Health Literacy Research, Health Behavior and Health Systems: Implications for Policy and Action


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CLALIT 100 years
The Best for Your Family
Presentation Overview

• Background and Context
• Case study - Adolescent Health Promotion, Behavior and Health Literacy
  – MHL Research Model and Testing
  – Results
  – Intermediate Conclusions
• Implications and Recommendations for Reducing Health Disparities in the Health System and Beyond
Health Literacy - Working Definitions

The 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/Nutbeam, 1998)

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan and Parker, 2000).
Operative Model for Action

Health Literacy and Behavior Research

Health Behavior

Health Literacy
Israel - A Country of Cultures

- Jews living in Israel more than 10 years: 63.43%
- New Immigrants: 16.0%
- Moslem Arabs: 14.8%
- Christian Arabs: 1.77%
- Druze: 1.64%
- Other: 2.34%
Health Literacy Action - Health Care System

Clalit Health Services
- 4.2 million members; 54% of Israel’s population
- 35,000 workers
- 1,400 primary and specialized care community clinics
- 14 major teaching hospitals: 8 general, 2 psychiatric, 1 pediatric, 2 geriatric, 1 rehabilitation
- 416 pharmacies
- 40 diagnostic imaging centers
- 67 laboratory centers
- 83 physiotherapy units
- 30 occupational therapy units
- 87 diet & nutrition consultation units
- 22 mental health clinics, 70 dental clinics
- 20 alternative medicine clinics

2nd largest non-governmental health care organization in the world
Practice: Cooperative Operational Model

- Hospital
- Primary Care Services
- Public
- Media
- Private Sector
- NGOs
- Community settings
Case Study  - Adolescent Health Behavior
Determinants of health behavior among adolescents

- Children/Youth
- Mass media
- Teachers
- Professionals
- SES
- Parents
- Friends
- Religion
- Age/gender
- Birth Order
- SES
Media and Health Behavior Among Adolescents

Violence – The most prevalent health behavior in the media (Lemish, 2007), including television, video games and internet

Eating Habits – nutrition, self image, lack of physical activity (Hindin, 2004)

Use of Alcohol, Cigarettes and Drugs – Advertisement, use of celebrities, exposure in feature films (Sargeant, 2006)

Sexual behavior – Media as the main source of information (Brown, 2006)
Media Health Literacy - Developing and Testing the Concept

Identification
The extent to which one recognizes content related to health

Awareness
The extent to which one is aware of the potential influence of the content on the behavior on others

Critical
The extent to which critical analysis expressed by the individual regarding the content to which he is exposed

Intended action
The extent to which an intention is expressed towards personal and/or social action (advocacy) as a result of the content in the media.
Research design – Phase 1 (qualitative)

Six focus groups were conducted among adolescents from three different grades.

Completion of a one-week media diary (n=60).

Summary of data from the diaries and selection of six television segments with covert health content.
Selections based on media diary

1. “Rebelde Way” – violence
2. “Rebelde way” – sexual behavior
3. “The 70’s show” – use of seatbelts
4. “Friends” – physical activity, use of alcohol, female body image
5. “Michaela” – cigarette smoking
6. “Click” advertisement - nutrition
Media Health Literacy Research Model

- Socio/Personal demographic Characteristics
- Family/Peer Co-Viewing
- Sources of Health Information
- Health Empowerment
- Selected Health Behaviors

Media Health Literacy
Research design – Phase 2 (quantitative)

- Development and Pretest of Main Questionnaire and MHL answersheet

- Main data collection stage (n=1316)

- Development of MHL measure

- Data Analysis
Results - Sources of Health Information

- Parents: 43%
- TV: 33%
- Health pro: 28%
- Internet: 24%
- Friends: 23%
- Newspapers: 21%
- Teachers: 20%

N=1316
Sources of health information by topic

### Sources of Health Information: Media, Interpersonal or Both

<table>
<thead>
<tr>
<th>Topics of Health Information</th>
<th>Media only</th>
<th>Inter-personal only</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control</td>
<td>10</td>
<td>30</td>
<td>60</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Smoking</td>
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<td>80</td>
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</tbody>
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Conclusions re: health information

- Parents and television play the most important role in providing health information to adolescents
- The most prevalent source of health information is a combination of mediated and interpersonal sources
Results - Media Health Literacy Scale

The Media Health Literacy Distribution

Mean = 10.12  SD 3.43
Validation/Reliability  MHL - Results

• MHL has high internal reliability - Cronbach’s $\alpha = 0.74$

• For 5 of 6 segments, the coefficient of reproducibility was 0.90 and for the 6th, 0.84.

• The coefficient of scalability ranged from 0.54 to 0.80.
Results – Characterizing Disparities and Predictors

• **MHL** is significantly higher among females ($\beta=1.25$ $p<0.001$) and among youth whose mothers have at least a high school education ($\beta=0.16$ $p=0.04$)

• **MHL** is significantly higher among those who reported having numerous adult/interpersonal sources of health information ($\beta=0.23$ $p<0.01$)

• **MHL** is positively correlated with empowerment ($\beta=0.02$ $p=0.001$) and health behavior index ($\beta=0.03$ $p=0.05$).
Validated Media Health Literacy Research Model

- Socio/Personal demographic Characteristics
- Health Empowerment
- Family/Peer Co-Viewing
- Sources of Health Information
- Selected Health Behaviors
MHL - Conclusions + Recommendations

• **MHL** is a new concept that is measurable using empirical tools
• **MHL** can be a basis for health promotion intervention among adolescents
• Future research should examine:
  • **MHL** among diverse age and ethnic groups;
  • the application of **MHL** in additional media forms.
  • Implications for collaborative work with health systems, incorporating health promoting media.
Health Literacy Action

Health Promotion On-Line in Hebrew, Arabic, Russian, French, Portuguese

On-line health information – 2.5 million entries – 80% unique entries
Health Literacy and Capacity Building for Health Teams

Program Modules

- Smoking cessation
- Healthy Lifestyles
- Physical Activity
- Nutrition
- Early detection
Initiatives for Reducing Disparities: Partnerships for HP of New Immigrants

- Cross-cultural liaisons in primary care clinics - “Refuah Shlema”
- Partnering with NGOs:
- Telephone translation
- Community diabetes programs
- Training and coaching health staff on cultural competence skills

The National Health Literacy-Israel Study

- National survey currently in progress - close collaboration with HLS-Euro
- Methodology: Face-to-face home interviews
- Include a representative sample of 600
- Four languages: Hebrew, Arabic, Russian & Amaharic
- Instrument based on focus groups with key informants
Implications for Health Literacy
Action, Policy & Research

• Shift from silos to synthesis
• Strive for health literacy in all health and public system policies
• Build inter-disciplinary collaboration in research
• Promote initiatives for professional training and capacity building for applying lessons learned
It’s never too late!....
Thank you for your attention

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