropriate health information and outreach to worksite and community populations. These competencies are included in multiple areas within the curriculum in courses such as Health Promotion Program Design, Social Marketing, Health and Wellness Strategic Planning, Special Populations, and Health Behaviour Change. In addition, students enrol in two semesters of practicum experience of 100 hours each, along with a full semester of a 400 hour internship prior to graduation. However, without the inclusion of these real world experiences, many of the students would have little exposure to populations outside of the university and have little to no contact for applying the principles of foundational coursework or become skilled in developing outreach programs.

Experiential learning courses are designed to provide students with experience as a pre-professional in health promotion to advance skill levels beyond basic requirements. The practicums and internship helps students learn the importance of collaboration and communication in health promotion and disease prevention activities designed to meet health needs of populations and course objectives for students.

Implications

Health and Wellness Educators play an important role in delivering health information to a variety of populations and in the delivery of health promotion programs. Educating students on health literacy and improving communication and understanding can improve health outcomes of the population they serve. This experiential learning process benefits students by serving as a learning laboratory. This meets the goals of the program to meet the need for educated, culturally competent employees and citizens who can meet the challenges of a new world economy and order (Cantor, 1995).

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**A New Conversation for Men:
7 key questions towards better health and wellbeing**

Author: Brennan, L.

Affiliation: The Men's Development Network Ltd

Room MY124: Session B: Cultural domains in Health Literacy

Background:

Consistent with the vision of Healthy Ireland, the Men's Development Network's (MDN's) 7 Key Questions can be used as a reflective resource for supporting men towards better health and wellbeing and living to their full potential. These questions can be used in a number of settings as a resource for personal reflection, one to one conversations and for engaging men developmentally. The questions act as a resource to positively address issues impacting men's lives and map next steps to a better healthier life.

Throughout 2015, the MDN continues travelling across Ireland highlighting the strengths of the 7 Key Questions. This is achieved through facilitating training with a broad range of workers, volunteers and organisations interested in engaging and supporting men with their health and lives. The day is facilitated in an open, friendly and experiential way, and draws upon discussion, group work and presentations to explore relevant topics.

Strengths of the 7 Key Questions

A number of things underpin the strengths of 7 Key Questions....

- they promote a wellness model of engaging men through beginning by focusing on what's going well?
- they focus on supporting men through reflecting on their personal experience,
- they help men identify their needs
- they support men to identify resources as a support to incremental actions for better health and wellbeing.
- the questions are solution based in their approach and direction, clearly focusing on normalising and conversationalising men's lives in both their joys and challenges.

Demonstration: How Training Questions Work

In this presentation the MDN wish demonstrate how these 7 Questions can and have been used as a training tool in a range of settings, towards supporting best practice for engaging men while also developing an needs audit for more male focused service plans towards engaging men. We will also present a snapshot of some of the key challenges and next steps identified for supporting and engaging men by those who participated in the training nationally and highlight what men have said about using the questions in developmental groups. It is MDN's hope through these questions to continue a New Conversation for Men.

The 7 Key Questions are

1. *How are things?*
2. *What's going well?*
3. *What's not going well?*
4. *Is there anything you need to do?*
5. *Is there any supports you need?*
6. *What's one step you might take?*
7. *What difference might it make?*

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Session C: Health Literacy Interventions and Evaluations

Room MY125

Findings from 'Fit for Work & Life': A pilot, community based healthy lifestyle, early detection and prevention programme

Authors: Daly, S.¹; Halford, J.²; Vance, J.¹

Affiliations: ¹Irish Cancer Society
²North Wall Community Development Project

Room MY125: Session C: Health Literacy interventions

The Fit for Work and Life community pilot project is the first phase of a 5 year partnership between the Irish Cancer Society and North Wall Community Development Programme. North Wall Community Development Project approached the Irish Cancer Society in 2012 to deliver a health and well-being programme to be incorporated into their Employability Skills Programme. Health literacy was identified as an issue. 'Fit for Work & Life' (FFWL) was developed as a pilot, community-based programme promoting healthy lifestyles and early detection through building capacity in the community.

Use a partnership approach with communities to develop community capacity, building models to raise awareness of health, early detection and improved access to health services and supports in the community, using a train the trainer model.

The Irish Cancer Society delivered and evaluated training to the Employability Skill Programme participants in 2013. To further build the capacity of the community and to create a peer led approach, a Fit for Life tutor training programme was delivered over 12 weeks in 2014 to 10 volunteers. Community tutors contributed to the development of the pilot training programme and were involved in focus testing the resources.

10 unemployed community trainers achieved FETAC Level 6 Train the Trainer qualification. Retention rates: Six tutors delivered to 36 participants. Participant surveys indicated high satisfaction levels and aims of the programme were fulfilled.

The train the trainer approach worked well but due to the demand for the program further training of community members as tutors is necessary. Seeking QQI accreditation for the participant course would help to expand the programme and allow it to be rolled out to other communities in Ireland.

Evaluation of an Adolescent Mental Health Literacy Programme ‘Beat the Blues’

Authors: O’Sullivan, S., Doyle, E., Hennessy, E.

Affiliation: University College Dublin

Room MY125: Session C: Health Literacy interventions

Adolescence is a period of increasing mental health problems. Research in Ireland has consistently confirmed levels of mental health difficulties in the range of 15% to 25% in the teenage years. Unfortunately research also indicates that the majority of young people in need of help do not receive it. Two of the most significant barriers to seeking help are known to be poor mental health literacy and the stigma associated with mental health problems. Increasingly attention is turning to the potential for schools to positively effect young people’s mental health by providing education, support and targeted interventions.

One such educational intervention is ‘Beat the Blues’ (BTB) which was developed by Aware, a national mental health charity. BTB is currently delivered in 300 secondary schools, with approximately 30,000 students participating annually. It aims to promote positive mental health and prevent and manage symptoms of depression by increasing knowledge and help-seeking, reducing stigma, and improving coping strategies. The aim of the present study was to evaluate the effectiveness of this educational intervention, using a pre-post design with a waiting list comparison group. Participants consisted of approximately 320 students in 4th, 5th and 6th year of secondary school (15-18 years) in the greater Dublin area. Data were collected using anonymous questionnaires measuring knowledge of depression, help-seeking, stigma, implicit beliefs and coping strategies. T1 questionnaires were administered 1 week pre-intervention and T2 were administered 4 weeks post-intervention (with a similar 5 week gap between T1 and T2 for the comparison group). Results will focus on differences between intervention and comparison groups at T1 and T2 in knowledge of depression, willingness to seek help, coping strategies, core beliefs and mental health stigma.

Signs of Empowerment – A community action project

Author: Howard, M.

Affiliation: Waterford Wexford ETB

Room MY125: Session C: Health Literacy interventions

Health literacy is not just about access to and comprehension of health related information and services. It is about community action, participation, empowerment and change (WHO, 2009). Issues of power are present in all forms of communication. Once a client enters the health care system, he / she enters a power relationship with the professionals that are operating within that environment. It is these professionals and the system in which they operate that determine the mode and method of interaction.

The navigation signs that a service user / visitor encounters when they walk in a hospital door are one of the most basic forms of information exchange. Navigating the hospital environment can be a difficult task, which may be exacerbated by feelings of fear and anxiety. Signs regularly include words that can prove challenging for some service users / visitors to read and understand. Hence, hospital signage can operate as a site of exclusion for those who may not have the necessary literacy skills to decipher them.

This presentation will review an action project* undertaken by learners attending a WWETB Adult Literacy Centre. The project arose through group discussions, as a result of repeated learner requests for targeted reading practice of hard-to-read hospital navigation signs. Students embarked on their own learning journey, by taking action to make the signage more inclusive. This action included contacting the hospital by letter, arranging a group visit, engaging with staff and making suggestions to improve signage. The feedback from group members relating to the benefits of taking action towards making improvements in a health care setting will be considered. This style of project epitomises empowerment of the service user and promotes community action in response to local health literacy issues.

***Please note this is an ongoing project.**

**Tailoring Health Literate Communication to Older Adults with Limited Health Literacy.
Development and pilot-testing of a training for health care professionals**



innovative policies for healthy ageing



Author: Kaper, M.

Affiliation: University Medical Centre Groningen

Room MY125: Session C: Health Literacy interventions

Context & Background

Health literacy knowledge and communication skills of health professionals can reduce the health literacy problems of older adults. However, training is not systematically evaluated and adapted to the European context of health professionals.

Aim

The aim of this study is the systematic development of a theory based training on health literate communication adapted to the context of European health professionals.

Research methodology

A mixed method approach is used to develop the training. We searched the literature on effective interventions on health literate communication. Furthermore, we conducted focus groups with professionals in Ireland, Italy and the Netherlands to investigate experiences and needs regarding training and obtain feedback on the training outline. Focus group data were analysed using directed content analysis.

Key findings

The literature study indicated that health literacy knowledge, clear communication and teach back are frequently addressed in training. Communication skills, such as fostering the relationship, shared decision making and enabling treatment related behavior tend to be important and may increase interactive health literacy, however, they are addressed less frequently in training.

In the focus groups, professionals recognized the importance of health literacy and had frequent interactions with patients experiencing health literacy problems. According to these professionals, training should be provided to multidisciplinary teams and address patient needs, evidence based interventions, critical situations, and practicing of communication skills.

We developed a preliminary training program, which includes interactive didactic sessions to increase knowledge, awareness and experiential learning to practice skills. Furthermore, a follow up session promotes integration of learning in practice.

More details on key findings will be presented during the conference.

Conclusions

The literature study and the focus groups informed the systematic development of a modular training in health literate communication. The training will be pilot tested in three multidisciplinary teams of professionals in the European health care context.

Session D: Health Literacy and Education

Room MY126

Adding to Food Literacy? Primary teachers' perspectives on food education in the curriculum

Authors: Mooney, E.; Kelly-Blakeney, E.; Mc Cloat, A.

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²School of Education, University of Ulster, Northern Ireland.

Room MY126: Session D: Health Literacy and Education

In primary schools throughout the island of Ireland (IoI), the study of food and nutrition is an obligatory component of the curriculum, within *Personal Development and Mutual Understanding (PDMU)* in Northern Ireland (NI) and *Social, Personal and Health Education (SPHE)* in the Republic of Ireland (RoI). These mandatory components have the potential to develop and enhance food literacy among schoolchildren, and teachers play a key role in this process. However, little is known about teachers' views of the curricular content, the strategies and resources which teachers employ, and the part played by the wider school food environment in supporting, or negating the knowledge and skills which the curricula seek to convey.

Employing a mixed methods approach, this IoI, study sought to elicit the views of primary school teachers on the status of food and nutrition within the curriculum and their experiences of teaching the subject area. Questionnaires (n=162) were completed by teachers across the IoI and follow-up semi-structured interviews were conducted with primary school teachers in both NI (n=5) and the RoI (n=5) to obtain a more in-depth account of teachers' experiences.

Despite raising concerns about an overloaded curriculum, teachers viewed the food and nutrition components of the PDMU and SPHE curricula as very worthwhile. Most (70%) teachers employed a variety of active learning methodologies in this area but less than half (48%) undertook practical food sessions due to a lack of resources. Only 7.5% (n=12) of schools did not have a Healthy Eating Policy, and teachers highlighted that the presence of this policy consolidated learning on healthy eating. Across both jurisdictions there is definite potential for collaborative professional development of teachers and explicit opportunities to jointly design teaching resources for the food and nutrition area due to the commonalities in the syllabi content.

Health Literacy in Practice – Innovation in getting health students industry ready

Authors: Barrett, N.

Affiliation: Deakin University Australia.

Room MY126: Session D: Health Literacy and Education

Often in efforts to improve health literacy the primary focus is on improving communication between health professionals and clients. However, this assumes health professionals themselves possess adequate digital, academic and health literacies to first source and interpret appropriate scientific health evidence on which to base their findings and professional opinions. This paper explores vibrant and contemporary practices for teaching multiple academic and health literacies to undergraduate first year health students. Innovative wholly online approaches to embedding health literacy competencies into teaching and assessment will be showcased using specific examples from a core Faculty of Health unit with 2000+ students, from Deakin University Australia.

Mental Health Promotion for Children of Mentally Ill Parents. Assessment and promotion of teacher-specific mental health literacy (Teacher-MHL)

Authors: Bruland, D., Bauer, U., Bröder, J., Okan, O., Pinheiro, P.

Affiliations: Bielefeld University, Germany, Faculty of Educational Science, Center for Prevention and Intervention in Childhood and Adolescence (CPI)

Room MY126: Session D: Health Literacy and Education

Context and background

School-based mental health promotion is of increasing importance across Europe, while at the same time children of mentally-ill parents are at considerably higher risk of developing serious mental health problems. The different burden patterns and attempts at coping often become manifest in children's school lives. In this context, schools can have an important protective function, but can also create risk potentials. Although teachers' knowledge and raising awareness to school mental health must be considered essential, the literature provides less information on the extent of teachers' mental health literacy. As part of a nation-wide research consortium on health literacy, this project will conduct evidence-based mental health literacy research during a period of three years.

Aim of the study

The primary objective is to measure teachers' mental health literacy in context of pupil-related psychosocial factors at primary and secondary schools (years 5, 6), while also focussing on children's social living conditions. The results will provide insights into teachers' current levels of mental health-related knowledge, awareness, and what actions they take when confronted with school mental health problems, and their perception of support.

Research methodology

Based on mixed methods, a) qualitative pre-study to inductively survey the general profiles of teachers; b) quantitative and representative survey of teachers (n=2070) in the federal state of North Rhine-Westphalia. Based on the results, an intervention will be developed to improve teacher mental health literacy and capacity in the context of providing help to their students.

Key findings and conclusions

Addressing the teachers' mental health literacy gives reason to expect high effectiveness of the programme. Considering that only 10-30% of such high-risk families accept therapy and assistance offers, this will be the first health promotive and primary preventive approach to avoid mental health problems of the yet unaffected but particularly burdened high-risk group.

“Empowering me to Empower the Health Care Workers”: Exploring the sustainability of a Training of Trainers (TOT) model of men’s health training

Authors: Carroll, P.¹, Lefkowich, M.¹, Richardson, N.², Brennan, L.³, Lambe, B.¹

Affiliations: ¹ Centre for Health Behaviour Research, Waterford Institute of Technology

² National Centre for Men’s Health, Institute of Technology Carlow

³ Men’s Development Network, Ireland

Room MY126: Session D: Health Literacy and Education

Background

Central to the increased focus on men’s health in recent years have been calls for a greater provision of gender sensitised health related services for men^{4, 5, 6} ENGAGE, Ireland’s National Men’s Health Training programme, targeted at front line service providers and aims to increase participants understanding of best practice in engaging men with health and social services, was developed to address this need. A Training of Trainers [TOT] cascade model was adopted to deliver ENGAGE; Trainers (n=39) underwent a 4-day residential ENGAGE training programme and in turn, were asked to deliver three 1-day training programmes to front line service providers. By exploring the process (planning, implementation and maintenance) of using a TOT model of training this study set out to identify the mediators of diffusion that contribute to the institutionalisation of new practices in health and social settings.

Methodology

This research was approved by Waterford Institute of Technology’s Research Ethics Committee. A semi-structured, qualitative interview guide was used with Trainers in telephone and in-person interviews and was then modified into an online survey. Some 16 Trainers (n=5 online survey; n=8 telephone and n=3 person-to-person interviews) and 5 members of the ENGAGE team (focus group) participated in the study [n=21]. All in-person and telephone interviews were transcribed verbatim. Codes both emerged from the data and from previously identified points of interest.

Findings and Conclusion

Our findings indicate that an experiential learning approach in combination with mechanisms for feedback and fostering peer-based support are key strategies that foster individual, community, and organisational-level ownership. Moreover, by adapting in response to feedback, ENGAGE was able to remain relevant over a number years and to different cohorts of Trainers. As such, core strategies used by ENGAGE could be used to inform new models of health training for years to come.

⁴ Department of Health and Children (DOHC) (2008). *National Men’s Health Policy 2008/2013. Working with men in Ireland to achieve optimum health and wellbeing*. Prepared by; Richardson N, Carroll P. Dublin: Department of Health and Children.

⁵ Department of Health and Ageing (2010). *National Male Health Policy. Building on the Strengths of Australian Males*.

⁶ European Communities, Directorate General for Health and Consumers (2011): *The State of Men’s Health in Europe*.

Session E: Health Literacy and Healthcare

Room MY127

Radiation Therapists' Knowledge and Perceptions of Health Literacy

Authors: Quinn, F.¹; Gillham, C.²; Craig, A.¹

Affiliations: ¹Applied Radiation Therapy Trinity Research Group, Discipline of Radiation Therapy, School of Medicine, TCD.

²St Luke's Radiation Oncology Network, St. James Hospital.

Room MY127: Session E: Health Literacy and Healthcare

When faced with a cancer diagnosis, a patient is presented with a large volume of information regarding their diagnosis, treatment and potential outcome. For patients undergoing radiotherapy, the Radiation Therapist (RT) is the daily point of contact and is thus a vital source of support and information. Effective communication between the Radiation Therapist and the patient is essential to facilitate understanding of the information received. This may lead to increased compliance with on-treatment instruction and enable the patient to minimize and manage the adverse side effects of treatment. Low health literacy (HL) leads to difficulty understanding this essential health information thus impacting on both treatment outcome and patient anxiety.

This study aimed to investigate RT's knowledge and perceptions of health literacy and the perception of their role in identifying and supporting radiotherapy patients with low health literacy. The obstacles encountered by the RTs in treating patients with low HL and how these are overcome were also investigated. A qualitative approach was used in this research. Semi-structured interviews with RTs in four radiotherapy departments around Ireland were conducted. Data from sixteen interviews were thematically analysed using the framework method.

RTs had a limited knowledge of the formal concept of health literacy. The four key themes identified were: (1) the process of determining a patient's health literacy level, (2) challenges associated with low health literacy patients, (3) barriers and obstacles to helping this cohort and (4) recommendations for improving the management of patients undergoing radiotherapy.

Currently, participant knowledge of health literacy is limited. Increased awareness of the prevalence of low health literacy as well as a more structured approach to supporting patients may result in an improved treatment experience and lessen possible adverse outcomes typically associated with this patient cohort.

Literacy Levels in Prostate Cancer Patients: The relationship between health literacy level, understanding of cancer information and decision-making- results from phase 1

Authors: Craig, A.¹ & Seery, A.²

Affiliations: ¹Applied Radiation Therapy Trinity Research Group, Discipline of Radiation Therapy, Trinity College Dublin.

²School of Education, Trinity College Dublin.

Room MY127: Session E: Health Literacy and Healthcare

Prostate cancer patients are faced with making a treatment decision with specific side effects which impact on their Quality of Life. The aims of this study are to: (1) evaluate the impact Health Literacy level has on cancer knowledge and (2) ascertain if patients involved in decision-making are knowledgeable about their options. Prior to recruiting prostate cancer patients to this study, it was first necessary to design the cancer knowledge test.

A qualitative approach was used in phase 1 to ascertain what information newly diagnosed prostate cancer patients require to make a decision about treatment. A specific type of focus group: - the Nominal Group Technique, was used with previously treated prostate cancer patients (n=7). The NGT, originally developed in the 1960's, is a combination strategy of brainstorming and voting which allows equal participation in a group discussion. It has proven efficient in the medical field, and can help achieve consensus about the relative importance of issues.

This technique proved to be an efficient data collection method which produced a list of 20 items for discussion. By voting and ranking, this list was then ordered in a hierarchy of perceived importance. A consensus was reached on the information that is important and should be explained to patients prior to making a decision about treatment.

The data generated from representatives of the study population was used to create the cancer knowledge test. This test will be used in Phase two which will examine the relationship between Health Literacy and Cancer Knowledge. Phase 3 will further explore these issues and examine the decision- making process.

Overall, the results of this 3-part study may help in identifying the impact of health literacy on treatment decisions which can impact on Quality of Life.

The Impact of Health Literacy in Individuals with Chronic Pain

Authors: Mackey, L.M.¹; Power, C.²; Victory, R.³; Hearty, C.⁴; Casey, M.⁴; Fullen, B.¹

Affiliations: ¹University College Dublin;
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Room MY127: Session E: Health Literacy and Healthcare

Inadequate health literacy (HL) - *'the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health'* (Nielsen-Bohlman, et al. (2004) A prescription to end confusion: Institute of Medicine), has been linked to poorer health outcomes in a number of chronic diseases (e.g. asthma, diabetes). Although inadequate HL scores have been established in Ireland at 40% (Doyle, et al. (2012) The European Health Literacy Survey: Results from Ireland.), the impact of HL in those with chronic pain is unknown. Given the high cost of chronic pain to the Health Service, this study aims to establish if HL scores differ in people with and without chronic pain.

A cross-sectional questionnaire was distributed in pain clinics in three Dublin university hospitals. Patients with chronic pain and a control group (non-pain participants) were recruited. The questionnaire comprised a demographic section (e.g. gender, age, educational attainment, and employment status) and a validated tool for measuring HL (Newest Vital Sign).

Overall, 246 participants were recruited: chronic pain (n=123), controls (n=123). Both groups displayed significant differences in terms of gender ($\chi^2=10.559$, $p=0.001$), and employment status ($\chi^2=39.032$, $p<0.001$). Fifty-five pain patients self-reported as either unemployed or unable to work, in comparison to 13 control participants. No difference in inadequate HL scores was found between the two groups: [pain (55.3%, n= 68), control (48.8%, n=60), $\chi^2=1.042$, $p=0.307$]. For chronic pain participants, those with inadequate HL were more likely to have lower educational attainment ($\chi^2=20.645$, $p<0.001$), have more than one long-term chronic condition ($\chi^2=4.434$, $p=0.03$), and be older ($t=5.171$, $p<0.001$).

Inadequate HL is prevalent in chronic pain patients, and plain English strategies must be employed to ensure they have the ability to engage effectively in managing their condition.

Hospital Signage, Wayfinding in Complex Buildings

Author: O'Sullivan, F.

Affiliation: Our Lady's Hospital Navan

Room MY127: Session E: Health Literacy and Healthcare

This presentation/poster describes how we set out to improve wayfinding (signage) in our complex hospital environment.

Wayfinding – is a collective term describing features in a building or environment that facilitate orientation and navigation.

According to NALA*, one in 5 people admit to having difficulty understanding the signs and directions in Irish hospitals most of the time.

The aims of this project are to research what is best practice for wayfinding, simplify ward names, provide literacy friendly, age friendly and dementia friendly wayfinding signage, and have consistency in signage design.

What do we know- initial fact finding

- Through audit we found out that the majority of people calling to the hospital reception ask for directions to a ward, next is enquiring about a patient, followed by change for the car park and directions to departments.
- A random audit of 10 staff revealed that all had been asked for directions; all agreed that signage needs improvement.
- Wards are named 'male' and 'female' however, patients occupy wards according to demand; consequently female patients are accommodated in the 'male' ward and vice-versa.
- We learned about best practice in wayfinding signage
- Communication with local and national agencies and people complemented our findings.
- Findings of **Age Friendly Ireland** Walkability audit highlighted our deficits.
-

Action plan

We used the **HSE Change Model** to implement our project.

Our rationale for change is following best practice in health literacy, improving the hospital image, improving communication; improving the patient, visitor and staff experience, and building public confidence.

Phase one

Completion of the new ED signage incorporating our research findings.

Phase two

It was agreed to identify wards by number.

Phase three

Temporary homemade signs were erected and feedback was positive.

The number of signs required was drawn up including a directory at reception, department directional signage, and department and ward entrance signs. Signage companies were invited to meet us, discuss the various possibilities and submit a price for the new signage.

Outcome, as of today's date (3.4.2015) we await approval for funding, however if approval is not given we have a research based plan which will be relevant in the future.

*Omnibus Health Literacy Survey NALA/MSD 2007

Poster Communication Abstracts
Venue: MY129, Ground Floor

1	Communication Awareness Programme (CAP): Raising awareness of communication disability among catering staff Carroll, C., <i>et. al.</i>
2	Proposing an evaluation of the Men`s Sheds Programme throughout the Republic of Ireland Cerca, N.; Floss, M.; Kazim, H.; Browne, M.; Bermingham, B.
3	HEPCOM: The Learning Platform for Preventing Childhood Obesity in Europe D`Eath, M.; Molcho, M.; Kelly, C. & Nic Gabhainn, S.
4	What kinds of knowledge/information are cited in policy documents? Grealish, H. & Nic Gabhainn, S.
5	Unveiling the reality of adolescent peer cultures: Impact on body image perception Kenny, U. Molcho, M. and Kelly, C.
6	Addressing the obesity epidemic through a novel user-friendly approach to menu labelling in the west of Ireland Kerins, C. Gibson, I. Cunningham, K. Jones, J. & Kelly, C.
7	Networks Involving Communities in Health Improvement (NICHI) Project McKinley, V.
8	Death of the Coffin Nail? An Exploration of Tobacco Control Measures in Ireland O`Doherty, D.; Mc Inerney, D.; Houghton, F.
9	Health Promotion Information simply put, using Plain English to communicate with our patients, staff and public. O`Sullivan, F.
10	Partnerships and Projects to Support Community Health Literacy Ravotas, D. & Lindstrom, D.
11	Healthy Lifestyle Applications Hub Albalawi, Yousef

Communication Awareness Programme (CAP): Raising awareness of communication disability among catering staff

Authors: Carroll, C.¹, Guinan, N.¹, Higgins, E.¹, Malarney, M.¹, Loughnane, H.¹, Mulheir, D.¹, Boyle, E.¹, Gyamfi, E.², Kinneen, L.³, Collins, P.³ and Lyons, R.¹

Affiliations: ¹Discipline of Speech and Language Therapy, NUIG

²Discipline of Law and Disability, NUIG

³Health Service Executive, Galway.

Background: Health education involves educating and raising awareness of health issues and is a core aspect of the broader concept of health promotion (WHO 1986). Speech and Language therapists should raise local and public awareness of communication impairments by means of educational and training packages (RCSLT 2005, p. 100).

Aim of study: This project aimed to design and implement a communication awareness training solution to promote participation of people with communication impairments in their local community by raising awareness of communication disability among catering staff. The project also aimed to empower people with communication disabilities to go into catering establishments and place their order with confidence.

Research Methodology: The project involved four phases. Phase 1: focus groups with people with communication disability and interviews with catering staff to identify facilitators and barriers to communication in restaurants. Phase 2: the design of a training programme. Phase 3: the delivery of two training sessions with catering staff. Phase 4: the completion of evaluation questionnaires on the training.

Key Findings: Both positive and negative experiences in relation to ordering food emerged from the focus groups and interviews. CAP was designed with two core principles in mind: 1. People with communication disability have a right to communicate their needs, 2. To empower catering staff. Two CAP training sessions were delivered in partnership between speech and language therapy students and people with communication disabilities. 10 catering staff attended the training. Following the training staff were more aware of communication disability and learned techniques and identified changes they could make in their restaurant environment.

Conclusions: Health promotion involves promoting communication and participation through modification at a community level. CAP brought university students and staff and the community together to make active participation for people with communication disabilities a reality. The training brought visibility to communication disability.

Proposing an evaluation of the Men's Sheds Programme throughout the Republic of Ireland

Authors: Cerca, N.; Floss, M.; Kazim, H.; Browne, M.; Bermingham, B.

Affiliation: Health Promotion, NUI Galway

The poster presents a proposal for the evaluation of the Men's Sheds Programme in Ireland. The Men's Shed Programme originated in Australia in the 1990s, but there are now 227 Sheds established in Ireland. Sheds provide a space to meet, socialise, learn new skills, and engage in meaningful activity with other men. It is a positive community-based programme that focuses on men's health (Carragher, 2013, Flood & Blaire 2013). Sheds aim to improve men's physical, emotional, social and spiritual health and wellbeing. However, despite their success, there is little robust evidence to demonstrate their effectiveness in improving men's health and wellbeing (Milligan et al., 2013).

The main purpose of this proposed study is to evaluate the effectiveness of the Men's Sheds programme in Ireland.

The proposed study uses a combination of both quantitative and qualitative methods. The project design is quasi-experimental and the study will adhere to ethical guidelines. Quantitative methodology will involve a survey distributed to each individual participant and the data will be analysed through multiple linear regression. The qualitative method will involve ten focus groups. Recorded group sessions will be transcribed, coded and analysed. A logic model of the proposed evaluation is presented and implementation a work schedule for its implementation.

Carragher, L. (2013). *Men's Sheds in Ireland: Learning through community contexts*. Dundalk Dundalk Institute of Technology.

Flood, P., and Blair, S. (2013). *Men's Sheds in Australia - effects on physical health and mental well-being*. Full report. Victoria: Australian Men's Shed Association.

Milligan, C., Dowrick, C., Payne, S., Hanratty, B., Irwin, P., Neary, D., and Richardson, D. (2013).

Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity. A systematic review and scoping of the evidence base. Lancaster University Centre for Aging Research.

HEPCOM: The Learning Platform for Preventing Childhood Obesity in Europe

Authors: D'Eath, M.; Molcho, M.; Kelly, C. & Nic Gabhainn, S.

Affiliation: Health Promotion Research Centre, NUI Galway

Background

The HEPCOM project aims to increase the quality and level of local community and school intervention that promote healthy eating and physical activity among children and young people. It is a partnership of 21 organisations from 16 EU countries who are closely collaborating with local communities and organisations working on public health projects.

The Web Platform

Hepcom has developed a learning platform to spread knowledge about healthy eating, physical activity and wellbeing among policy makers and professional practitioners by putting together existing material from all over Europe.

We want to help local communities and schools to plan, implement and evaluate, on a local level, health promoting interventions directed towards children and young people.

By using the HEPCOM platform, users will:

- Learn
- Network
- Participate.



**PROMOTING
HEALTHY EATING
AND PHYSICAL
ACTIVITY
IN LOCAL
COMMUNITIES**

What kinds of knowledge/information are cited in policy documents?

Authors: Grealish, H. & Nic Gabhainn, S.

Affiliation: Health Promotion Research Centre, NUI Galway, Ireland

Background

How research impacts on health policy has been an expanding area of interest over the last 25 years. 'Research impact' is defined as the contribution that research activities makes to policy making in order to achieve better health outcomes for populations. This paper examines drug and alcohol policy documents and reports produced by the Irish Government between 2001 and 2012. It aims to identify what kinds of knowledge/information influences Government policy on drugs and alcohol.

Methods

Documents selected for inclusion in the study were accessed from the Department of Health and Children, and the Drugs and Alcohol websites between July and October 2013. The documents were examined to determine the: i) type of information referenced on the policy document, ii) the purpose of reference to information in the documents and, iii) the frequency of reference to academic research.

Results

The most frequently referenced type of information on drug policy documents was external legislation/reports (n=41), followed by studies which have been commissioned and carried out by government agencies (n=37) and international research (n=21). The most frequently cited information on the alcohol reports were international research (n=46), followed by international reports (n=37) and Irish academic research (n=30). Justification for the policy was the main purpose of reference to all types of information.

Conclusion

Although it is apparent that authors take a broad and considered approach to the research that has been conducted in the policy area, specific references to academic research appear to be regularly omitted from published documents.

Unveiling the reality of adolescent peer cultures: Impact on body image perception

Authors: Kenny, U.; Molcho, M. and Kelly, C.

Affiliation: Health Promotion Research Centre, NUI Galway, Ireland

Purpose:

Body image has been identified as an issue of concern for young people in many countries. Given that body dissatisfaction is one of the most robust risk factors for eating disorders, this issue warrants immediate attention. Sociocultural models of body image and eating disorders highlight the role of parents, peers and the media in the development and maintenance of body image problems; however research connecting peer influences and adolescent body image concerns is sparse. Adolescence is a period when individuals spend an increasing amount of time with peers, and it is therefore characterized by an increased striving for acceptance by and popularity with, the peer group. Furthermore, concerns over how one's body is perceived by peers preoccupy the minds of a majority of adolescents. Peers thus have a major impact in shaping adolescents' thoughts about their bodies yet no research has examined how peers influence body image perceptions. Therefore the purpose of the current study was to explore peer influences on adolescent body image from young peoples' perspectives.

Method:

This study used a qualitative research design. Seventeen focus groups were conducted with adolescents (n=111) aged 13-17 years from six post-primary schools in the Republic of Ireland. The questions used to guide the focus groups were developed based on a review of the literature. The focus groups were audio recorded and transcribed verbatim. Thematic analysis was used to analyse the data collected.

Results:

Eight main themes emerged from the analysis including: (1) Peer Modelling (2) Pressure to Conform (3) Peer Comparison (4) Peer Surveillance (5) Failure to conform (6) Consequences (7) Positive peer influences (8) Age and Gender differences. The themes constructed provide a thorough insight into how peers influence body image perceptions (both positively and negatively) among young people in Ireland.

Conclusion:

Results from this study unveil an in-depth understanding of the mechanisms through which peers influence body image perceptions among youth in Ireland. Interventions to improve body image need to consider the contribution of peers in the aetiology of body dissatisfaction among adolescents.

Addressing the obesity epidemic through a novel user-friendly approach to menu labelling in the west of Ireland

Authors: Kerins, C.^{1,2} Gibson, I.^{1,2} Cunningham, K.² Jones, J.^{1,2,3} & Kelly, C.³

Affiliations: ¹ National Institute for Preventive Cardiology

² Croí, the West of Ireland Cardiac Foundation

³ Health Promotion Research Centre, National University of Ireland, Galway

Introduction: With eating out-of-home becoming more common, menu labelling has garnered growing public and legislative support as a potential strategy for addressing the obesity epidemic. To date, the vast majority of menu labelling studies have provided the number of calories for each menu item. From the literature, it is clear that the evidence for its effectiveness is equivocal. The purpose of this study was to examine the impact of an icon-based menu labelling initiative on consumer buying behaviour.

Methods: This quasi-experimental study recruited a convenience sample of eight foodservice establishments, all with at least one menu item meeting the arbitrarily defined criteria for a heart healthy meal. Data from sales of all menu items sold over an eight week period were collated four weeks prior to and four weeks during the display of information icons related to healthy food choices on menus.

Results: The absolute change in menu item sales showed a clear trend towards an increase in heart healthy menu item selections (i.e. an increase of 556 menu items sold over the 4 week period), although this change was not statistically significant. Furthermore, there was no association between the type of foodservice establishment and the percentage change in awarded menu item sales.

Conclusion: One of the main action areas of “Healthy Ireland” is to address and prioritise health literacy in developing future policy, educational and information interventions. As there are potential health benefits from the introduction of menu labelling, it will be important to ensure that those with lower health/general literacy, numeracy and those living in less supportive environments also benefit. The provision of an icon-based menu labelling initiative may potentially be an important element of a comprehensive obesity prevention strategy. As the current study used a small convenience sample of foodservice establishments, larger scale studies are warranted.

Networks Involving Communities in Health Improvement (NICHI) Project

Author: McKinley, V.

Affiliation: North Antrim Community Network

Background on NICHI Project

The Networks Involving Communities in Health Improvement (NICHI) project was established in 2009, through Public Health Agency (PHA) funding. The project employs three NICHI officers working across four Community Networks, namely South Antrim Community Network, North Antrim Community Network, Cookstown & Western Shores Area Network and Causeway Rural and Urban Network. The aim of the project is to strengthen links between PHA and local communities in order to support local communities, through a community development approach, to address health and social wellbeing issues and reduce health inequalities. This will be achieved through signposting, building capacity and strengthening local accountability to develop healthy, sustainable communities and health champions.

Aim of NICHI Project

To strengthen links between PHA and local communities in order to support local communities to address health and social wellbeing issues and reduce health inequalities through signposting, building capacity and strengthening local accountability to develop healthy, sustainable communities and health champions and to promote and raise levels of health literacy among the communities throughout the project area.

Health Literacy Conference

The NICHI Officers have established strong links with a wide range of community groups which had been consulted and involved in the NICHI project's community mapping exercise, completed in 2011. Many of these community groups declared an interest in health and social wellbeing issues and indicated that they would welcome future support to develop health initiatives within their communities. For the past three years the project has organised a yearly health conference with a specific health theme in order to raise awareness and understanding among communities. In November 2014 the theme was entitled 'Getting to Know Health Better and our keynote speaker, Dr Graham Kramer from the Scottish Government spoke on 'Health Literacy for Communities'. Health literacy can be explained as the skills, understanding, confidence and knowledge which enables people to use information to promote and maintain good health which has been the aim of the NICHI Project since its inception. The event also included the launch of the NICHI Health Alliance and its website. This event drew 253 people from across the project area.

Health Literacy Awareness

In addition to the development of the Health Alliance and Health Alliance website, during 2014 the project implemented a 'Communities Improving Health' model, with the specific aim of sharing information and good practice and providing additional training for community groups who registered their interest in participating on the model. Other activities to date which raise

awareness of health literacy include a range of health and information talks and presentations to inform on specific health themes, health focused training programmes and a small grants programme aimed at building the capacity of groups to enable them to take responsibility for their communities' health, to be involved in the decision making process and to grow healthy and sustainable communities who have the skills, knowledge and capacity to improve the health of the whole community. The overall aim of the NICHl health literacy programme is to support people to understand and use the information they receive about their health, including medical terminology and processes, to improve and maintain their health and to make it easier to make better choices about the way they live and their quality of life, To increase confidence to ask questions when at the doctor's / hospital etc. and To understanding food packaging when they are doing the grocery shopping.

'People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.'

Ottawa Charter for Health Promotion, 1986

Death of the Coffin Nail? An Exploration of Tobacco Control Measures in Ireland

Authors: O'Doherty, D.; Mc Inerney, D.; Houghton, F.

Affiliation: Limerick Institute of Technology (LIT)

This research project aims to look at various facets of tobacco control measures in contemporary Irish society using a positivist and phenomenological approach. This research has adopted methods from several disciplines including sociology, psychology, health sociology and the sciences. Key areas of research include the analysis of graphic pictorial warnings and health warnings, the impact of Irish language literacy on the understanding of health warnings, the residual effects of tobacco advertising on current perceptions and finally the availability of black market cigarettes.

A significant literature review outlining key research has been undertaken, outlining how Ireland has adopted both European and worldwide tobacco control measures, with Ireland being at the forefront of the newest of measures. Preliminary results from a sample of 450 participants suggests Irish literacy is extremely low, even for the most intermediate phrases, brand association is also surprisingly low and a small sample who have also engaged with the purchasing of illegal cigarettes.

Current smokers, non-smokers and ex-smokers were used to form the sample. Ages of participants ranged from 18-61 years of age. This has led to a supplementary study being undertaken at present. The presentation will propose strong arguments for the need to review our graphic health warnings and anti-smoking warnings in Ireland. This project is at the forefront of issues that are occurring on a daily basis both in Ireland and worldwide. There is substantial scope to look towards the future and recognise the need for further work to be undertaken.

Health Promotion Information simply put, using Plain English to communicate with our patients, staff and public.

Author: O'Sullivan, F.

Affiliation: Our Lady's Hospital Navan

'Plain English is a style of presenting information that helps someone understand it the first time they read or hear it.' 'When you use plain English you: write in clear language, give relevant information in the right order, and help people to find this information quickly'.

Writing and design tips www.nala.ie

This poster shares our experience of applying Plain English. Examples include hand hygiene poster, hospital newsletters, cleaning instructions; patient information leaflets on for example, going home from hospital, continence promotion, falls prevention, Ebola isolation, smoking cessation and hospital visiting times. Using plain English in our hospital information booklets, leaflets and posters makes the information more accessible to our patients, staff and the public.

This poster describes the process of creating Plain English information for our hospital. Included are our top hints, tips and pointers from our experience:

- Research accurate information
- Ask 'what is the take home message'?
- Ask yourself 'If I am the reader what do I want to know?'
- Compile a draft copy
- Edit, edit and edit again in Plain English style
- Ask non-medical persons, a user group, and your readers to audit the draft; can they understand it, are you missing anything?

Design and layout considerations include:

- In-house publication versus professional publication
- Document reference number
- Author /contact details
- Where the publication will be available

This poster /presentation demonstrates our organisation's process in facilitating the creation of fundamental research based communication tools that provide relevant information to our services users and our service providers with the purpose of achieving the optimum health outcome.

Or, translated into Plain English - This poster /presentation tells how we wrote leaflets and created posters that our patients, staff and the public could understand and use to improve their health.

Partnerships and Projects to Support Community Health Literacy

Authors: Ravotas, D. & Lindstrom, D.

Affiliation: Western Michigan University

The poster will describe the projects and the partnerships of the new Center for Health Literacy in Southwest Michigan. This health literacy center was developed to coordinate community health literacy activities in a multi-county area of Michigan, a Midwestern state in the United States of America. This includes the work of members from the health, education, and adult literacy communities to craft a community approach. Assessment, education, and service projects have been developed between and across clinical and educational disciplines including: pharmacists, health promotion specialists, adult literacy educators, physicians, hospital administrators, librarians, occupational therapists, community health educators, dietitians, physicians assistants, nurses, and speech pathologists. Other partners include: the Kalamazoo Literacy Council, faith based organizations, local hospitals, community clinics, and adult basic education learners, elementary school parenting groups and preschool parenting groups.

Among the present projects are: 1. A series of educational pieces to support parents’ decision making regarding their children’s health. 2. A project in which adult basic education learners consult on college student health literacy projects to assist college students to understand the issues of health literacy/low literacy. 3. Assessment of the accessibility of health care organizations 4. Health Literacy Day in the College of Health and Human Services in which students engage in disciplinary health literacy activities developed by other students.

Healthy Lifestyle Applications Hub

Author: Albalawi, Y.

Affiliation: Health Promotion, NUI Galway

A selection of the best health apps of 2014 can help to promote healthy lifestyles by doing things like tracking and improving your personal health metrics. The best part is that most of these can be used on the go —even if you’re going to sleep.

Visit the app hub in room MY129 to learn more about these handy apps for a healthier lifestyle.

Workshops

Workshops will be held in the afternoon at 2.50. Workshop descriptions are below. *Workshop places are limited and you must sign up for a workshop at the registration desk beforehand.*

Workshop 1:

Experiences and lessons learnt from implementing a health literacy environmental assessment in an Irish Hospital setting

Laura McHugh, HSE West and Priscilla Doyle, HPRC, NUI Galway

Written words in leaflets, letters and forms, website communication and spoken words in conversations are part of the literacy requirements of healthcare settings and are part of the environment, along with signage for navigation through health care settings. Health literacy environmental assessment tools aim to identify high literacy requirements that particularly disadvantage those with low health literacy. Health care organizations, well positioned to address health literacy, are beginning to shift their systems and policies to support health literacy efforts (Weaver, Wray, Zellin, Gautam, & Jupka, 2012)¹.

As part of a European research project (IROHLA), NUI Galway with University Hospital Galway implemented an Irish health literacy environmental assessment tool. This participatory workshop aims to share experiences and lessons learnt in relation to the evaluation of the implementation process and the assessment results from the perspective of both the hospital and a small sample of older adult service users. It will explore what factors may facilitate or hinder the implementation of a health literacy environmental assessment in healthcare organizations and the opportunities for achieving desired outcomes.

Rapporteur: Kathryn Meade, HSE

Workshop 2: Developing policy in Health Literacy Workshop

Graham Kramer, GP & National Clinical Lead for Self-management and Health Literacy, Scottish Government

There is good understanding on the relationship health literacy has on engagement with health and healthcare, and the effect on health outcomes. However, there is no clear understanding on how to comprehensively address the problem. This creates challenges to policy makers.

This participatory workshop will aim to explore how policy could promote the development of a health literate society. It will explore what pragmatic actions can be taken in Ireland to address health literacy and prioritise those actions according to their potential impact. It will explore what opportunities exist to implement these actions and embed them within communities and health and care organisations.

Rapporteur: Lorraine Burke, NUI Galway

Workshop 3: Using plain English to write clearer health information

Claire O’Riordan, National Adult Literacy Agency (NALA)

Plain English is a way to present information so that a reader can understand it the first time they read it. The facilitator will present research findings on how plain English improves health literacy.

This workshop will allow participants to critique health information material and to practise plain English writing techniques such as using everyday language, writing information concisely and using personal pronouns. Bring a pen! If this workshop interests you, please visit www.simpypat.ie before you attend the workshop.

Rapporteur: Laura Molloy HSE

Workshop 4: **The Crystal Clear Mark: Health Literacy in GP and Pharmacy Settings**

Aoife O'Driscoll, National Adult Literacy Agency (NALA)

In March, NALA and MSD launched Ireland's first health literacy quality mark – the Crystal Clear Pharmacy and General Practice Programme. The programme was developed to recognise the critical role pharmacies and general practices play in helping patients understand their health issues, and how to improve their health. A Crystal Clear Mark can now be awarded to pharmacies and general practices that show their commitment to providing a health literacy friendly service – a service that takes regularly reviews the literacy and numeracy needs of their patients.

This workshop will provide an overview of the Crystal Clear Programme and looks at tools that are helpful in auditing and improving health literacy in healthcare settings. We will also look at the recent health literacy findings in Ireland. For example, almost two in five (39%) Irish people are calling for doctors, nurses and pharmacists to use more understandable language and less medical jargon. And, 17% of people have taken the wrong amount of medication on at least one occasion.

This workshop will explore health literacy and focus on the practical actions that you can take to improve health services.

Rapporteur: Aileen Scott, HSE

Workshop 5: Targeting health literacy research at policy makers

Jane Sixsmith, HPRC, NUI Galway

Practice is governed by policy and therefore those that make policy, 'policy makers' need to have clear and succinct messaging around key components and outcomes of research.

The Intervention Research On Health Literacy and the Aging Population project (IROHLA), a European research project, is near completion and the results are being formulated into accessible messages for policy makers. This workshop will use draft outputs from this active research project to develop skills in assimilating and distilling information targeted at policy makers.

Rapporteur: Verna McKenna, NUI Galway

Workshop 6: Health Literacy Research: knowledge transfer and policy translation

Saoirse Nic Gabhainn, HPRC, NUI Galway

The intrinsic value of research is in its application into policy and/or practice. There is increasing interest in the translation of knowledge into practice and its subsequent influence on policy development.

This workshop aims to explore key factors which underpin successful knowledge transfer, the enablers which lead to excellence and the inhibitors which limit success.

Rapporteur: Ursula Kenny, NUI Galway

**Workshop 7: Student Workshop: Health-literate settings
(Invited workshop for students only)**

Helen Grealish, PhD Student, NUI Galway

Health-literate settings infuse awareness of and action to strengthen health literacy throughout the policies, procedures and practices of the settings (WHO, 2013). These settings include: workplaces, education and healthcare settings. This workshop aims to increase undergraduate and post graduate students' awareness of Health-literate settings.

Rapporteur: Áine O'Brien, NUI Galway

Conference Evaluation

In order to assess whether the Conference was satisfactory and that the needs and expectations of the delegates were met, it would be helpful if you would spend a few minutes of your time completing our evaluation form on Survey Monkey. An email will be sent to you after the conference containing this link.

Contact Us

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