

Primary Health Care Experiences-1: Health Literacy Among Health Service Providers and Needs Assessment for Training on Health Literacy

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Purpose of Study

To determine the knowledge, behaviour and educational needs of family health workers and family doctors in selected area.

Training Programme Development-Practice - Evaluation Studies

Needs Assessment studies



**I. Evaluation of
Behaviour on
Community
Health Literacy**

**II. Community
Health Literacy
Level and Related
Factors**

**III. Information,
Attitudes and
Behaviours about Health
Literacy on Health
Professionals**

Development of training programs for health professionals

Training of Trainers

Pre-Test Practices

Face to Face and On-Line Training for Health Professionals

Post-Test Practices

Evaluation of Training Programme

Development and Dissemination of Training Programs with Revisions

Methodology: Sampling

- Research was conducted in 25 Family Health Centers in Ankara Sincan Province and Sincan Public Health Center with participation of Center's Doctors and Family Health Workers.
- Before the study, researchers determined the number of Health Workers in the Centers (135 family doctors, 132 family health workers, 9 Public Health Center doctors)
- Questionnaires have been applied to 114 of 135 Family Doctors(84%), 103 of 132 Family Health Workers(78%) and 6 of 9 Public Health Center Doctors with a total of 223 health workers.

Methodology:

Data Source

- Primary tool for data collection was a questionnaire which consisted of;
 - Descriptive questions(20 questions)
 - Interrogative 5 option likert scale questions about Health Literacy (options of “strongly disagree”, “disagree”, “undecided”, “agree”, “strongly agree”) (25 questions)
 - Interrogative 5 option likert scale questions about impact of communication barriers of patients with inadequate health literacy. (“strongly related”, “related”, “undecisive”, “not related”, “strongly not related”) (8 questions)

Results:

- 120 Family Doctors and Public Health Center Doctors, 103 Family Health Workers with a total of 223 Health Workers who work in Family Health and Public Health Center in Sincan Province in Ankara, Turkey participated in the study.
- Approximately 80% of subjects were 30-49 years old.
- 3 quarter of them were female
- The mean age of Family Doctors was $45,8 \pm 4,9$ with a median of 45,5 (min:30; max:59).
- The mean age of Family Health Workers was $37,93 \pm 7,13$ with a median of 38 (min:23; max:56).

	Number	%
Population per family health unit(n=216)		
≤3900 Person	44	20,4
3901-4000 Person	68	31,5
4001-4100 Person	95	44,0
>4100 Person	9	4,2

	AHE(%)	ASE (%)
The Number of patients for Family Health Unit(n=210)		
Up to 20	0,0	2,1
Between 20-29	0,9	4,2
Between 30-39	7,9	7,3
Between 40-49	17,5	15,6
Between 50-59	30,7	29,2
60 and higher	43,0	41,7

	AHE(%)	ASE (%)
Having educational background in Health Literacy (n=220)		
No	99,1	98,1
Yes	0,9	1,9
Having educational background in Communication Skills(before/after graduation) (n=220)		
No	48,3	46,2
Yes	51,7	53,8

N=220		Strongly Agree	
		Family Doctor (%)*	Family Health Worker (%)*
	Understanding the situation of having low health literacy(information)from the perspective of patients	32,5	33,3
	Knowing the frequency of low health literacy	21,9	33,0
	Knowing which groups have tendency to have low health literacy situation	25,7	32,7
	Understanding the relation with health literacy and healthiness	34,8	46,0
	Knowing how to approach patients with low health literacy	31,0	48,5

N=220		Strongly Agree	
		Family Doctor (%)*	Family Health Worker (%)*
	Low health literacy is a major Public Health problem	59,8	71,3
	Does patients with low health literacy have responsibility over their health issues	29,2	45,6
	Assessing more actions should taken to improve Health Literacy	55,3	66,0
	Actions and studies for improving Health Literacy would improve quality of Health Services	62,3	74,3
	Actions and studies for improving Health Literacy would improve Health workers occupational satisfaction	51,8	66,0

N=220	Strongly Agree	
	Family Doctor (%)*	Family Health Worker (%)*
Enabling privacy focused environment for patients during examination	82,5	88,6
Paying attention to patient's comfort and make them sit in appropriate place	85,1	87,6
Calling patients by their name	61,4	80,8
Recognising individuals with low health literacy	44,7	56,3
Assessing which information given to patients truly understood by them and which information not understood by patients.	50,9	64,8
Speaking Slowly	46,5	61,9
Paying attention not use medical terms	63,2	73,3
Repeating the given information	65,8	80,0
Asking patients to repeat or show how to perform the given information and advices to them	36,0	62,9
Highlighting the key points of conversation	52,6	70,5
Showing pictures or written directions to patients during patient information session	37,7	51,0
Preparing customized training material for patients needs	18,6	44,2
Using advanced Training and Informational materials	28,1	50,5
Highlighting the key points of informational materials	35,1	66,0
Directing patients to obtain right health information sources	39,5	67,3

		Family Doctor (%)*	Family Health Worker (%)*
Adequacy of Training Material (n=216)			
	Not Effective	3,6	2,9
	Partially Effective	8,9	9,6
	Undecided	19,6	2,9
	Effective	40,2	41,3
	Very Effective	27,7	43,3
Lack of Health Literacy Research Studies (n=216)			
	Not Effective	0,9	2,9
	Partially Effective	8,9	8,7
	Undecided	11,6	5,8
	Effective	34,8	41,3
	Very Effective	43,8	41,3
Lack of Public Accessible Health Resources (n=218)			
	Not Effective	3,5	1,9
	Partially Effective	9,6	4,8
	Undecided	10,5	4,8
	Effective	43,9	40,4
	Very Effective	32,5	48,1
Media's failure in guiding patients about health issues in a wrong way (n=218)			
	Not Effective	-	3,8
	Partially Effective	7,1	6,7
	Undecided	7,1	2,9
	Effective	16,8	22,9
	Very Effective	69,0	63,8

		Family Doctor (%)*	Family Health Worker (%)*
Limited time frame for patient visitings(n=218)			
	Not Effective	2,6	7,7
	Partially Effective	14,0	8,7
	Undecided	6,1	4,8
	Effective	28,1	39,4
	Very Effective	49,1	39,4
Complicated information about health issues(n=217)			
	Not Effective	8,8	6,8
	Partially Effective	14,9	20,4
	Undecided	15,8	7,8
	Effective	43,0	45,6
	Very Effective	17,5	19,4
Too much information to comprehend by patient(n=217)			
	Not Effective	4,4	10,6
	Partially Effective	22,1	12,5
	Undecided	14,2	5,8
	Effective	38,1	44,2
	Very Effective	21,2	26,9
Low-level educational background of patients (n=218)			
	Not Effective	-	3,8
	Partially Effective	8,8	4,8
	Undecided	5,3	2,9
	Effective	30,7	33,7
	Very Effective	55,3	54,8

	FD (%)* N=	FHW(%)* N=	Attendees of FHC(%)* N=
Calling patients by their name	87,7	93,3	77,5
Paying attention to patient's comfort and make them sit in an appropriate place	95,6	96,2	90,4
Explaining facts, give information to patients in most basic and understandable way	-	-	92,1
Using medical terms	88,6	93,3	78,8
Speaking Slowly	79,8	88,6	83,4
Enabling a suitable (privacy focused) environment for patients during examination	94,8	96,2	92,5
Assessing whether patients truly understand the given information or not	88,6	90,5	85,8
Highlighting key points	86,8	92,4	84,7
Using visual tools like graphics, pictures, videos while making explanations and giving information	65,8	83,7	9,5
Giving informative tools like booklets and leaflets	57,0	87,6	11,4
Creating comfortable environment for patients to feel comfortable and ask question without hesitation	-	-	92,3
Directing patients to use health information sources	68,4	90,4	70,7

Results:

Study shows:

- Behaviour scores of Family Health Workers are significantly higher than Family Doctors ($p < 0,05$)
- Family Doctors behaviour and knowledge scores rise with age but not for Family Health Workers
- Behaviour scores of female Family Doctors are significantly higher than male counterparts ($p < 0,05$)
- Having communication skills training does not affect behaviour scores for Family Doctors but having communication skills training notably boosts behaviour scores for Family Health Workers ($p < 0,05$)

- Thank you...
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