

Voices to the voiceless – health literacy responsiveness as the lens to tackle inequity in health

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Dansk Selskab for Folkesundhed
Danish Society of Public Health

HEALTH LITERACY AS THE LENS TO TACKLE INEQUITY IN HEALTH

Professor HT Maindal, Dep of Public Health, Aarhus University and Steno Diabetes Centre Copenhagen, Health Promotion Unit



EUPHA PUBLIC HEALTH WEEK
14 MAY 2020 | HELLE TERKILSEN MAINDAL
PROFESSOR



VOICES TO THE VOICELESS – HEALTH LITERACY RESPONSIVENESS AS THE LENS TO TACKLE INEQUITY IN HEALTH



HEALTH LITERACY AND HEALTH LITERACY RESPONSIVENESS

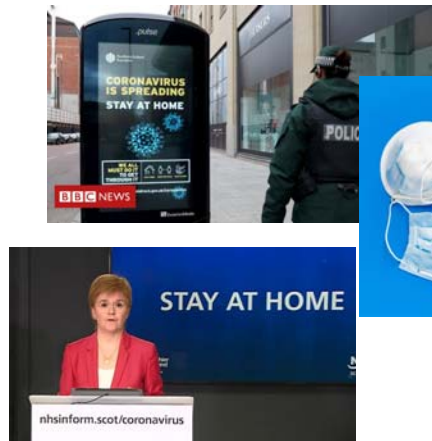


IUHPE Position statement on health literacy
A practical vision for a health literate world



Health literacy is the combination of personal competencies and situational resources needed for people to access, understand, appraise and use information and services to make decisions about health. It includes the capacity to communicate, assert and act upon these decisions. Health literacy responsiveness describes the way in which services, organizations and systems make health information and resources available and accessible to people according to health literacy strengths and limitations (1).

HEALTH LITERACY AND COVID-19



How to stick together, by staying apart



- Can I go to the kindergarten with my kid?
- Can she see her grandma?
- Can my 3 year old wash hands safely?
- I have asthma, should I stay home?
- Can we go shopping?
- Can I open my cafe safely?

HEALTH LITERACY IS CENTRAL

Comment

COVID-19: health literacy is an underestimated problem

Rapid development of coronavirus disease 2019 (COVID-19) into a pandemic has called for people to acquire and apply health information, and adapt their behaviour at a fast pace.¹ Health communication intended to educate people about the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and how to avoid getting or spreading the infection has become widely available. Most valuable information is created in an easy-to-understand manner that offers clear and practical

responsibility, and public health action are put to the test. Amid the pandemic, it is difficult to agree with the argument made by Wikler that "if people know they are taking risks but accept them as the price of pursuing goals to which they assign higher priority, then it is not the business of public health to insist that health be valued above all".² This argument might be true under different circumstances, but now, irrational behaviour



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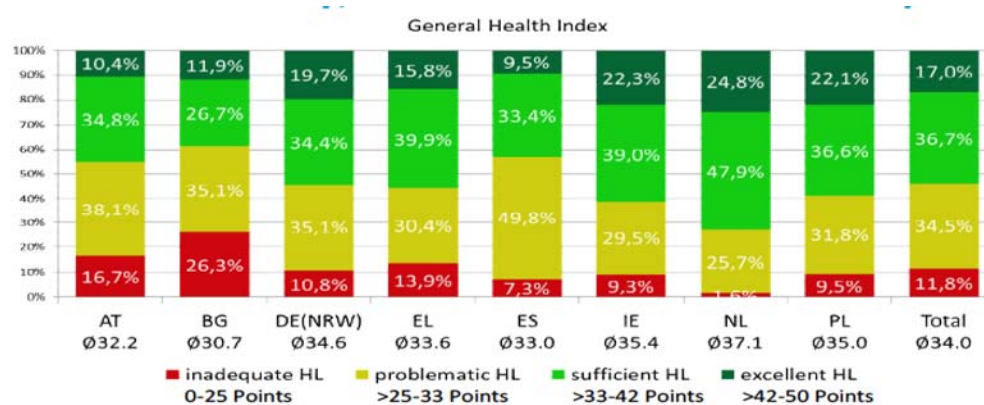
L Paakkari and O Okan, april 2020

I believe that many new actions and new research are needed for an optimal response to COVID-19, and an optimal post-COVID-19 recovery in the more complex social and health systems domain. Here, health literacy responsive systems and professionals are key players...

NUMBERS...



EUROPEAN STUDY OF HL, 2011 (HLS)



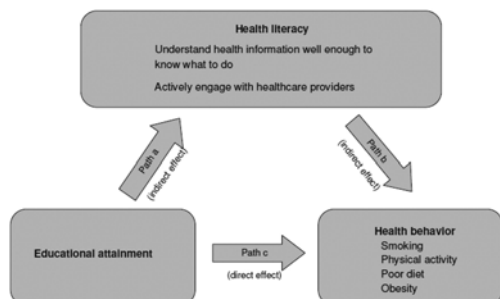
Pelikan JM, Röthlin F, Ganahl K., 2012. Sørensen et al, 2015

NATIONAL STUDY 2014 (HLQ)



- Low health literacy scores: 8.8%-20.2%
- Low health literacy scores were associated with low education levels, low income, low perceived social status, non-Danish ethnicity

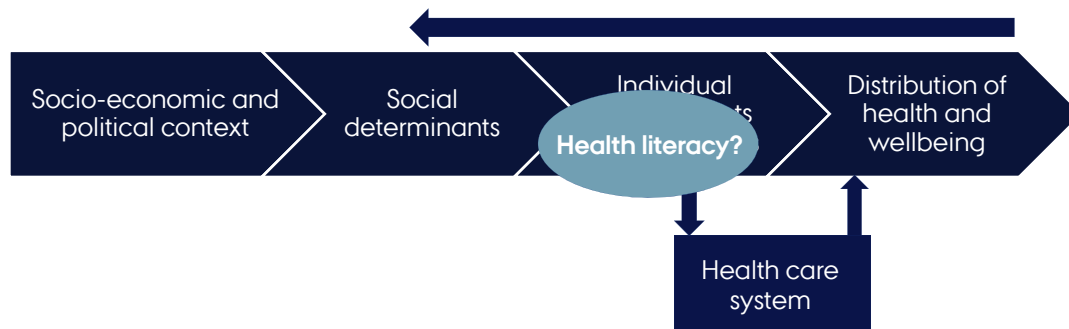
HEALTH LITERACY CAN MEDIATE THE EDUCATION-HEALTH RELATION



J Health Commun. 2016;21(sup2):54-60.
Epub 2016 Sep 26.

Confirmed by eg. Stormacq C, Van den Broucke S, Wosinski J in 2019

HEALTH LITERACY – A MODIFIABLE SOCIAL DETERMINANT



Modified from: CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva; 2008.

HEALTH LITERACY AND MORTALITY

Hazard ratio of dying during 6 years follow-up in relation to health literacy (HLQ) in the general population and in individuals with different long-term conditions

Paper submitted

Cohort study:
6 year follow-up

	Model 1 Unadjusted	Model 2 ¹ Adjusted for sociodemographic factors	Model 3 ² Adjusted for sociodemographic factors and multimorbidity at baseline	Model 4 ³ Adjusted for sociodemographic factors, multimorbidity and health behaviour at baseline
	HR (95 % CI)	HR (95 % CI)	HR (95 % CI)	HR (95 % CI)
General population (n=29,473)			HR 1.89	
Difficult to understand information about health ^a	3.29 (2.75-3.94)	1.89 (1.57-2.28)	1.75 (1.45-2.10)	1.38 (1.11-1.73)
Difficult to engage actively with healthcare providers ^a	1.51 (1.25-1.83)	1.54 (1.24-1.90)	1.35 (1.10-1.67)	1.19 (0.94-1.49)
Cardiovascular disease (n=2,389)				
Difficult to understand information about health ^a	2.38 (1.76-3.22)	1.69 (1.25-2.27)	1.55 (1.15-2.11)	1.47 (1.01-2.14)
Difficult to engage actively with healthcare providers ^a	1.61 (1.16-2.24)	1.64 (1.17-2.28)	1.46 (1.03-2.05)	1.38 (0.93-2.07)
Chronic obstructive pulmonary disease (n=1,214)				
Difficult to understand information about health ^a	0.89 (0.57-1.39)	0.90 (0.56-1.43)	0.80 (0.49-1.30)	0.71 (0.41-1.21)
Difficult to engage actively with healthcare providers ^a	1.04 (0.68-1.57)	1.08 (0.70-1.68)	0.97 (0.61-1.52)	0.91 (0.56-1.47)
Diabetes (n=1,685)				
Difficult to understand information about health ^a	2.36 (1.59-3.51)	2.06 (1.36-3.13)	1.99 (1.34-2.96)	1.91 (1.13-3.22)
Difficult to engage actively with healthcare providers ^a	1.55 (1.00-2.41)	1.75 (1.09-2.81)	1.66 (1.05-2.62)	1.20 (0.66-2.17)
Mental illness (n=1,577)				
Difficult to understand information about health ^a	2.44 (1.50-3.96)	1.94 (1.14-3.30)	2.03 (1.19-3.45)	2.18 (1.25-3.81)
Difficult to engage actively with healthcare providers ^a	1.55 (0.95-2.51)	1.58 (0.92-2.70)	1.46 (0.82-2.58)	1.61 (0.94-2.84)

POLICY



HEALTH LITERACY ON THE INTERNATIONAL AGENDA



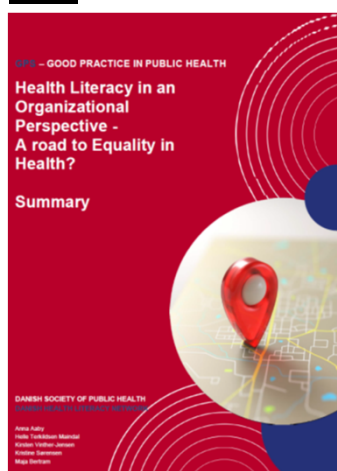
A VISION FOR HEALTH LITERACY

Roadmap for implementation of health literacy initiatives through the life course (2019)



NATIONAL LEVEL: A DANISH GPS IN 2019

Danish Society of Public Health



- Health literacy is a dynamic determinant of health depending on context
- The GPS recommends a life course perspective
- The GPS focuses on organizational and systems HL responsiveness

<https://www.danskselskabforfolkesundhed.dk/vore-gps-er/gps-health-literacy/>



ACTIONS



WHAT ARE THE NEEDED ACTIONS?



Fig. 1. Interactive health literacy framework



Source: Parker R. Measuring health literacy: what? So what? Now what? In Hernandez L, ed. *Measures of health literacy: workshop summary, Roundtable on Health Literacy*. Washington, DC, National Academies Press, 2009:91–98.

Health literacy
responsiveness can
reduce demands
and complexity

World Health Organization. Health literacy. The solid facts. Copenhagen: WHO Regional Office for Europe, 2013.

WHERE CAN WE IMPROVE HEALTH LITERACY RESPONSIVENESS?



Families and social relations



Work places



Educational institutions



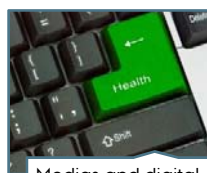
Health organisations



Consumer environments



Leisure and public areas



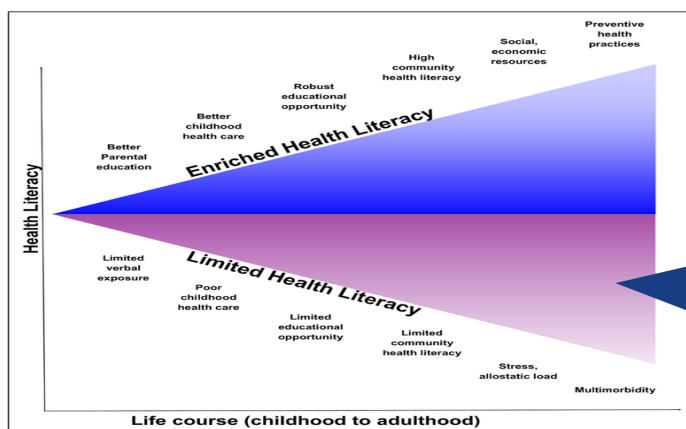
Medias and digital platforms



Political institutions



HEALTH LITERACY RESPONSIVENESS OVER THE LIFE COURSE



In order to be HLR towards COVID-19 risks in a life-course perspective - we need to rapidly identify, test, adapt and evaluate new models of health promotion services including responses to post-COVID-19 risks such as mental health.

This can be done through listening, providing ownership and co-producing with the population target groups and the settings – children, homeless, kindergartens...

A Scientific Statement From the American Heart Association, [Jared W. Magnani](#), et al. Health Literacy and Cardiovascular Disease: Fundamental Relevance to Primary and Secondary Prevention. Circulation. 2018 July 10; 138(2): e48-e74.doi:10.1161/CIR.0000000000000579.

RESPONDING TO LOCAL NEEDS



Social workers
being HLR to adults
with special needs
during covid-19
through this video

<https://www.tv2ostjylland.dk/aarhus/video-julie-og-sandra-coronaquider-med-et-smil>

WHO NATIONAL HEALTH LITERACY DEMONSTRATION PROJECT



- Denmark
- Ireland
- French Reunion
- The Netherlands
- Norway
- Portugal
- Slovakia



CONCRETE EXAMPLES OF HEALTH LITERACY RESPONSIVENESS INITIATIVES

REPORT

Acting together – WHO National Health Literacy Demonstration Projects (NHLDPs) address health literacy needs in the European Region

Mark Matthijs Bakker^{1*}, Polina Putrik^{2*}, Anna Aaby³, Xavier Debussche⁴, Janis Morrissey⁵, Christine Råheim Borge⁶, Dulce Nascimento do O⁷, Peter Kolarčík⁸, Roy Batterham⁹, Richard H. Osborne⁹, Helle Terkildsen Maindal⁹

TABLE 1. OPHELIA (OPTIMISING HEALTH LITERACY AND ACCESS) CORE PRINCIPLES

1. Outcomes focused	Improved health and reduced health inequities
2. Equity driven	All activities at all stages prioritise disadvantaged groups and those experiencing inequity in access and outcome
3. Co-design approach	In all activities at all stages, relevant stakeholders engage collaboratively to design solutions
4. Needs-diagnostic approach	Participatory assessment of local needs using local data
5. Driven by local wisdom	Intervention development and implementation is grounded in local experience and expertise
6. Sustainable	Optimal health literacy practice becomes normal practice and policy
7. Responsiveness	Recognise that health literacy needs and appropriate responses vary across individuals, contexts, countries, cultures and time
8. Systematically applied	A multilevel approach in which resources, interventions, research and policy are organised to optimise health literacy

Source: reproduced from Beauchamp et al., 2017 (15)

7 COUNTRIES

8 PRINCIPLES








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SELECTED RESULTS FROM THE DANISH DEMONSTRATION PROJECT: HEALTH LITERACY RESPONSIVENESS IN THE LOCAL RANDERS HEALTH CENTRE (FROM CARDIAC REHABILITATION) (AABY, HEART SKILLS STUDY)



Package	Aim	Elements	
1	Improve the social support of all people referred to CR in the unit	Written information for relatives/friend	
		Verbal invitation to bring a relative or friend	
		Collaboration with lay counselor association	
2	Identify and respond to the needs of vulnerable users referred to CR in the unit	Identification of vulnerability using: <ul style="list-style-type: none"> • CHAT (health literacy conversation tool) • HADS (anxiety and depression) • Clinical judgement 	
		Holistic, problem-based needs identification and program planning session	

Aaby A, Simonsen CB, Ryom K, Maindal H, 2020



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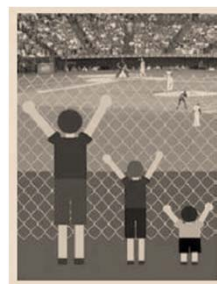
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SO, HOW TO GIVE VOICES TO THE VOICELESS?

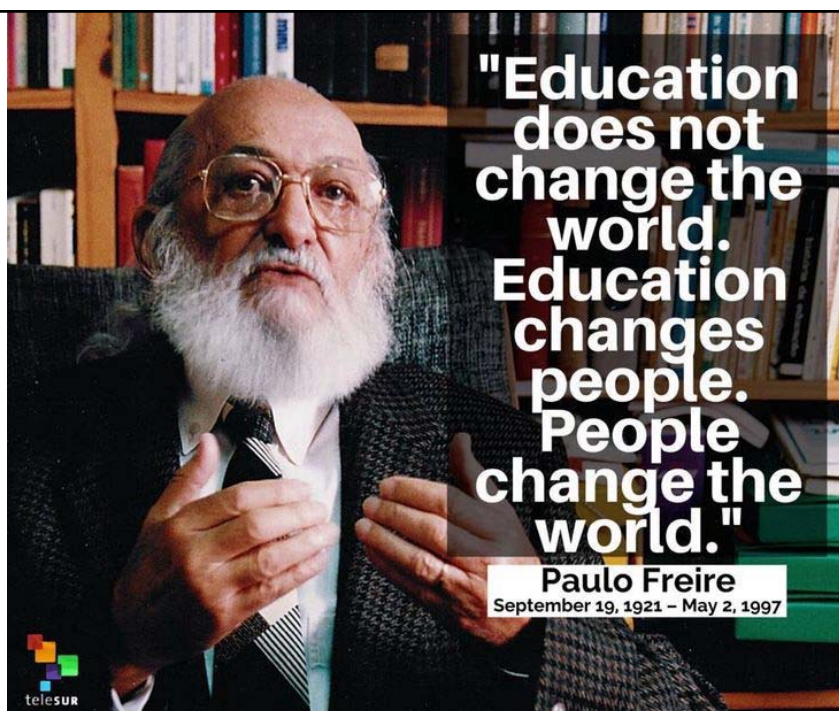


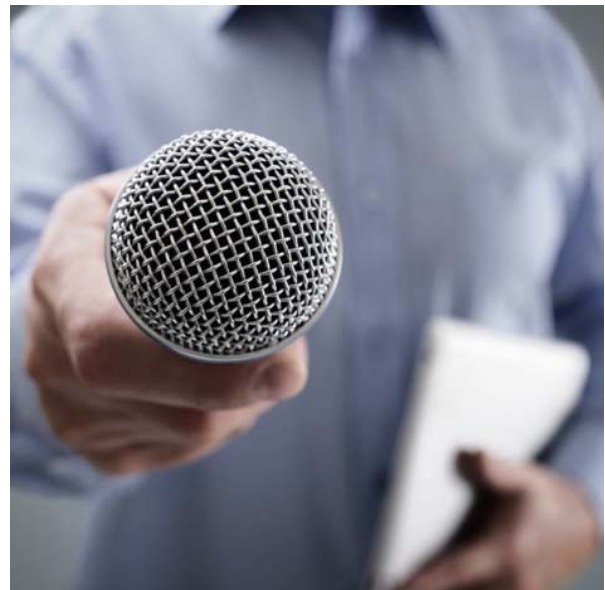
We can be responsive as e.g. professionals by using the right lens!



But, sometimes it is just better to redesign and to make structural and organizational changes reaching more people...

Health literacy responsive citizens, professionals and societies are urgently needed – at local, national and global levels – for prevention of COVID-19 and for NCD





ALL my research and practice partners for contributing to the work addressed in this presentation!!



AND to all of you for listening..



Presentation and slides available: <https://www.danskselskabforfolkesundhed.dk/>

WANT TO READ MORE?

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