

1.Q. Workshop: Health literacy in different countries and populations: the many approaches to research

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The past three decades have witnessed phenomenal growth in interest in health literacy with outstanding research approaches that generated a broad array of evidence in many different countries. Public health experiences prove that for many people in the world, health related skills and knowledge can have sustainable benefits for their future health. The early focus of research was on individuals, there is now increasing recognition that governments, providers, systems, and consumers are also equally accountable. Equitable and achievable access to health literacy and the resulting benefits must be promoted at the (1) individual, (2) community, (3) public, (4) organisational, and (5) policy levels. In response to surveys, governments have adopted national policies and programs to address health literacy and thereby target diverse populations in many countries.

Placed in the core of the health literacy concept, understanding health-related information is the key for healthy action and requires knowledge, positive attitude and experience, as well as certain skills in order to access health information. In health research there has been several approaches to information in context of health promotion, such as decision-making, information literacy, health information literacy, and, of course, health literacy. An inevitable precaution is that information needs to be not only available, reliable, and stable, but also accessible, comprehensible, and easy-to-use. The way people deal with information and the degree of knowledge of health, health services, and resources is depending on their health literacy. Taken overall, there is currently significant work in progress in relation to health literacy that provides consistent evidence that health literacy can be improved through information, communication and education, especially in children and young people.

However, to date, only few efforts have been taken to compare the approaches to and evidence resulting from health literacy research as conducted in different regions of the world. The main objective is therefore to present empirical findings from different countries/regions and to catch characteristics and peculiarities of health literacy approaches in these settings. The first presentation will introduce a study conducted in crisis-affected Afghanistan. The second presentation will shed light on the cultural health practices of Hispano-Americans living in Switzerland. The third presentation will report on preliminary findings of the European IC-Health digital health literacy consortium. The fourth presentation will explore the concept of health information literacy in Germany. The fifth presentation will

present results of a German qualitative health literacy study conducted in primary school children.

This workshop offers a forum for researchers, practitioners and policy-makers interested in health literacy and will allow discussing results, facilitate exchange, and support further synergies.

Key messages:

- Health literacy research is a matter in many countries across the world and is a precondition to generate evidence-based data that can inform intervention development.
- Information uptake is dependent on the geographic region and cultural background. There is need for comparing research and approaches as taken in different regions of the world.

Health literacy in crisis-affected Afghanistan: a quantitative study on beliefs and barriers

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Background

The concept of health literacy (HL) is of growing interest worldwide but little is known about the status of HL in crisis-affected countries such as Afghanistan. Afghan health professionals report that HL and the health status are very poor and cultural and religious beliefs and various barriers influence the health-related behavior. Following the assumption that improving HL may increase adequate health behavior, to measure HL and perception is of political, scientific, and practical relevance.

Methods

The first quantitative study on HL in Afghanistan is conducted in Ghazni province in May 2017. A context adequate questionnaire was developed integrating the HLS-EU-16, the brief WHOQOL-SRPB and items of the Questionnaire for Patient Empowerment Measurement. By using multi-stage systematic and simple sampling method in four clusters, 251 communities were selected and it is intended to conduct interviews with 1,000 head of households.

Results

The questionnaire, survey strategy, key lessons learned and preliminary results presented. The study confirms the low level of HL in Afghanistan. Besides, it demonstrates that apart from health knowledge, religious beliefs and specific barriers and attitudes influence the health-care seeking behavior and the application of health-related information. Furthermore, the cognitive approach of HL is opposed to the common behavior of not questioning the advices of the medical professionals.

Conclusions

A profound understanding of HL, health practices, common beliefs, and barriers, is essential for the development of adequate health promotion approach. An intervention which is based on the results of an intensive scientific field research is likely to improve the health behavior and health status of the households and can help the economy of the households by reducing health-related expenses.

Health as lived cultural practice in everyday life of Hispano-American immigrants to Switzerland

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Background

Health literacy is seen as both an explanatory factor for health inequalities and an outcome of health promotion. Vulnerable groups, and in many cases immigrants, present lower levels of health literacy compared to the general population. Thus, they are one of the key target groups of health literacy initiatives. However, low participation rates among disadvantaged groups are common in health promotion. One explanation is a lack of fit between the programs and the social realities vulnerable social groups encounter. Therefore, research on health literacy should consider more strongly the embeddedness of health in everyday life as suggested by the WHO.

Methods

The aim is to explore health and health-related competencies in the daily lives of Hispano-American immigrant families residing in Switzerland. Health and health literacy as lived cultural practices are investigated through an ethnographic approach: participant observation in various settings, interviews, and document analysis, alongside other methods, are used.

Results

Preliminary results from interviews suggest that Hispano-American migrants in Switzerland attribute high value to health. A predominant focus on aspects of emotional well-being was identified. Achieving and maintaining health is considered an ongoing struggle to cope with stress. Family members, especially mothers, are a major source of health information and support at any age. Health and well-being are explicitly linked to feeling welcome and integrated in Swiss society.

Conclusions

Although the results are preliminary, they suggest that the family is a promising setting for health promotion for certain migrant communities. Studies on migrant health need to consider the importance of feelings of inclusion or exclusion in the receiving country generated by both structural conditions and interpersonal relations. Health promotion ought to take into consideration the health concepts and health-related practices of its target groups.

The IC-Health project: improving digital health literacy in Europe

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Background

Citizens' digital health literacy is an essential element for successful eHealth deployment. However, citizens often do not have the necessary skills to find, understand and appraise online health information and apply their knowledge to make health decisions. IC-Health project aims to support the improvement of digital health literacy in Europe. The project will design 35 open access online courses (MOOCs), in eight different languages (Spanish, French, Italian, English, Dutch, German, Swedish, Danish), for 5 different population cohorts

including (A) children, (B) adolescents, (C) pregnant and lactating women, (D) elderly and (E) people affected or susceptible to be affected by type 1 and type 2 diabetes. The first action of the project was to survey target population to explore unique needs and competencies regarding eHealth literacy.

Methods

Two questionnaires were developed, one for children and adolescents, and one for adults and translated for each language of the project target. Questionnaires included four sections, (1) use of digital technologies and digital literacy, (2) health literacy, (3) eHealth literacy, and (4) socio demographic variables. Questionnaires could be administered using both an online and/or a paper and pencil format. For each target group, a minimum of 30 subjects for each language was established (30*5*8), for a total of 1200 questionnaires.

Results

The survey was carried out during the months of March and April 2017, and collected a total of 1249 questionnaires (A = 273, B = 310, C = 204, D = 277, E = 185). Analysis of the data collected will be carried out in the next months and finally presented at the EPH conference.

Conclusions

Results of the current survey highlight existing differences both within and across different target groups for different countries, and will provide a basis for the development of future project actions ultimately aimed at the MOOCs creation based on the specific needs of target populations.

Assessing Health Information Literacy by a Knowledge Test

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Background

Health information literacy comprises a set of abilities and skills needed to recognize a health information need, search and evaluate health information from multiple sources, and to use this information to make appropriate health decisions. The concept is closely related to that of health literacy, putting a focus on actively searching and evaluating information by people with medium to high levels of education who possess at least basic functional health literacy.

Methods

In an online study, N = 144 German university students from educational sciences completed the HILK together with the HLS-EU-Q47 and a health information literacy screening questionnaire (EHILS). To assess health information literacy, a 24 item forced-choice test, the Health Information Literacy Knowledge Test (HILK), was developed based on a skill decomposition which was derived from descriptive models of information searching and problem solving. Previous studies have provided evidence for the reliability and validity of the test. E.g., significant associations (around $r = .30$) with the European Health Literacy Survey Questionnaire (HLS-EU-Q47) were demonstrated. However, in all studies the HILK was administered in supervised group sessions (proctored testing). To examine the applicability of the HILK in large scale studies, an additional study was conducted which applied the test under unproctored testing conditions.

Results

Means of the HILK items as well as the total HILK score and reliability coefficients were comparable to those coefficients found in previous studies. In addition, associations between HILK, HLS-EU-Q47 and EHILS were replicated.

Conclusions

The results corroborate the psychometric quality of the HILK under unproctored testing conditions. Thus, the test may be used in online surveys as an objective measure of health information literacy to complement established subjective health literacy measures.

A qualitative health literacy study in fourth grade primary school children

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Background

In health literacy research in children the use of qualitative methods is lacking although literature is emphasising the importance of child involvement in research for reasons such as enhancing child participation, better knowledge of their views and priorities, effective action, and self-evaluation of researchers effectiveness. Consequently, it only seems plausible to employ qualitative research methods more frequently to health literacy research with children.

Methods

We have conducted 19 focus groups with primary school children (N=104, 8-11 years old) in the urban area of Bielefeld, Germany. We have applied Mayrings (2015) method of qualitative content analysis. Following this criterion, we have selected the material, built the coding frame, divided the materials into coding units, tested the coding frame, evaluated and modified the frame, performed the main analysis,

and interpreted the findings. Feedback loops ensured the reliability.

Results

We gathered evidence on health literacy, conditions influencing health, and meaning to health communication and information. Surprisingly, children have a very complex and in-depth understanding of health that goes much beyond biomedical models, individual-centred concepts and normative assumptions, and specifically includes well-being, mental health and many aspects of health promotion, which they associated with good health. Social and digital skills seem to be important capabilities, and so are positive attitudes. Parents act as surrogate interfaces in health communication with the health sector and together with physicians they are associated with trustworthiness.

Conclusions

Children are a reliable source to inform researchers on how they make sense about specific concepts. The findings will improve future health promotion and health literacy research as well as it will allow for more profound and nuanced understanding of child health literacy and they can be useful to inform research, policy and practice.