

7.N. Workshop: The Health Literacy in Childhood and Adolescence research consortium (HLCA): empirical findings

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This workshop addresses qualitative and quantitative health literacy research in children, adolescents, and non-health professionals that work with children in health promotion settings, such as schools and kindergartens. Health literacy has evolved into a significant public health and health promotion goal which is especially influenced by the social and cultural background, the availability of resources, and the settings in which it is practised. Basically, health literacy can be defined as the knowledge and skills to access, understand, appraise and apply health information in order to promote health and well-being. For a long period most research had focused on adult patients in clinical settings, but in the recent past there have been significant efforts from research, practice, and policy towards children and adolescents, which is due to findings stating that effective health literacy promotion begins early in life and health is mostly shaped outside the health care setting. Early approaches can also be influential when addressing the reduction of health inequalities.

The main objective of this workshop is to present first time empirical findings and developments from six ongoing research projects of the Health Literacy in Childhood and Adolescence Research Consortium (HLCA). Thereby, it will shed light on the health literacy of children, adolescents, and professionals, and link the current debate with contemporary public health approaches to advance the field of health literacy. The workshop will include 5 presentations with up to 15 minutes input followed by discussions. The first presentation is a theory-driven project about developing a conceptual health literacy model for children and adolescents. The second presentation will introduce a health literacy questionnaire and data from a health literacy survey in 4th grade primary school children (8-11 years). The third presentation will present findings of the analysis of cognitive interviews conducted within a pre-testing pilot study in adolescents (14-17 years). The fourth presentation will introduce into qualitative data from two mixed methods projects addressing mental health literacy of teachers and social workers. The last presentation will address the practice level and present findings of an ehealth literacy intervention addressing children, teachers, and parents.

This workshop offers a forum for researchers, practitioners and policy-makers interested in health literacy. By dialogue and two-way communication lively interaction and vivid discussions will be facilitated. This will allow discussing results with regard to their benefit for improving health literacy research, practice, and policy-making, support further synergies, break down barriers between research infrastructures, facilitate networking and collaboration, and support international capacity building.

Key messages:

- There is need for empirical health literacy research in children and adolescents. It will allow informing sustainable and effective interventions and the development and application of better tools.
- Addressing the social environment will have impact on public health research and practice. This will facilitate the development of new concepts and strategies for health literacy promotion.

Health literacy in childhood and adolescence: particularities in available understandings

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Background

While the academic discourse emphasizes the importance of building children and young people's health literacy (HL), there is little knowledge about their age- or development-specific HL skills, profiles and needs or how it develops over the life course. Therefore, this research aims to examine target group particularities within available HL understandings for children and young people.

Methods

A literature review was conducted using six bibliographic databases. A deductive content analysis was performed along six broad dimensions. These were adopted from Rothman et al. (2009) and complemented by consulting previous research in literacy, health, child development, sociology and socialisation.

Results

The six "D" dimensions that clustered the life phase characteristics were: (1) disease and health patterns, (2) demographic vulnerability, (3) developmental change, (4) dependency on resources, (5) democratic spaces for participation, and (6) digital realities. Life phase particularities were identified in twelve HL concepts, with dimensions (1) and (5) receiving no consideration. Most concepts stressed age-specific cognitive development aspects, children's embeddedness within the socio-ecological context. Digital media and communication was found to be a crucial facilitator of children's development and socialization processes.

Conclusions

Children's understanding of health, their age-related disease profiles, their embeddedness within socio-ecological context, their resource dependency, their social role, characterised by an unequal distribution of power and hierarchical inter-generational relationships, as well as their citizen's rights, including their right and opportunities to participation remain underscored in HL research. Taking these considerations into

account can help HL researchers and practitioners to move towards a tailored and holistic approach to promoting HL in children and young people.

Health literacy of fourth grade students: preliminary findings from a classroom survey

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Background

Health literacy (HL) is considered a critical determinant of health. While the importance of HL in early life phases is emphasised, there is little evidence on the HL of primary school children and its determinants. This is the first European study to assess HL in 4th grade students, and to investigate predictors of HL in this age group.

Methods

A self-report, paper-and-pencil HL questionnaire was developed based on the European Health Literacy Survey Questionnaire (HLS-EU-Q). Since Nov 2016, an instrument validation study is being conducted in a non-representative sample of $n=1000$ 4th grade students in $n=40$ schools in North Rhine-Westphalia, Germany. In a preliminary analysis of $n=519$ cases, multiple regression was applied to explain variance in HL.

Results

81.7% of the participants stated that it was “rather easy” or “very easy” for them to access, understand, appraise, and apply health information. Due to the “subjective” form of measurement used, however, the high overall level of HL does not directly translate to high levels of competence, but rather to a high perceived manageability of tasks related to health information. Important predictors of HL were interest in health ($\beta=.245$, $p<.000$), indicators of self-efficacy ($\beta=.136-.163$, $p<.01$), and family affluence ($\beta=.139$, $p<.01$). In this regression model ($R^2_{corr}=.274$), neither age, sex, functional literacy (measured by performance test), parental attitudes, nor the language spoken at home (a proxy variable for migration background) were significant predictors of HL.

Conclusions

Our preliminary findings point to the importance of individual attributes for the HL of 4th grade students. Family affluence being a significant predictor suggests the presence of a social gradient in 4th grade students’ HL. Thus, school-based interventions could be fruitful to prevent disparities in HL. Still, further research is necessary to validate these findings and to rule out self-report bias in the measurement of HL.

Development process of a health literacy measurement tool for adolescents: qualitative findings

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Background

In Germany there are no measurement-tools for adolescents operationalizing comprehensive understanding of health literacy (HL). The project Measurement of Health Literacy Among Adolescents (MOHLAA) aims to develop such a measurement tool to assess or to monitor of HL levels. The tool shall be applied to adolescents aged 14-17.

Methods

A literature review of health literacy concepts and measurement instruments was performed to identify tools adaptable for use by adolescents. The HLS-EU-Q47 was applied as a blueprint of our tool. The questionnaire was tested for its applicability using 20 cognitive interviews (CI1). We complemented the CI1 with two focus groups (FG) ($n=5$, $n=7$) to

deepen our understanding of experiences that adolescent participants make navigating the health care system, managing diseases, and improving their health. A first draft of the MOHLAA-tool was developed. This preliminary version was tested with 18 cognitive interviews (CI2) and modified. Currently, the revised draft is in the field pre-test stage ($n=300$).

Results

Our CI1 of the HLS-EU-Q47 showed limited applicability to adolescent population due to unfamiliar terms and challenging abstraction level of the items. CI1 and FG indicated that adolescents have limited experiences with certain health related tasks, particularly relating to health care. This may lead to an overestimation of their self-estimated HL skills. FG showed that adolescents turn to their parents, peers or other persons before making a health decision. With regard to adolescent-specific aspects of HL we developed an instrument assessing HL-related skills, attitudes and knowledge. With the CI2 we found out which items from the first draft should be improved, dropped and which are gender-specific.

Conclusions

Instruments measuring HL of adolescents should reflect youth’s experiences with health related topics to prevent biased data and capture the interaction with family and peers. Items should be as simple as possible.

Mental health literacy of teachers and social workers: qualitative interviews and in-depths findings

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Background

Children whose parents have a mental illness (COPMI) represent one of the populations at highest risk for developing mental disorders. However, those children could cope well when they have individual, familial, and community resources to accomplish developmental tasks, engage in relationships, and if they are able to understand their own as well as their family’s situation. Teachers and social workers play a key role in the community for providing the mentioned resources for COPMI, and so they are a key target group for health promoting interventions. Therefore, we aim to explore abilities (Mental Health Literacy) of these non-health professionals to recognise and work with COPMI.

Methods

Semi-structured interviews were performed: with 13 social workers working in multidisciplinary social welfare settings and with 16 teachers from different school types, including primary and secondary school.

Results

The results indicate that teachers as well as social workers feel considerable uncertainties when working with COPMI and their family situation. Teachers state that if they identify COPMI in everyday school life, they not feel to be sufficiently trained in dealing with those (teaching) situations, leaving them with great uncertainties when encountering those situations. Institutional means and resources were identified as being insufficient for supporting teachers adequately. Poor collaboration with supporters outside school is reported as well. Social workers report rigid working structures as barriers to react to familial dynamics according to parental illness and children’s needs. The service situation is described as difficult to overview (“impassable jungle” with a lot of changes).

Conclusions

Our studies highlight the need for effective and tailored interventions regarding COPMI for these non-health professionals. The results will be translated into demand orientated training programme for both groups.

The Media Protect project: first results of the process evaluation

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Background

The omnipresence of screen media in children's lives and the resulting negative effects of its usage have led to a need for primary prevention. Parents and settings are central mediators of children's media usage. MEDIA PROTECT is a multi-modal, setting oriented intervention for parents and teachers, preventing problematic and addictive use of screen media by children.

Methods

We recruited kindergartens in two regions of Germany to participate in a prospective, cluster controlled trial. As part of the evaluation, participating institutions and teachers provided feedback via written questionnaires and qualitative interviews. Parents provided feedback on selective parts of the intervention. We want to determine the importance of and satisfaction with different intervention components, and their acceptance from the perspective of providers and users.

Results

N = 30 (out of n = 59) institutions received the intervention. N = 192 teachers completed the questionnaire and we conducted seven additional qualitative interviews. N = 132 parents attended the parental evening. Teachers exhibited a high overall satisfaction, the relevance for their daily work is moderate or high and the satisfaction with different components and multipliers, differed. The parents judged the transferability of the information given at the parental evening to their everyday life as good (M = 75.08; SD = 17.8), its amount as sufficient (M = 68.1; SD = 22.3) and comprehensive (M = 82.3, SD = 12.5). The teachers training, theatre play and the technical support evening were positive commented in the qualitative interviews with institutions, but they had several suggestions for improvement regarding the parental evening.

Conclusions

First results of the formative evaluation are encouraging. The evaluation involves a complex programme which aims at enabling teachers to promote the age-adequate use of screen media in the family, providing parents with guidance and foster healthy leisure time activities for children.