Health Literacy

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Synergies between education and health system
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

*Abel 2007*
Context and health literacy

AQUIRE

APPLY

MEANING

RELEVANCE
What if a person has a higher health literacy?
Health literacy

is a major component of democratization of the healthcare system.

Being:
- Your own advocate
- Proactive
- Powerful
PATIENT = change agents
Paradigm shift for 21\textsuperscript{st} 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

Prof. Jane Wills, South Bank University London, UK
Who are we educating?
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

KEEP CALM
I'M
A FUTURE EDUCATOR

9th International Conference on HIV Treatment and Prevention Adherence
Context and health literacy

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MEANING

RELEVANCE
People Know When We Believe in Them

The Four Principles of Motivational Interviewing
Prochaska and DiClemente’s Stages of Change Model

1. PRECONTEMPLATION
   Pupil sees no problem but others disapprove

2. CONTEMPLATION
   Weighing up the pros & cons of changing

3. DETERMINISM
   To carry on as before or to change

4. ACTIVITY CHANGE
   Putting the decision into practice

5. MAINTENANCE
   Actively maintaining change

6. RELAPSE
   Return to previous behaviour

ENTER

EXIT

Increasing Knowledge and concern.
Increasing self-efficacy and internal attribution.
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 Dari)
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!