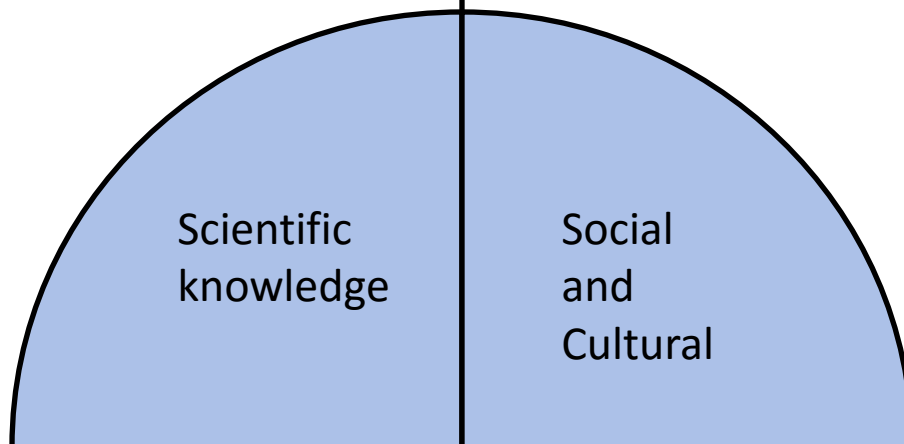
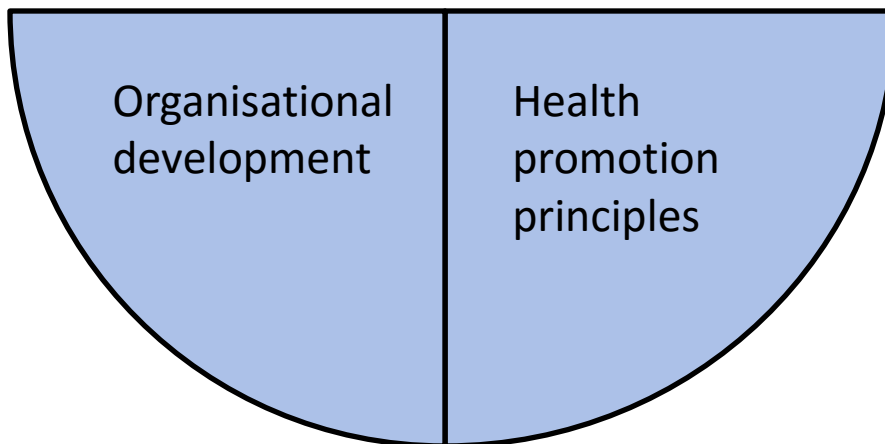


Cost effective Impacts

Population Impacts

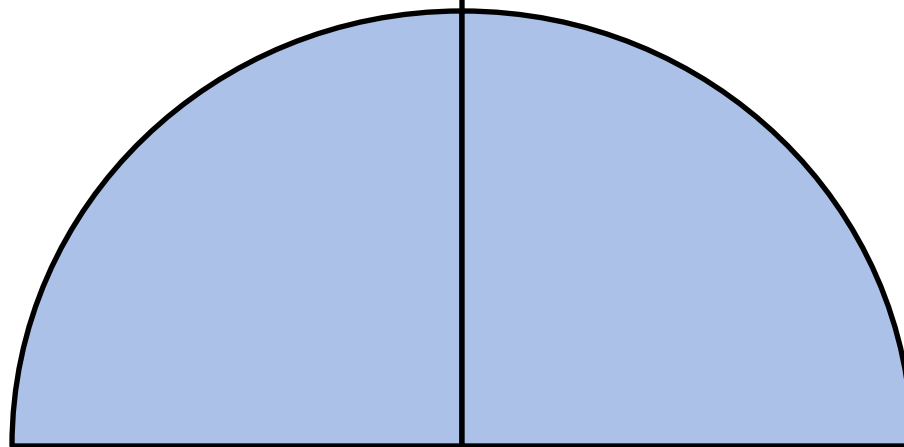


HEALTH PROMOTION EFFECTIVENESS

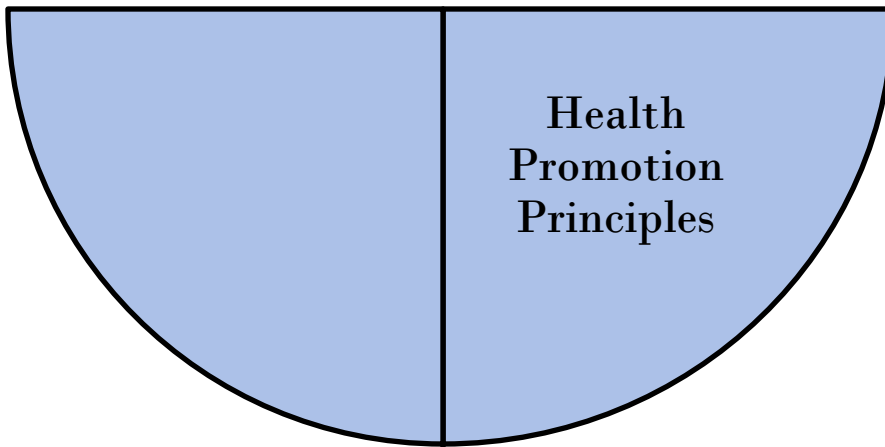


Sustainable Impacts

Environment Impacts



HEALTH PROMOTION EFFECTIVENESS



Health
Promotion
Principles

Health Promotion

- Local Ownership
- Workforce
Competence
- **Citizen Readiness**
- Multi-Level
Strategies &
Partnerships

Environment Impacts

HEALTH LITERACY

CAN A FOCUS ON HEALTH LITERACY ADD VALUE TO
SUCCESSFUL HEALTH PROMOTION STRATEGIES?

ROBERT BUSH

Healthy Communities Research Centre The University of Queensland

HEALTH LITERACY



Could you make a list of 20 health skills every adult should be able to do?

Where did health literacy come from?



What is it?



Are people health literate?



Does literacy and health literacy effect people's health?



What could we do about improving health literacy?

Where did the idea of health literacy come from?

1980s and 1990s

- The effect of poor literacy on health in the developing world
- Canada moves to improve literacy for health

2000

- The US Institute of Medicine Champions HEALTH LITERACY

2011

European Union launches first multi-country HL study

What is Literacy?

LITERACY

Task-Based Literacy is the basic ability to read and write

TO

Skill Based Literacy is the ability to apply skills to do practical activities of daily living

TO

Content and Context specific illiteracies for modern life like computer literacy

HEALTH LITERACY

What is Health Literacy?

Definitions have widened from reading and writing ability to self management

LITERACY

Effective literacy is purposeful and dynamic....involves speaking, listening and critical thinking with reading, writing [and numeracy]... in order to participate in society and work

Adapted from 'literacy for all: Commonwealth Literacy policies' (1998)

HEALTH LITERACY

“Health Literacy represents the cognitive and social skills which determines the motivation and ability of individuals to gain access to, understand and use information which promotes and maintains health” WHO

It involves capability to navigate the health system successfully for your own and your family and community benefit

Zacadoolas et al (2006)

CONCEPTUAL (from literacy theory)

Functional health literacy

can take own blood pressure



Interactive health literacy

Can communicate with a practice nurse about blood pressure changes



Critical health literacy

Can decide based on good information when to take sound action over blood pressure reading

PRACTICAL

World Health Organisation

- A PERSON CAN GET VALID INFORMATION
- A PERSON MUST BE ABLE TO UNDERSTAND THE INFORMATION
- A PERSON MUST BE ABLE TO IMPROVE THEIR HEALTH OR THE HEALTH OF THEIR FAMILY OR COMMUNITY
- A PERSON DOES NOT HAVE TO BE ABLE TO READ AND WRITE TO GET HEALTH INFORMATION AND USE IT

Are people health literate?

DEFICIT BASED CLINICAL SETTING MEASURES OF HEALTH LITERACY

REALM

TOFHLA

SHORT MEASURES BASED ON READING ABILITY

Are people health literate?

ASSET BASED POPULATION MEASURES OF HEALTH LITERACY

Health Literacy Australia 2006 ABS

15-74 years HL survey as part of the international ALLS survey (OECD)

ALLS Literacy Survey

Prose literacy

Document Literacy

Numeracy

Problem Solving

ALLS Health Literacy

Health Promotion (60)

Health Protection (64)

Disease Prevention (18)

Health Care Maintenance
(16)

System Navigation (32)

Practical Examples

Health activities

Examples of tasks

Health promotion

Purchase food; plan exercise regime

Health protection

Decide among product options; use or avoid products

Disease prevention

Determine risk; engage in screening or diagnostic tests; follow up

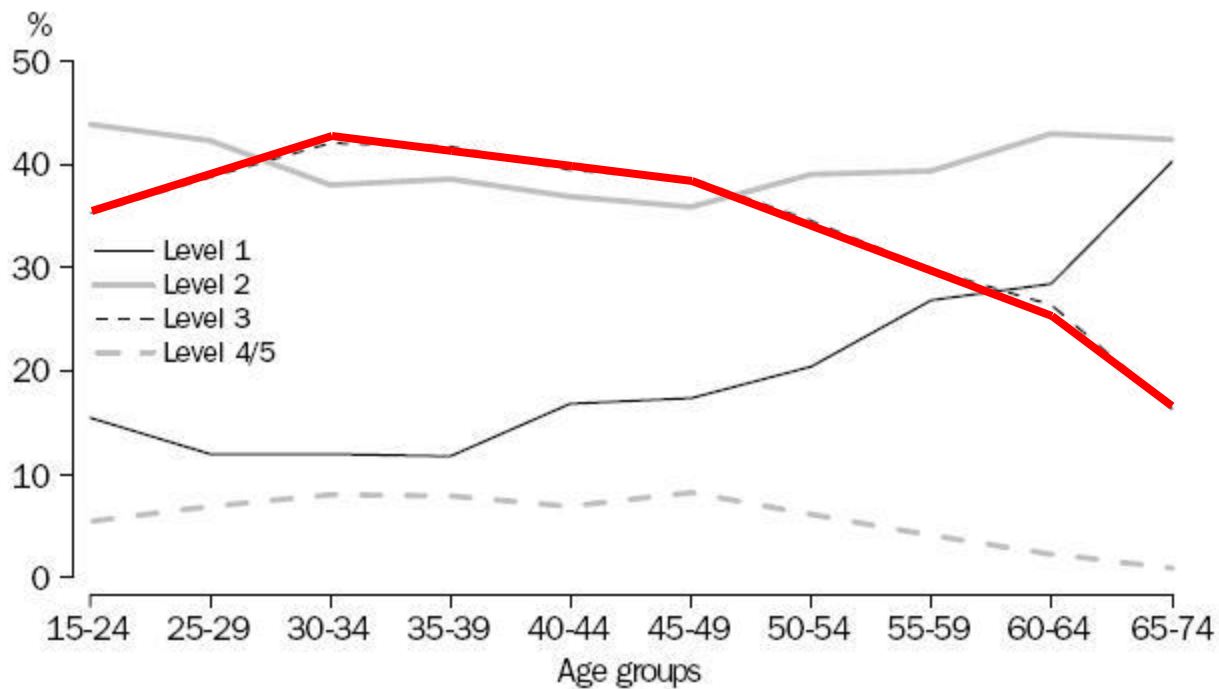
Health care maintenance

Describe and measure symptoms; follow directions on medicine labels; calculate timing for medicine; collect information on merits of various treatment regimes for discussion with health professionals

Systems navigation

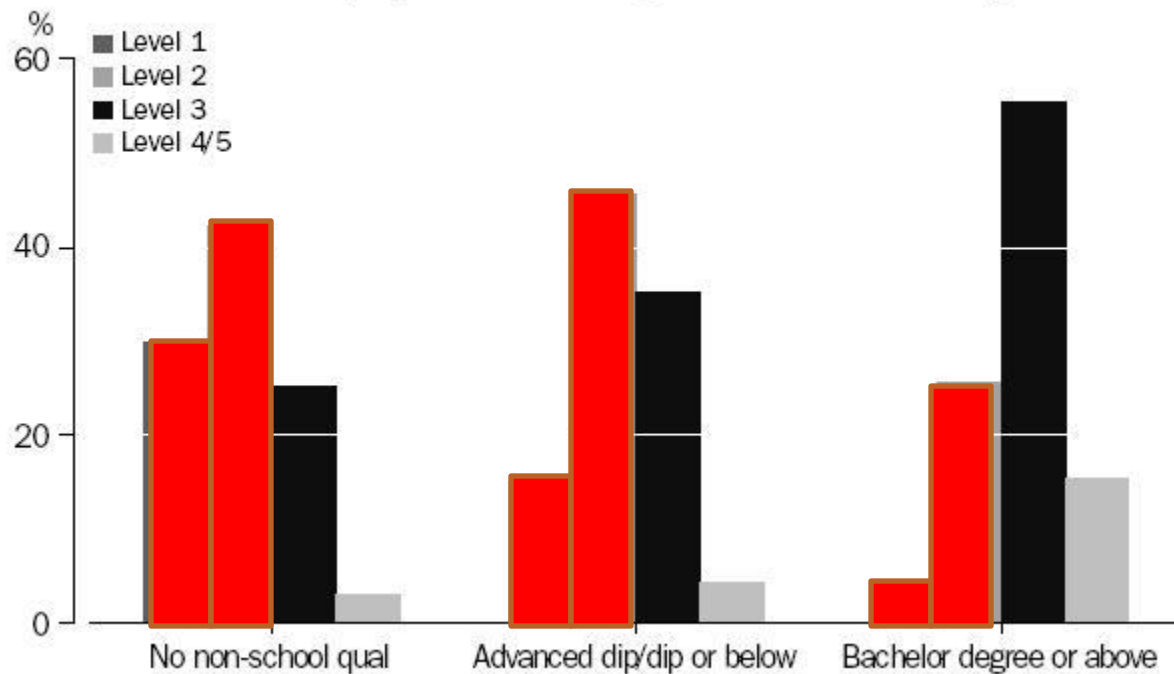
Locate facilities; apply for benefits; offer informed consent

HEALTH LITERACY BY SKILL LEVEL, by Age



Health Literacy Australia 2006 ABS

HEALTH LITERACY, by Level of highest non-school qualification



Health Literacy Australia 2006 ABS

■ = low HL

Does literacy and health literacy effect peoples' health?

Key Question: Are literacy skills related to:

Use of health care services?

Health?

Treatment outcomes

Costs of health care

Disparities in health outcomes or health care

Differences according to race, ethnicity, culture, or age, urban/rural/remote

Low Health Literacy is associated with

low health knowledge

increased incidence of chronic illness

poorer intermediate disease markers

less than optimal use of preventive health services

Health Literacy and use of Health services

(sixteen well designed studies to 2004)

The following services were less used by people with low HL:

mammography

cervical cancer screening

Services for childhood health maintenance procedures

Impacts were found for:

parental understanding of child diagnosis and medication

Emergency department discharge instructions

Heart Health Knowledge

Informed consent

All but one study demonstrated a statistically significant association between higher literacy level and knowledge of matters relating to use of these health services.

Health Literacy and health promotion and illness prevention

Low health literacy is linked to lower use of

screening for sexually transmitted diseases

cancer screening

cervical and breast cancer screening rates

influenza or a pneumococcal immunization

Health Literacy and behaviors and conditions

Low health literacy is link to

smoking

contraception

human immunodeficiency virus (HIV)

hypertension

diabetes

asthma

postoperative care success

Limited or conflicting evidence for links

self-reported depression (mixed findings)

functional status among patients with rheumatoid arthritis

What could we do about improving health literacy?

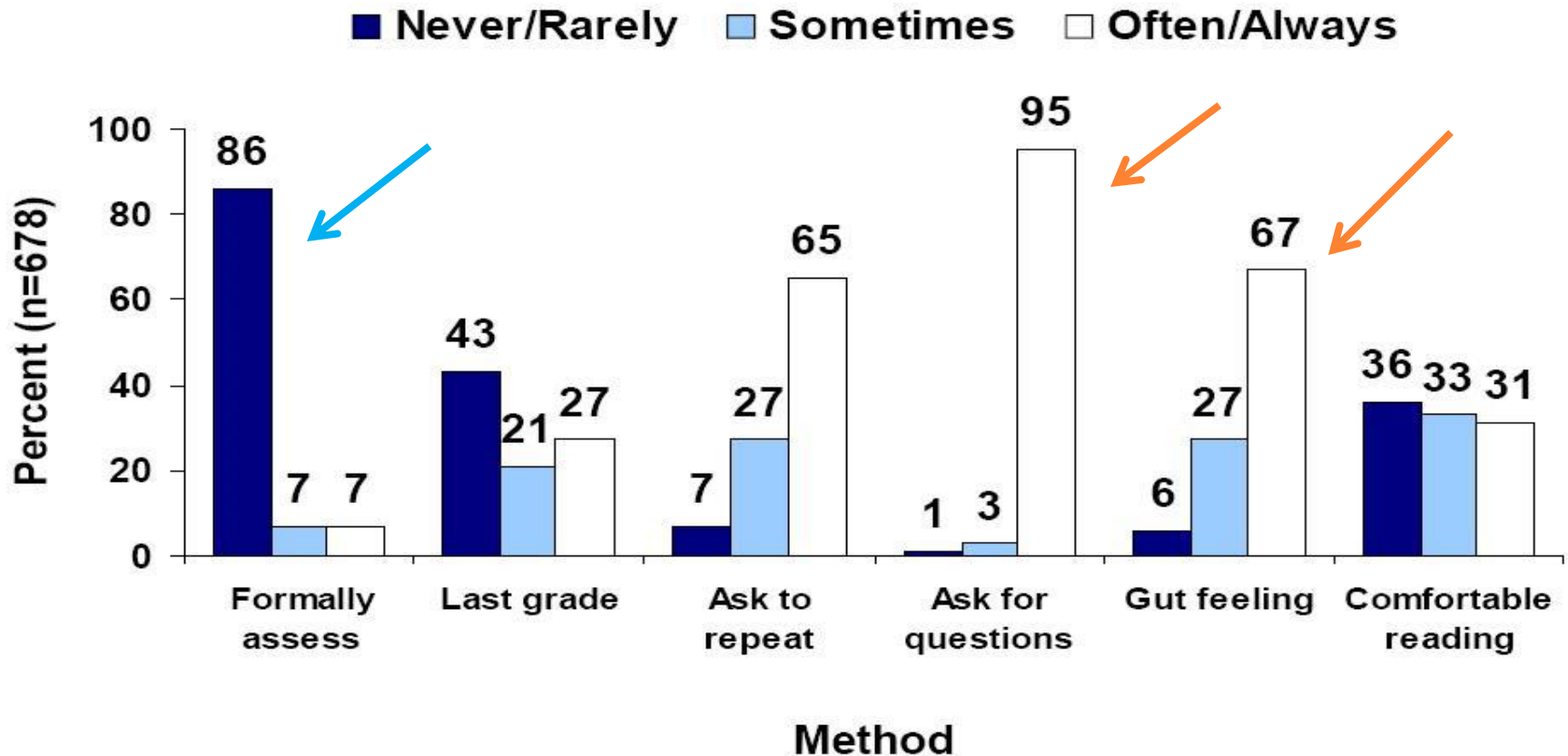
Can research evidence help us here?

“Interventions to mitigate the effects of low literacy have been studied, and some have shown promise for improving patient health

Future research, using more rigorous methods, is required to better define these relationships and to guide development of new interventions.”

Berkman et al 2004

Figure 2. Frequency of Method Used to Assess a Patient's Health Literacy Level



New Developments in Health Literacy

These new developments support strategies to improve the 'readiness' of people and communities to engage in health supporting behaviors and health promotion programs

New Ideas

- The Older US approach maintained a strong literacy focus in its research and practice and did not begin from the perspective of the knowledge and skill of a person to meet their own health needs, that of their family and community
- The EU survey adopts a psycho-social model of learning action

WHAT ARE THE COMPETANCIES MADE UP OF?

Intra and interpersonal

Useful strategies/methods

Cognitive Abilities

e.g. Reading, Comprehension, Decision Making

Dispositions

e.g. Confidence, Curiosity, Persistence

Social Skills

e.g. Communication with health providers

WHAT ARE THE COMPONENTS OF HEALTH LITERACY NEEDED FOR SELF MANAGEMENT?

Three fields and
four tasks

Accessing

Knowing

Doing

Achieving

Curing &
Caring

Illness
Prevention/
Protection

Health
Promotion

ASK YOURSELF: Where is the HL problem located?

What fields of health does the EU survey cover?

Illness management and treatments

Dealing with an emergency

Using medications

Managing unhealthy behavior

Managing mental health

Health screening

Self protection against illness

General health promotion

Navigating the health system

How to support improvements in local community health

Supporting workplace health

Judging the value of political party health policies

WHAT ARE THE ORGANISATIONAL REQUIREMENTS FOR HEALTH LITERACY ADVANCEMENT

1. Building HL into everyday settings like schools, workplaces, public venues – have a plan to do this, change procedures
2. Assessing and knowing what the extent of the health literacy problem is for a community or specific group
3. Having resource materials that are audio-visual to provide information – making these easily accessible, for some people interpersonal learning is better than paper based information
4. Developing interpersonal education skills beyond information sharing – instituting training
5. Creating a learning ‘asking’ environment about health – set down what everyone will do differently
6. Knowing who needs more and who needs less attention to wider involvement in health promotion
7. Use local networks to support HL
8. Having a quality framework that assures HL is advanced in your organisation

HEALTH LITERACY IN ACTION



CASE OF THE CAP AND THE FAILED HEALTH CHECK INITIATIVE