

A WHO Exemplar: HealthLit4Kids (from Tasmania) provides crucial insights into children's health literacy to the world.

Presented by Dr Rosie Nash
Dutch Health Literacy Alliance & Friends
Tuesday 13th June 2023



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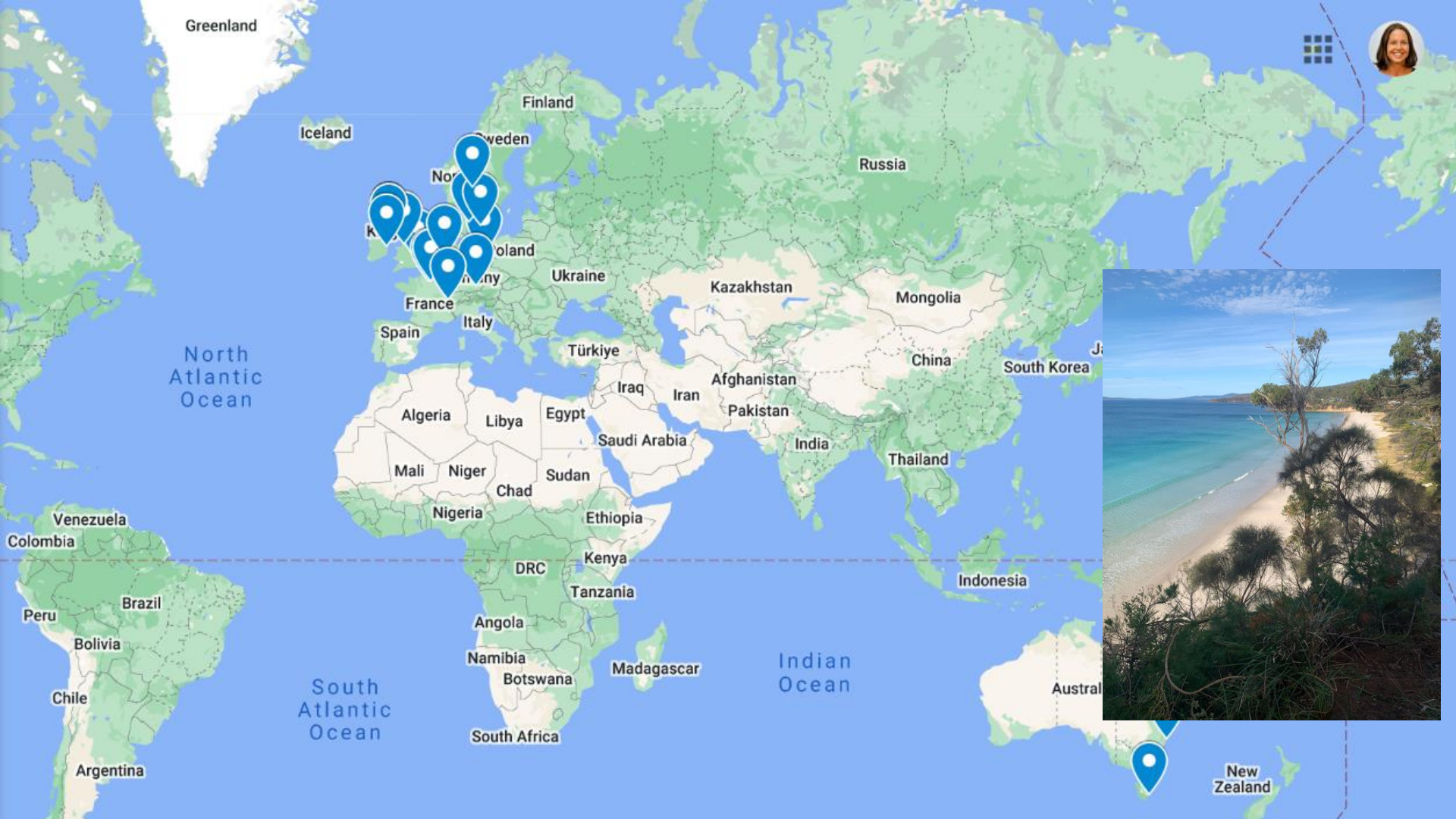
Presentation Overview

Is Health Literacy a Health, Education or Community Issue?

- Churchill Itinerary
- What is Health Literacy?
- Why Children & Adolescents?
- HealthLit4Kids
- HealthLit4Everyone
- Global Perspectives on Children's Health Literacy (Book)
- Is Health Literacy a Health, Education or Community Issue?



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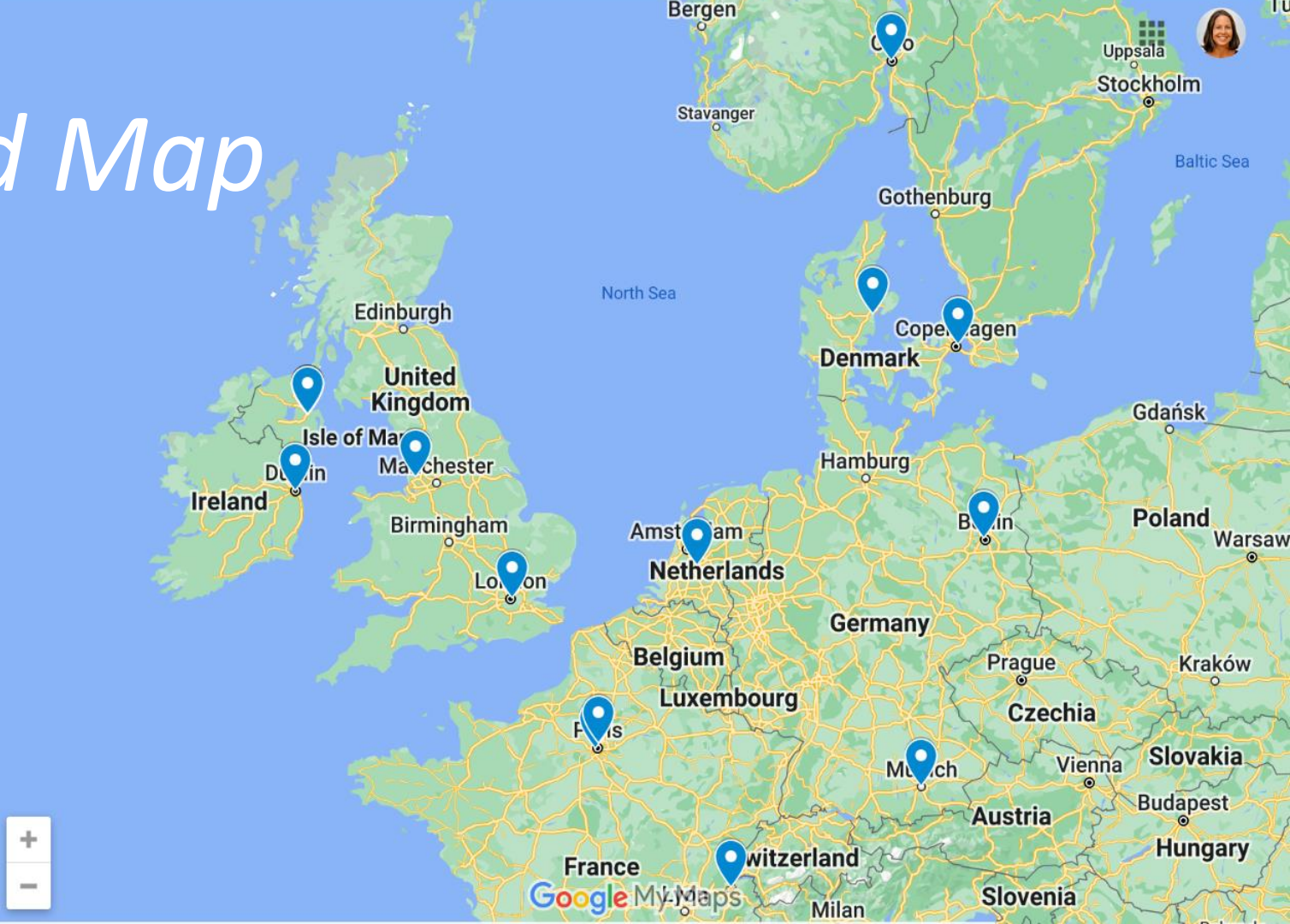
Indian Ocean

Australia

New Zealand



World Map



Individual Health Literacy

Is Health Literacy a Health, Education or Community Issue?

‘The personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health. Health literacy includes the capacity to communicate, assert and enact these decisions.’ (Dodson et al. 2015)



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Health Literacy Development

Is Health Literacy a Health, Education or Community Issue?

Refers to the ways in which health workers, services, systems, organizations and policy-makers (across government sectors and through cross-sectoral public policies) build the knowledge, confidence and comfort of individuals, families, groups and communities through enabling environments.

Enabling environments support people to access, understand, appraise, remember and use information about health and health care, through verbal, written, digital and other communication channels and social resources, for the health and well-being of themselves and those around them, within the circumstances and demands of their daily lives

(WHO 2022, page x)



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Why Children & Adolescents?

Is Health Literacy a Health, Education or Community Issue?

Health literacy recognised as a social determinant of health (Broder et al. 2018)

Health literacy can determine one's health outcomes, educational attainment, social equity and productivity (Solis-Trapala et al 2023; Santos et al 2017; Broder et al 2019; DeWalt & Hink 2009; Cummings & Obel-Omia 2016; Paakkari & George 2018; Batterham et al 2014)

Developing the asset of HL earlier in life influences adult health behaviours (Bánfai-Csonka et al, 2022).



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A WHO Health Literacy Development Project

| Principles | Description |
|--------------------------------------|---|
| 1. Outcomes focused | Improved health and reduced health inequalities |
| 2. Equity driven | All activities at all stages prioritise disadvantaged groups and those experiencing inequity in access and outcome |
| 3. Co-design approach | In all activities at all stages, relevant stakeholders engage collaboratively to design solutions |
| 4. Needs- diagnostic approach | Participatory assessment of local needs using local data |
| 5. Driven by local wisdom | Intervention development and implementation is grounded in local experience and expertise |
| 6. Sustainable | Optimal health literacy practice becomes normal practice and policy |
| 7. Responsiveness | Recognise that health literacy <u>needs</u> and the appropriate responses vary across individuals, contexts, countries, cultures and time |
| 8. Systematically applied | A multilevel approach in which resources, interventions, research and policy are organised to optimise health literacy |



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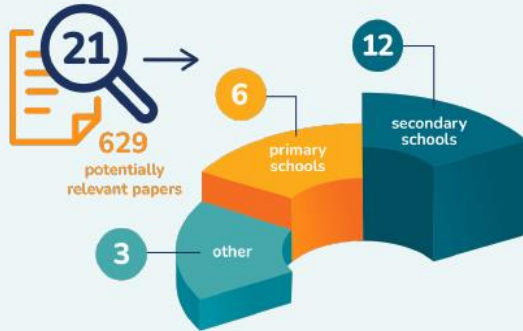


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Lessons from school-based health literacy programs around the world

We systematically reviewed academic databases to identify school-based health literacy programs from around the world.



We found that successful programs contained six core elements.



Whole-of-school and curriculum components



Appropriate for age of children



Cross-curriculum integration



Role of parents is acknowledged and supported



Professional development for teachers



Role of the community is acknowledged and supported

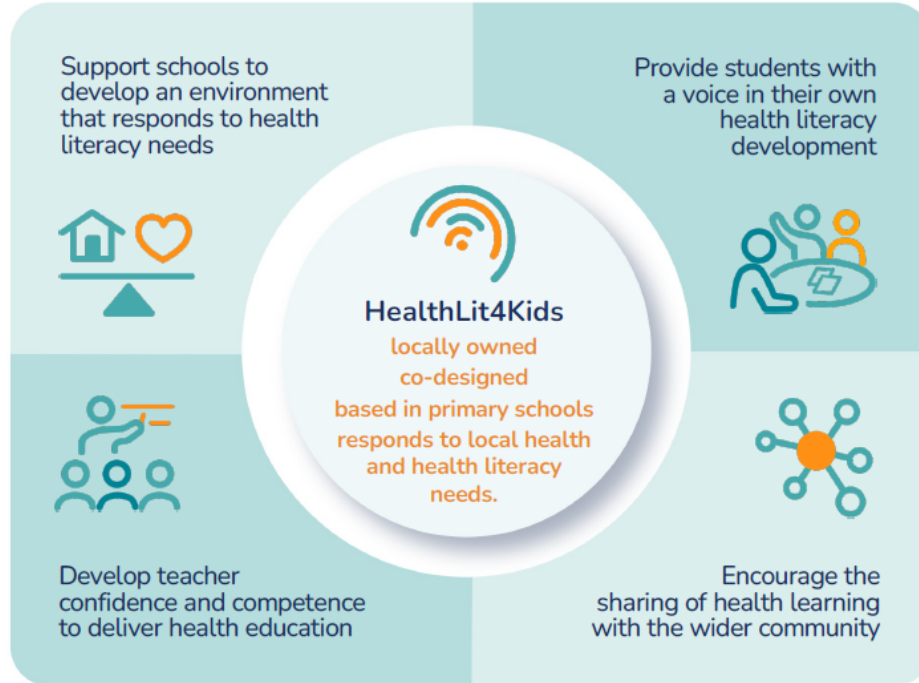
We incorporated these elements into the design of HealthLit4Kids.

Developing a school-based health literacy program

We know:

-  Health literacy is influenced by personal and environmental factors
-  Health attitudes and behaviours formed during childhood greatly influence adult health patterns
-  Schools are well-placed to develop student health literacy
-  Health learnings can be passed from students to families to the wider community

So we developed a program to:



Which will result in:

-  Sustainable health literacy responsive schools
-  Improved health literacy skills and knowledge for teachers, students, families and the wider community
-  Improved educational attainment
-  Improved health outcomes for children, their families and communities

HealthLit4Kids

Is Health Literacy a Health, Education or Community Issue?

HealthLit4Kids aims to ‘cross boundaries’ to meaningfully bring members of the education and health sectors together with communities and families to improve health literacy in Tasmania.

We are committed to improving health literacy in order to support positive health outcomes and educational achievements for children and help to narrow the health inequality gap for families.



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HealthLit4Kids Impact

- Published in 3 WHO reports, >16 academic papers, 3 book chapters, received five awards, and presented many local, national, and international conferences.
- Our team is multidisciplinary and has grown rapidly to include practitioners and researchers from 7 Australian Universities.
- 5 Schools: 6 principals, 132 Teachers, 1725 students and approx. 3450 family members and their wider community are now aware of the concept of Health Literacy.
- >12,000 website visits (June 2018) evidence of reach and impact beyond 5 participating schools.
- 64 HealthLit4Kids registrations (29 Tasmania, 23 Nationally (QLD, NT, NSW, WA, VIC), 13 Internationally via our webpage.

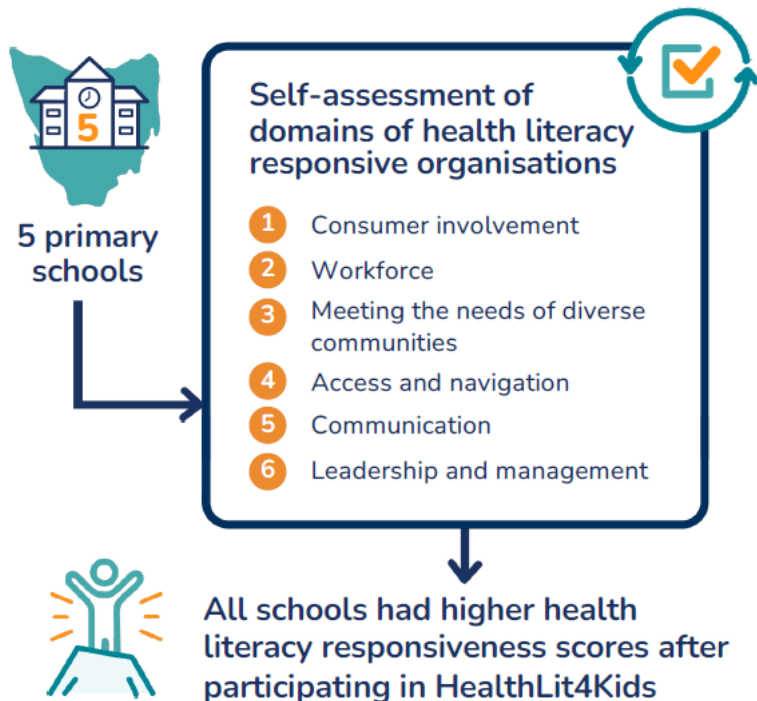


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| | Authors | Title | Publication | Year |
|----|--|---|---|------|
| 1 | Nash, Rose; Elmer, Shandell; Thomas, Katy; Osborne, Richard; MacIntyre, Kate; Shelley, Becky; Murray, Linda; Harpur, Siobhan; Webb, Diane; | HealthLit4Kids study protocol; crossing boundaries for positive health literacy outcomes | BMC Public Health | 2018 |
| 2 | Nash, Rose; Elmer, Shandell; Osborne, Richard; | HealthLit4Kids: building health literacy from the school ground up | Harnessing the transformative power of education | 2019 |
| 3 | Nash, Rosie; Cruickshank, Vaughan; Flittner, Anna; Mainsbridge, Casey; Pill, Shane; Elmer, Shandell; | How did parents view the impact of the curriculum-based HealthLit4Kids program beyond the classroom? | International Journal of Environmental Research and Public Health | 2020 |
| 4 | Elmer, Shandell; Nash, Rose; Kemp, Nenagh; Coleman, Cheryn; Wyss, Martina; Roach, Julie; | HealthLit4Kids: Supporting schools to be health literacy responsive organisations | Health Promotion Journal of Australia | 2021 |
| 5 | Nash, Rose; Cruickshank, Vaughan; Pill, Shane; MacDonald, Abbey; Coleman, Cheryn; Elmer, Shandell; | HealthLit4Kids: Dilemmas associated with student health literacy development in the primary school setting | Health Education Journal | 2021 |
| 6 | MacDonald, Abbey; Cruickshank, Vaughan; Nash, Rosie; Patterson, Kira; | Contemplating [en] active curriculum: Becoming health literate through arts and HPE interconnection | Curriculum Perspectives | 2021 |
| 7 | Nash, Rosie; Patterson, Kira; Flittner, Anna; Elmer, Shandell; Osborne, Richard; | School-based health literacy programs for children (2-16 Years): An International Review | Journal of School Health | 2021 |
| 8 | Kelly, Rebecca K; Nash, Rosie; | Food literacy interventions in elementary schools: a systematic scoping review | Journal of School Health | 2021 |
| 9 | Cruickshank, Vaughan; Nash, Rosie; | Why teach health literacy? | Independent Education | 2021 |
| 10 | Nash, Rosie; Otten, Claire; Pill, Shane; Williams, John; Mainsbridge, Casey; Cruickshank, Vaughan; Elmer, Shandell; | School leaders reflections on their school's engagement in a program to foster health literacy development | International Journal of Educational Research Open | 2021 |
| 11 | Otten, Claire; Nash, Rose; Patterson, Kira; | Professional development in health education for primary school teachers: A systematised review of the literature | Professional Development in Education | 2022 |
| 12 | Cruickshank, Vaughan; Pill, Shane; Williams, John; Nash, Rosie; Mainsbridge, Casey Peter; MacDonald, Abbey; Elmer, Shandell; | Exploring the 'everyday philosophies' of generalist primary school teacher delivery of health literacy education | Curriculum Studies in Health and Physical Education | 2022 |
| 13 | Otten, Claire; Nash, Rose; Patterson, Kira; | HealthLit4Kids: teacher experiences of health literacy professional development in an Australian primary school setting | Health Promotion International | 2022 |
| 14 | Otten, C; Kemp, N; Spencer, M; Nash, R; | Supporting children's health literacy development: A systematised review of the literature | International Journal of Educational Research | 2022 |
| 15 | Kelly, Rebecca K; Peralta, Louisa; Nash, Rosie | Promoting food literacy in primary school classrooms through the HealthLit4Kids Program in Australia | Health Promotion International | 2022 |
| 16 | Otten, Claire Emma; Moltow, David; Kemp, Nenagh; Nash, Rose | The imperative to develop health literacy: An ethical evaluation of HealthLit4Kids | Journal of Child Health Care | 2022 |

School self-assessment of health literacy responsiveness: what did we learn from HealthLit4Kids?



Actions for schools to improve health literacy responsiveness

- ✓ Incorporate organisational health literacy as a school quality measure
- ✓ Allocate resources
- ✓ Address digital literacy
- ✓ Support teacher professional development
- ✓ Harness local wisdom
- ✓ Encourage student-led activities
- ✓ Check for understanding
- ✓ Actively engage parents and children

Actions for HealthLit4Kids to better support school health literacy responsiveness

- ✓ Prepare a self-assessment guide using education sector terminology
- ✓ Develop a health literacy responsiveness tool specifically for use in schools

What factors support primary school teachers to develop health literacy in the classroom?



USING A Whole-of-school approach

Resulted in:

- Common focus
- Collaboration
- Shared learning opportunities
- Common language



PROMOTING Student engagement

Enhanced by:

- Clear links between learning and everyday life
- Sharing learning with parents and wider community



SUPPORTING Teacher development

Resulted in:

- Personal health literacy improvement
- Confidence to teach health education
- Skills to integrate health across curriculum

What did school leaders think of the HealthLit4Kids program?

School leader interviews



Three major outcomes for HealthLit4Kids



8 school leaders from 5 primary schools



**HEALTH LITERACY
KNOWLEDGE
AND
UNDERSTANDING**

- Increased teacher familiarity with health literacy
- Improved teacher confidence to develop health literacy
- Increased student and family health literacy knowledge



**HEALTH LITERACY
BEHAVIOUR
AND
PRACTICE**

- Increased teacher engagement in teaching for health literacy development
- Improved health behaviours in staff, students and parents
- Whole school community engagement facilitated by creative artefacts



**PROGRAM
SUSTAINABILITY**

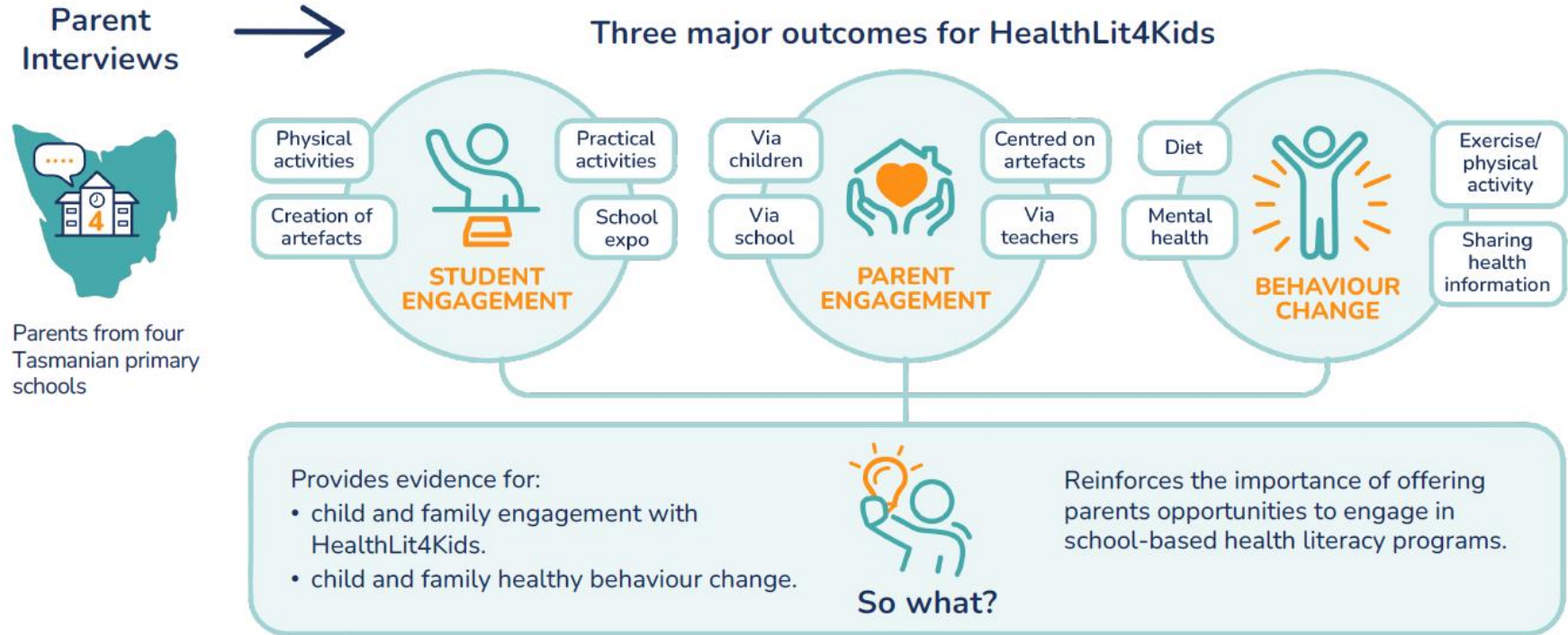
Enablers

- Leadership support
- Teacher professional development
- Embedding in policies and planning
- Cross-curriculum integration

Barriers

- Overcrowded curriculum
- Communication
- Leadership changes

What did parents think of the HealthLit4Kids program?



Parents from four Tasmanian primary schools

HealthLit4Kids: Summary of findings

Is Health Literacy a Health, Education or Community Issue?

- Teacher HL knowledge, skills and experience (Patterson et al, in review)
- Teacher confidence to teach health literacy (Otten et al, 2022)
- Teachers: whole school, PD, student engagement & shared language (Nash et al. 2020)
- Parents: high student engagement , behaviour change and parent engagement (Nash et al 2020)
- School Leaders: reinforced many findings from teachers & parents and important insights for sustainability & scalability (Nash et al. 2021)
- Students HL development was evidenced in their artefacts, teacher written reflections and teacher and parent focus group data.
- Organisational Health Literacy responsiveness. Teachers use of checklist supported understanding of HL and HL responsiveness and their role. (Elmer et al. 2020)



Is Health Literacy a Health, Education or Community Issue?

Next Steps:

1. Australian Research Council (ARC) Linkage Grant
 - 5 States in Australia: TAS, NSW, ACT, VIC, SA
 - Department Education, Children & Young People
 - Public Health Services, Department of Health
 - Cash Partners (Health Insurance, Philanthropists)
 - HealthLit4Everyone
2. Global PhD Exchanges with Health Literacy & Equity Research Unit
3. International Grant Collaborations (please get in touch).



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HealthLit4Everyone

Is Health Literacy a Health, Education or Community Issue?

A Social Enterprise is a business with specific social objectives that serve its primary purpose (advancing health, advancing education, prevention or control of disease).

Aims to improve health literacy outcomes, mitigate health and social inequities for children, families and communities locally and globally through education, consultation and advocacy activities.

Required to address SDG3: Health for all at all ages (Macassa G, 2021)



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HealthLit4Everyone

Is Health Literacy a Health, Education or Community Issue?

In addition, SEs can collaborate with public health and contribute to health promotion practice, not only as part of the expected intersectoral collaboration, but with regard to health in all policies – based on “an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity” [70].”

According to Bornstein, “what business entrepreneurs are to the economy, social entrepreneurs are to social change.” They are the driven, creative individuals who question the status quo, exploit new opportunities, refuse to give up — and remake the world for the better [71].” And in this spirit, they can be agents of change in public health policy where equitable health for all is a reality.

Developing health literacy to build healthier communities

Our evidence-informed programs support the development of knowledge, skills and confidence to find, understand and use health information and services.

[LEARN MORE](#)

HealthLit4Kids Program Offerings

| | Self-implementation | Supported implementation | Facilitated implementation |
|--|--|--|--|
| Description/how it works | School implements HL4K by working independently through online resource. | School implements HL4K by working through online resources with limited support from HLE team. | School implements HL4K under guidance of HLE team . |
| Program coordinator | School appointed | School appointed | School appointed |
| Online resource access | School access, using a school login | School access, using a school login | School access, using a school login |
| Peer community access | Any number of school community members can access moderated discussion forum or HL4K FB group to share ideas and experiences | Any number of school community members can access moderated discussion forum or HL4K FB group to share ideas and experiences | Any number of school community members can access moderated discussion forum or HL4K FB group to share ideas and experiences |
| School certification | Yes - on demonstration of successful implementation | Yes - on demonstration of successful implementation | Yes - on implementation completion |
| Implementation support | Nil | 1 hour supported contact and 1 hour helpline per implementation stage (12 hours total support) | 1 hour supported contact and 1 hour helpline per implementation stage (12 hours total support) |
| Implementation workshop | \$\$ | \$\$ | Included* |
| School assessment and health literacy action plan development | \$\$ | \$\$ | Included* |
| Program evaluation/review | \$\$ | \$\$ | Included** |
| Refresher workshop | \$\$ | \$\$ | Included |

HealthLit4Everyone Projected Impact (2026)

- 2017, 2018 = 5 Tasmanian schools
- 2023 for 2024 = 42 schools
- 2025 = 47 schools, 2026 = 50 schools
- Total cumulative schools = 144 Australian schools

Year 1 (2024) flow on benefits to 40 Principals, 672 Teachers, 13,800 Children and 26,400 Parents from 40 Diverse Schools.

By 2026 our cumulative impact: 144 Principals, 2,880 Teachers, 57,600 Children, 115,200 Parents.

Expand to Global 2028 (or before with funding/offers of collaboration).

Global Book Project

Is Health Literacy a Health, Education or Community Issue?

Global perspectives on children's health literacy: intersections between health, education and community

26 Chapters, 18 countries

- Health: Canada, Northern Ireland, Taiwan, Italy, England
- Education: Scotland, Australia, Bolivia, Germany, Iran, Ireland, Norway, Portugal
- Community: United States of America, Wales, Africa, Afghanistan, Denmark, England.



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Global Book Project

Is Health Literacy a Health, Education or Community Issue?



- Key Insights
- Recommendations



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| Preliminary Themes | Northern Ireland | Canada | England | Italy | Taiwan | Scotland | England |
|---|------------------|--------|---------|-------|--------|----------|---------|
| Need a HL action plan for country | | | | | | | |
| Need a HL action plan for children | | | | | | | |
| Include HL in curriculum in schools | | | | | | | |
| Role of Libraries | | | | | | | |
| 3rd spaces (community programs, digital solutions eg Tik Tok) | | | | | | | |
| Consider HL as multifaceted and distributed (parents, communities, providers) | | | | | | | |
| Involve child voice | | | | | | | |
| Cross sectoral effort | | | | | | | |
| Cross sectoral funding | | | | | | | |
| CoP for communication, knowledge sharing between programs | | | | | | | |
| Portal for archiving programs/projects and knowledge exchange | | | | | | | |
| Focus on those experiencing adversity & inequity | | | | | | | |
| Evaluation of programs | | | | | | | |
| Evaluation to focus on health literacy, inequity, children, key standards | | | | | | | |
| Validated tools for measuring health literacy | | | | | | | |
| Data driven intervention/programs | | | | | | | |
| Ensure collaborative or co-design of programs with users | | | | | | | |
| Digital, social media and technology, new media literacy studies | | | | | | | |
| Develop child's digital health literacy | | | | | | | |
| Cultural safety and/or responsiveness in healthcare | | | | | | | |
| Responsibilities and role of service providers/services | | | | | | | |
| More research with children & adolescent HL and in schools required | | | | | | | |



*A Question for you:
Is Health Literacy a Health,
Education or Community Issue?*



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What can you do?

Policy & Practice Implications



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◀ How to stay in touch

Churchill Fellowship

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<https://www.utas.edu.au/profiles/staff/health/rosie-nash>

<https://www.churchilltrust.com.au/tas/fellow/rose-nash-tas-2020/>



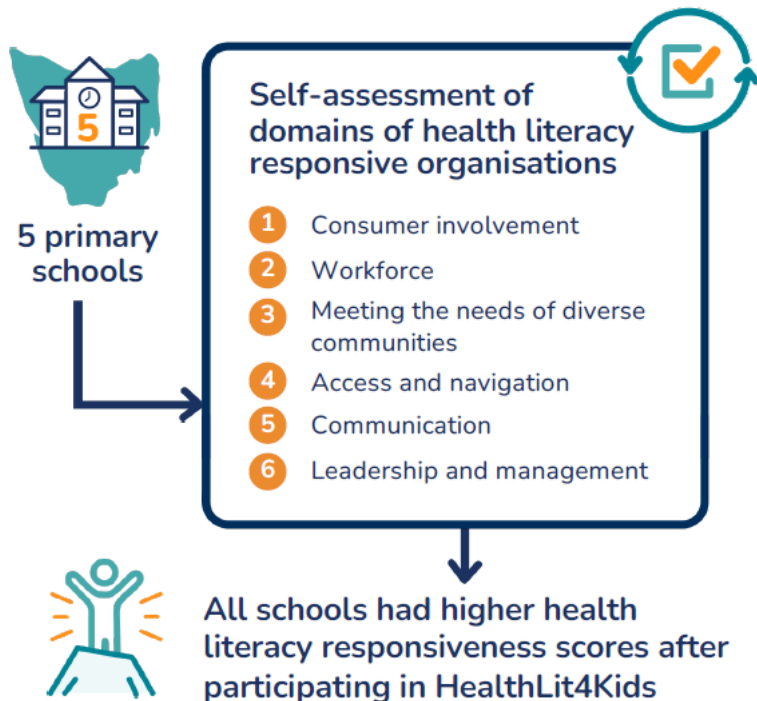
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Questions?



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Teacher professional development (PD) in the HealthLit4Kids program



Teacher development



Improved understanding of health literacy

Increased value place on health literacy

Reflection was a useful PD component

Improved confidence re health and health literacy

Improved understanding how to implement health literacy in classroom

Collaborative practice



Discussion and collaboration was useful

Co-design important

Parental/family involvement important

Whole of school approach important

Senior management support essential

Development of shared language useful

Availability of resources



Time is a barrier for including health literacy in lessons

PD sessions gave teachers time to focus on health literacy

Additional resources needed to health literacy support

Understanding primary teacher professional development in health education

We systematically searched academic databases to identify professional development related to health for primary school teachers.

25 professional development programs identified



We found



Educators who value and understand health are more likely to teach health related topics.



The lack of professional development for teachers may create a barrier to students accessing health education.



Professional development programs for primary school teachers in health education are urgently required.

Features of effective health education professional development



The ethics of developing health literacy in children



There is a moral duty to children to support health literacy development.



Schools provide an ideal setting to develop health literacy in students.



Teachers have an ethical requirement to promote health literacy in their students.



However, many teachers lack confidence and competence to teach health.



Further resources such as professional development are needed to support teachers.

Professional development offered in HealthLit4Kids has been shown to improve teacher confidence and competence to teach health.

BUT IS THIS AN ETHICAL APPROACH?



Our study shows that HealthLit4Kids is an ethically acceptable approach to improving student health literacy.

What do we know about supporting children's health literacy development?

We systematically searched academic databases to identify strategies that supported children's health literacy development.

13 articles identified



Key findings

