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

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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).

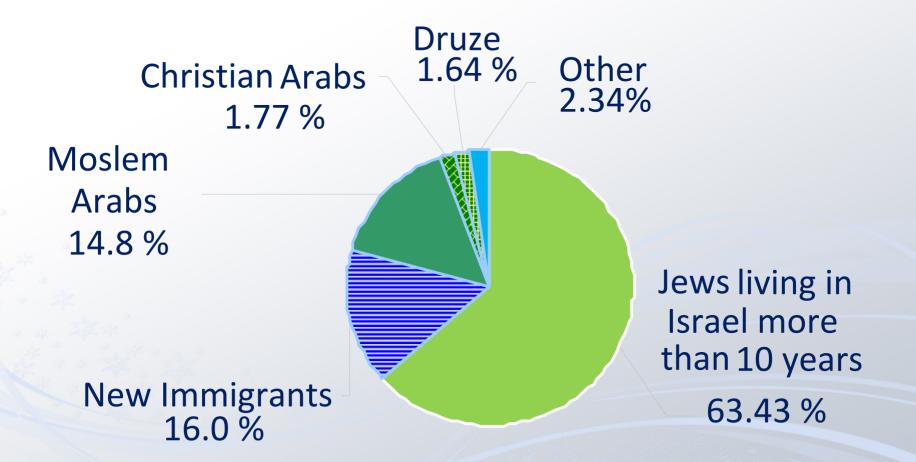


Operative Model for Action





Israel - A Country of Cultures





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

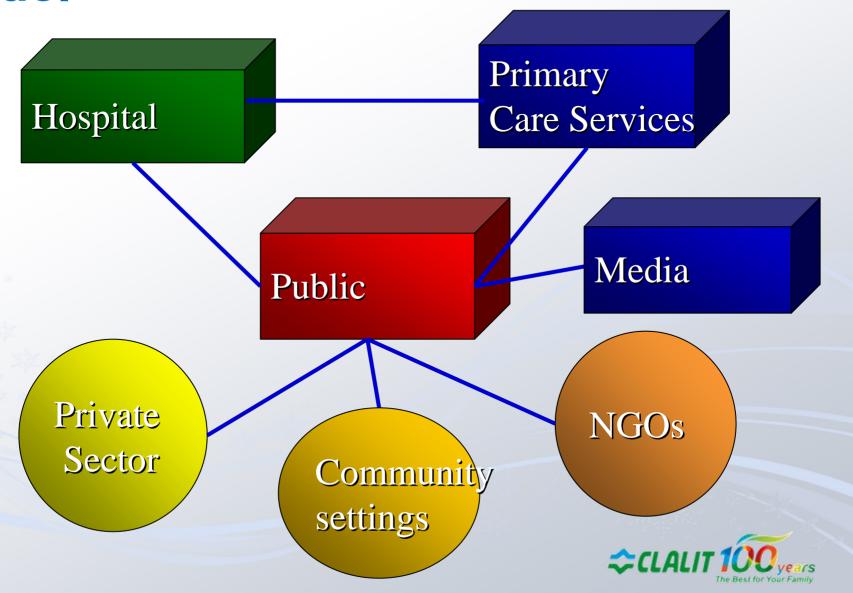


2nd largest non-governmental health care organization in the

world



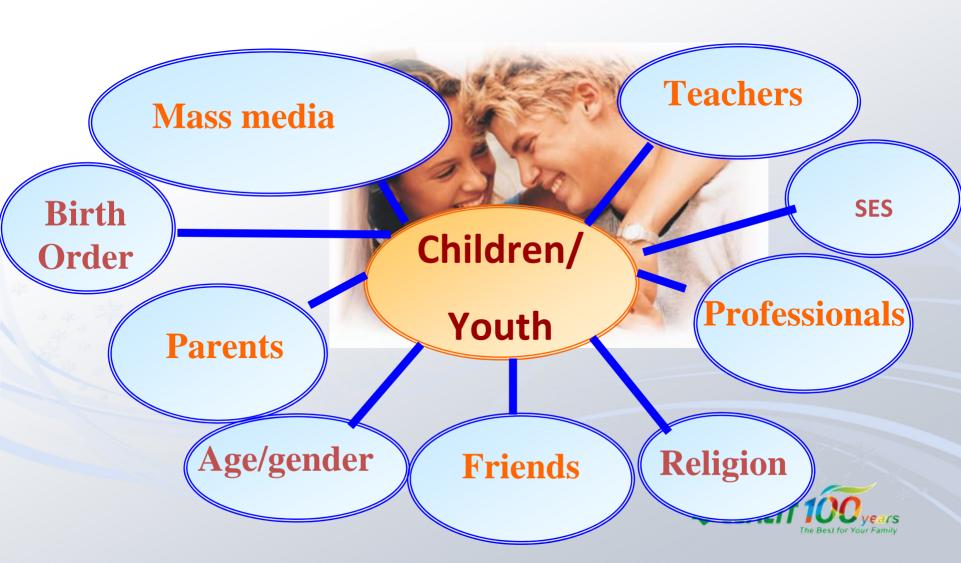
Practice: Cooperative Operational Model



Case Study - Adolescent Health Behavior



Determinants of health behavior among adolescents



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 female body image
- 5. "Michaela" cigarette smoking
- 6. "Click" advertisement nutrition



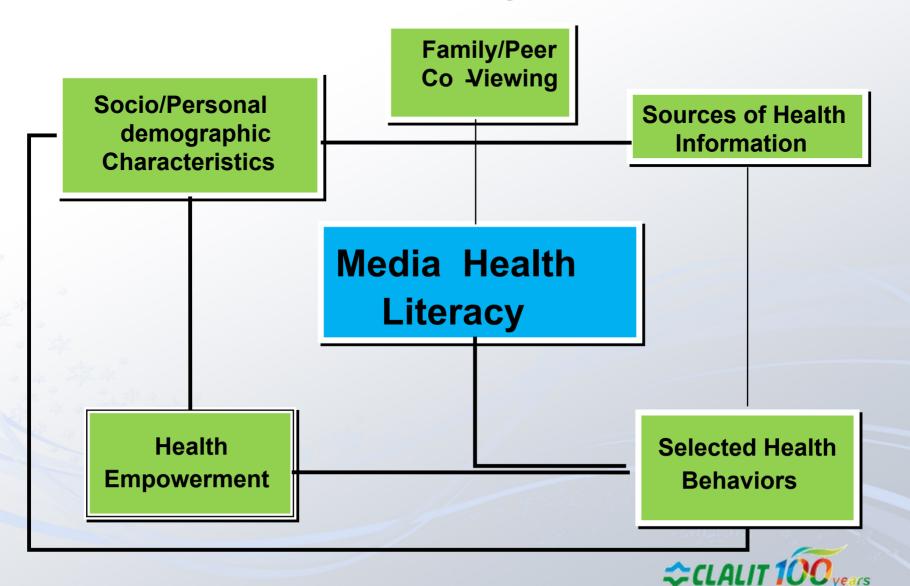


alcohol,





Media Health Literacy Research Model



Research design – Phase 2 (quantitative)

Development and Pretest of Main Questionnaire and MHL answersheet

Main data collection stage (n=1316)

Development of MHL measure

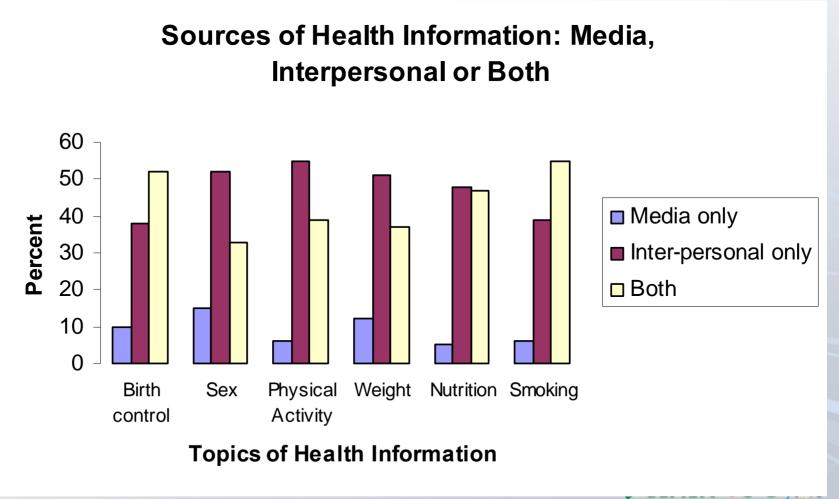
Data Analysis



Results - Sources of Health Information



Sources of health information by topic



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

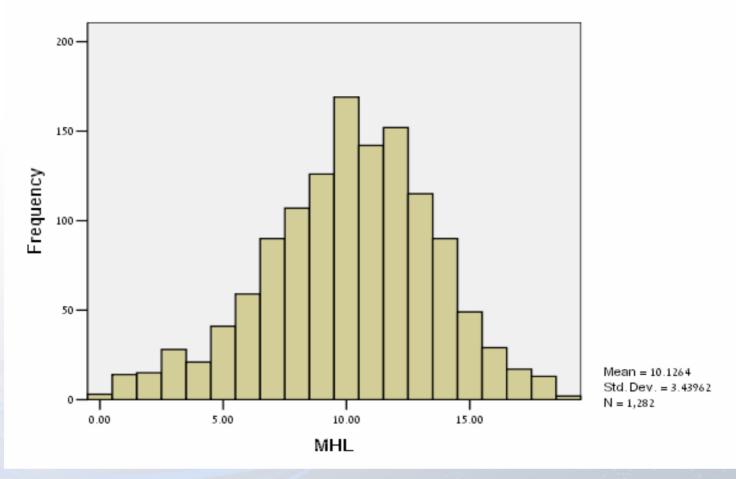


Results - Media Health Literacy Scale





The Media Health Literacy Distribution





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.

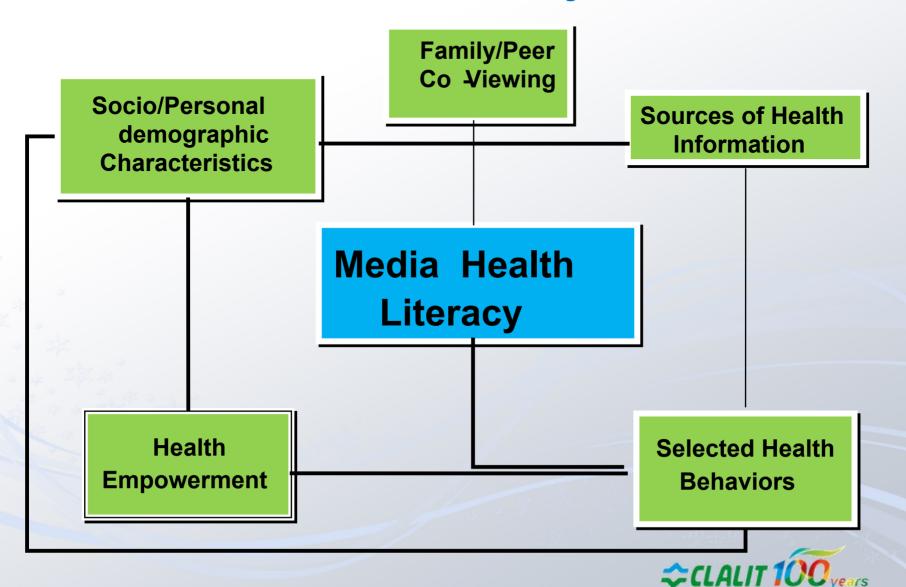


Results – Characterizing Disparities and Predictors

- MHL is significantly higher among females
 (β=1.25 p<0.001) and among youth whose
 mothers have at least a high school education
 (β=0.16 p=0.04)
- MHL is significantly higher among those who reported having numerous adult/interpersonal sources of health information (β=0.23 p<0.01)
- MHL is positively correlated with empowerment (β=0.02 p=0.001) and health behavior index (β=0.03 p=0.05).



Validated Media Health Literacy Research Model



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
- Charact Colonya

- 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*



detection



Health Literacy Action

Initiatives for Reducing Disparities: Partnerships for HP of New Immigrants

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



Levin-Zamir D, Keret S, Yaakovson O, Lev B, Kay C, Verber G, Lieberman N. (2011) A cross-cultural programme for promoting communication and health among Ethiopian immigrants in the primary health care setting in Israel Special Edition on Health Promotion Effectiveness, Global Health Promotion;18;1:51-54



Health Literacy Research Base

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

