



9th International  
Conference on  
**HIV TREATMENT  
AND PREVENTION  
ADHERENCE**

# Health Literacy

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10<sup>th</sup> June 2014

# LIFELONG LEARNING



Synergies between education and health  
system



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# Health literacy

- ‘cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health’ (WHO, 1998)

# Ottawa Charter for Health Promotion, 1984



# Nutbeam's three-tiered concept of health literacy (2000)

- **functional health literacy**

basic reading and writing skills to be able to understand and use health information

- **interactive health literacy**

more advanced cognitive and literacy skills to interact with healthcare providers and the ability to interpret and apply information to changing circumstances

- **critical health literacy**

more advanced cognitive skills to critically analyze information to exert greater control over one's life

# Schulz's and Nakamoto's three-tiered concept of health literacy (2005)

- **declarative knowledge**  
factual knowledge related to health issues to be able to learn how to approach a health condition
- **procedural knowledge**  
'know-how' to apply factual knowledge and use health information in a specific context
- **judgment skills**  
the ability to judge based on factual knowledge necessary to deal with novel situations

# Key elements of health literacy

- **Knowledge** (health relevant)- links HL to the individual
- **Health relevant knowledge**- links HL to the production of health by the individual
- **Learning**- links HL to social environment
- **Application**- links HL to the contextual and (inter) personal conditions of its use

# Context and health literacy

**AQUIRE**



**APPLY**



**MEANING**

**RELEVANCE**



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What  
if a person  
has a higher  
health  
literacy?

NEXT ►

# A Health Literate Person



...is a Self-directed  
Learner.



...is a Critical Thinker  
and Problem Solver.



...is an Effective  
Communicator.



...is a Responsible,  
Productive Citizen.

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Appropriate for Elementary–Middle School

# Health literacy

is a major component of **democratization** of the healthcare system.

Being:

- Your own advocate
- Proactive
- Powerful



PATIENT=



# Paradigm shift for 21<sup>st</sup> century

- 20th Century – the patient/citizen in relation to professional knowledge is hierarchical/paternalistic
- 21st Century – need to “fully engage” the public as co-producers of health (collaborative partnership)

*Prof. Jane Wills, South Bank University London, UK*



# Pedagogy for health action

## 1. Dialogue and coproduction:

From the empty vessel to be filled (educated) to the nearly full vessel to be tapped: e.g. storytelling, testimony, oral history



## 2. Naming the world:

Situating educational activity in the lived experience of participants focuses the activity on naming the world and using this vocabulary to identify the 'causes of the causes' of ill health: e.g. discrimination, attitudes of health service staff



## 3. Action:

The desirability of praxis or action that is informed means not simply developing skills but making a difference and taking control over the determinants of health enhancing community and building social capital



# Who are we educating?



WHAT

*how*



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# Quality of people's relationships with HIV care providers and retention in care

- Being treated with dignity and respect.
- Being involved in decisions about care.
- Feeling listened to.
- Having information explained in a way that could be understood.
- Feeling known as a person.

*Flickinger et al, J Acquir Immune Defic Syndr, 2013*



# Retention in care

Participants who gave the highest ratings to their care providers:

- in terms of being treated with dignity and respect ( $p = 0.015$ )
- always having things explained in an understandable way ( $p = 0.073$ )
- careful listening ( $p = 0.008$ )

were 7, 7 and 6% more likely to keep their appointments than people who gave less than optimal ratings in these domains.

*Flickinger et al, J Acquir Immune Defic Syndr, 2013*

# Retention in care

- Appointment adherence could be enhanced by **optimizing the quality of relationships, so that patients feel known and respected as persons by their providers**
- Specific provider communication behaviors, such as **listening and carefully explaining**, could make a difference in retaining their patients in care
- evidence-based interventions to improve **providers' communications** could be tailored to target skills with known links to patient behaviors and outcomes

*Flickinger et al, J Acquir Immune Defic Syndr, 2013*

# Educator vs. Health care provider



# Context and health literacy

**AQUIRE**



**APPLY**



**MEANING**

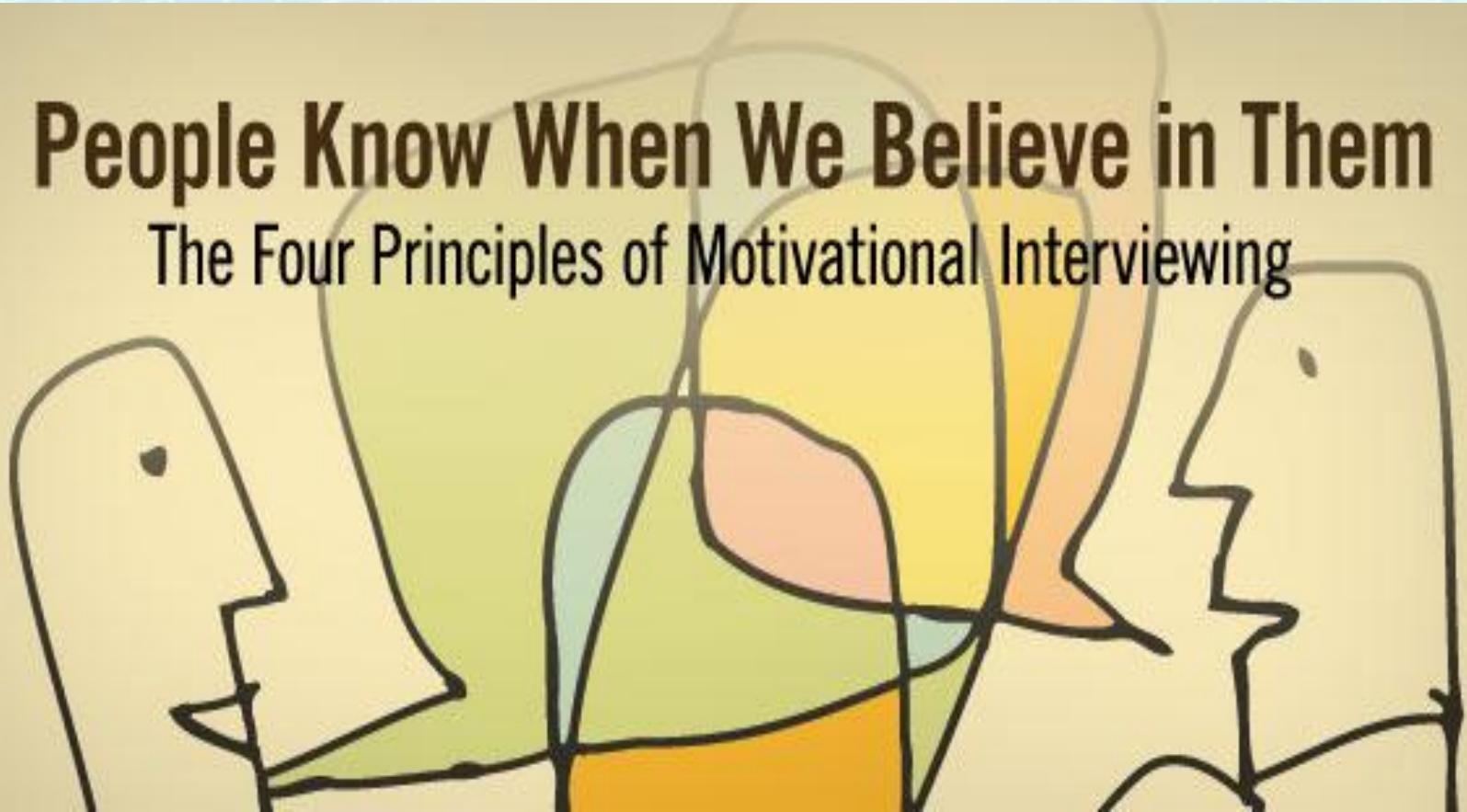
**RELEVANCE**



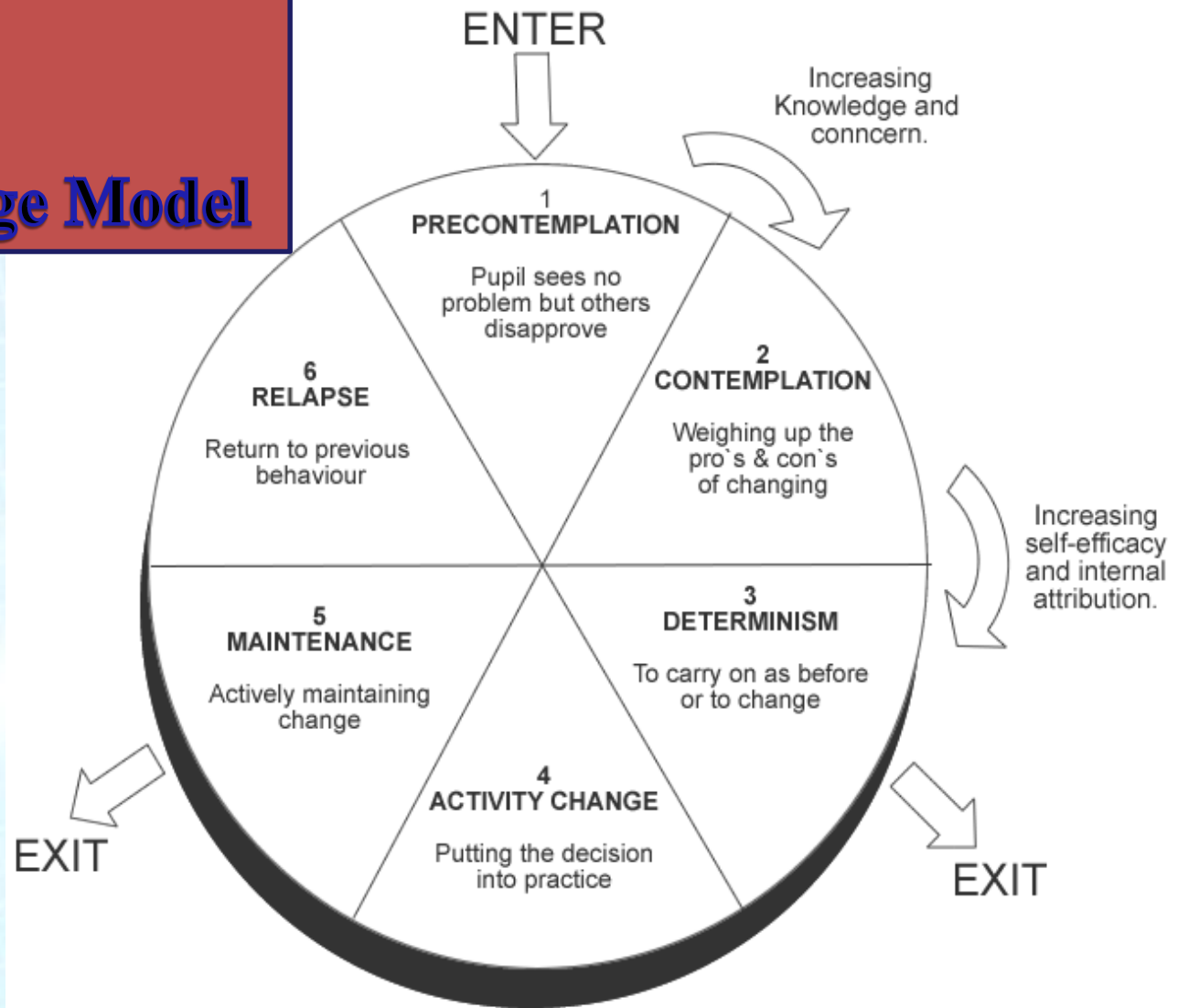
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# People Know When We Believe in Them

## The Four Principles of Motivational Interviewing



# Prochaska and DiClemente's Stages of Change Model



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# Moral disengagement

- Displacement of responsibility
  - moral control operates most strongly when people acknowledge that they are contributors to harmful outcomes
  - obscuring or minimising the agentive role in the harm one causes
- Diffusion of responsibility
  - Collective action, which provides anonymity, is still another expedient for weakening moral control

*Bandura, 2002*

# Moral disengagement

- Disregard or Distortion of Consequences
  - Other ways of weakening moral control operate by minimising, disregarding or distorting the effects of one's action
  - When people pursue activities that harm others, they avoid facing the harm they cause or minimise it
- Attribution of Blame
  - Justified abuse can have more devastating human consequences than acknowledged cruelty

*Bandura, 2002*



# Can health literacy become a barrier to initiate treatment?



# Most Significant Change Technique



A panel of designated stakeholders discuss "significant change" stories emanating from the field and define what the "most significant change" is. (©Rick Davis and Jess Dart)



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# Health literacy & Political choice

- “Power is shifting to places where we have no voice or vote”

*Prof. Ilona Kickbusch, Careum Foundation and Graduate Institute, Switzerland*

- “The most political act we do on a daily basis is what to eat”

*Prof. Jules Pretty, University of Essex, UK*



**THANK YOU!**

