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Acknowledgement

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In this presentation we used slides from the following HELPE presentation:

- Lecture_04-07_HL on micro meso marco level ILO 4

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Health Literacy

Identification of barriers and strategies to overcome them

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Learning outcomes

You are able to:

- identify barriers to health literacy
- evaluate the level of health literacy in older people
- develop strategies to overcome these barriers
- identify factors to be considered when choosing a health information source
- explain the (risk) factors that influence the clients‘ individual level of HL

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Role of physiotherapists

- Recognize the signs of limited HL
- Identify clients HL level
- Adjust communication
- Develop and apply adequate intervention strategies

Image 1. Older adults meets nurse to receive medical consultation

Image 2. Healthy lifestyle

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Signs of limited health literacy

- Incompletely or inadequately completed forms
- Frequently missed therapy appointments
- Inability/difficulty to name and take correctly medications
- Inability to follow instructions referred by other health professionals
- Inability to comprehend/complete their home exercise program, or disease management tasks
- Refusing to read written instructions or asking the nurse to read to them

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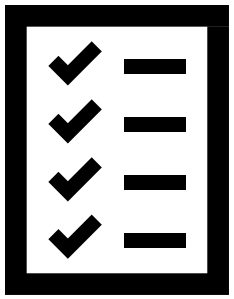
Evaluation of the level of HL and strategies



- simplifying forms/improving the readability of printed information
- client-centered language and feedback conversations
- appropriate communication strategies
  - -use plain language and clear sentences
  - -ask questions
  - -give feedback
  - -“teach back” method

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Evidence-based client education

- clarifying diagnostic uncertainties
- providing possible therapy options
- explaining the purpose and possible success of treatment
- clarifying associated risks and burdens
- informing about the patient's rights to refuse one treatment or choose alternative one
- support by developing problem-solving strategies

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Adapt your attitude

Awareness of own attitude towards using health literacy communication skills and/ or teaching strategies

- plain language communication, which is the avoidance of medical jargon
- Teach-Back, which is a teaching strategy that has the patient teach back to the provider the information just presented to them and also include skills related to shared decision making and promoting self management

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What should be considered when choosing a health information source?

The choice of health information source depends also on the specific cultural, sociodemographic and cognitive characteristics of the individual

To identify the preferred and the optimal source of health information for the individual client

To provide accurate and reliable health information resources in a compatible form

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Which groups of people have a higher percentage of limited health literacy?

- People with financial deprivation
- People with low social status
- People with low education
- People with migration background
- Elderly people

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Risk factors that may influence HL

- education level
- financial status
- social and socioeconomic conditions
- demographic and socio-political factors
- age
- language skills
- reading and arithmetic skills

- cultural and religious specificity
- chronic disease
- disease severity
- physical and cognitive abilities
- access to health education materials
- health-related experience
- parental influences

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References

Image 1: Senior male patient meet a therapist to receive medical consultation, Patient Service Unit, Department of Physiotherapy, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka

Image 2: Physiotherapeutic rehabilitation by mentalmind from shutterstock

Literature 1

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HL on meso-level

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Learning outcomes

You are able to:

- elaborate different dimensions and criteria of organisational HL
- identify facilitators and barriers related to organisational HL dimensions
- describe how to promote an equitable access of Health Care (e.g. health information and services)

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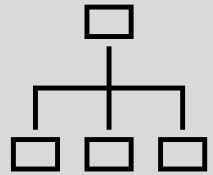
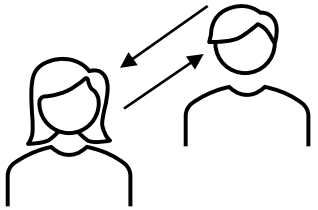
Levels of Health Literacy

Macro level	involves the general preconditions for implementing good care into practice. This includes, in particular, policy and related activities at the organizational or national level.
Meso level	addresses the organization of care, with a particular focus on optimizing existing structures and processes
Micro level	focusses on the direct interaction between the health care provider and clients





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Koh et al. (2013); Murugesu et al. (2018)

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HL on meso-level

- Health care systems have a complex nature and they are in rapid change and evolution.
- They are not always design according to the user's abilities, specially for limited HL patients.
- This makes them difficult to access and use.
- Health systems and health organizations do also have an important roll in health literacy. This is known as Organizational Health Literacy (OHL)

(Hayran, & Ege 2022)

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HL on meso-level

Organizational Health Literacy (OHL) is defined as:

- "The ability of health organizations to provide services and information that are easy to find, understand and use, to assist people in decision making, and to remove existing barriers to all individuals who are seeking services"

- "The way in which services, organisations and systems make health information and resources available and accessible to people according to health literacy strengths and limitations"

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HL on meso-level

Image 1. Organisational structures of services and informations

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HL on meso-level

Criteria characterizing health literate health care organizations:

1) Communication with service users
2) Easy access and navigation
3) Integration and prioritization of OHL
4) Assessments and organizational development
5) Engagement and support of service users
6) Information and qualification of staff

1) Communication with service users

- Education & information
- Easy to understand written materials
  - Printed materials
  - Forms
  - Webpage
- Verification of understanding

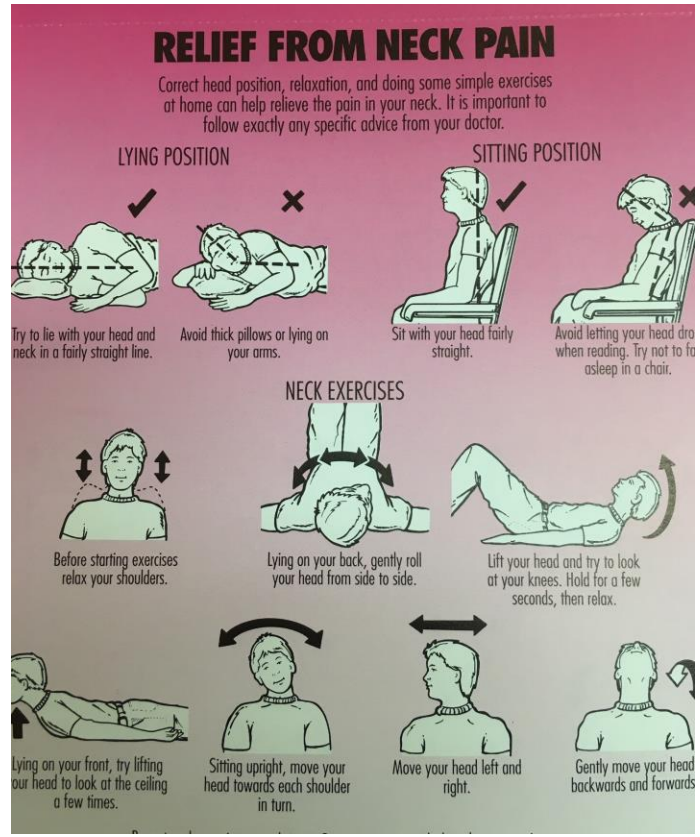

Image 2. Printed materials

Image 3. Exercise guides

Image 4. Exercise guides as videos

2) Easy access and navigation

- Navigating health care services
  - Arrival
  - Wayfinding
  - Physical access
- Telephone & online navigation
- Provision of information & staff assistance

Image 5. Navigation

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Image. 6 Access to diabetes education centre

3) Integration and prioritization of OHL

- Commitment, integration into planning
- Dedication of resources
- Dissemination of OHL

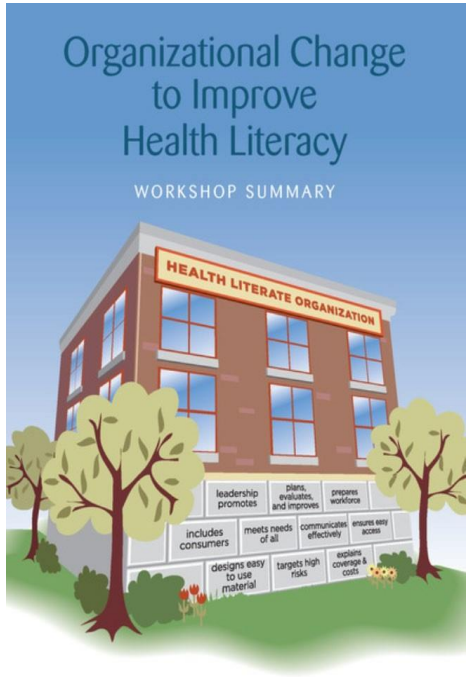

Image. 7 Brach et al. 2012]

Image 8. Plan actions

4) Assessments and organizational development

- Evaluation, assessment, research, quality management
- Needs identification
- Transformation & development

Image 9. Evalution of the materials

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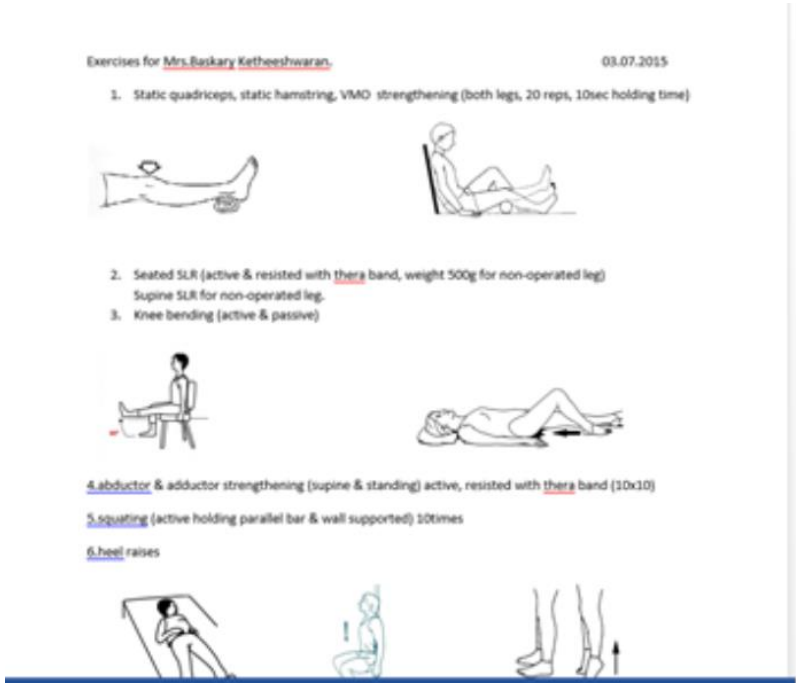
5) Engagement and support of service users

- Consultation & engagement of service users
- Support for self-management
- Family & caregivers


Exercises for Mrs.Baskary Ketheeshwaran. 03.07.2015

1. Static quadriceps, static hamstring, VMO strengthening (both legs, 20 reps, 10sec holding time)

2. Seated SLR (active & resisted with thera band, weight 500g for non-operated leg)
   Supine SLR for non-operated leg.
3. Knee bending (active & passive)

4.abductor & adductor strengthening (supine & standing) active, resisted with thera band (10x10)

5.squating (active holding parallel bar & wall supported) 10times

6.heel raises

Image 10. Home exercise leaflet

Image 11. Home exercise leaflet

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6) Information and qualification of staff

- Organizational and individual health literacy of staff
- Communication techniques
- Professional development

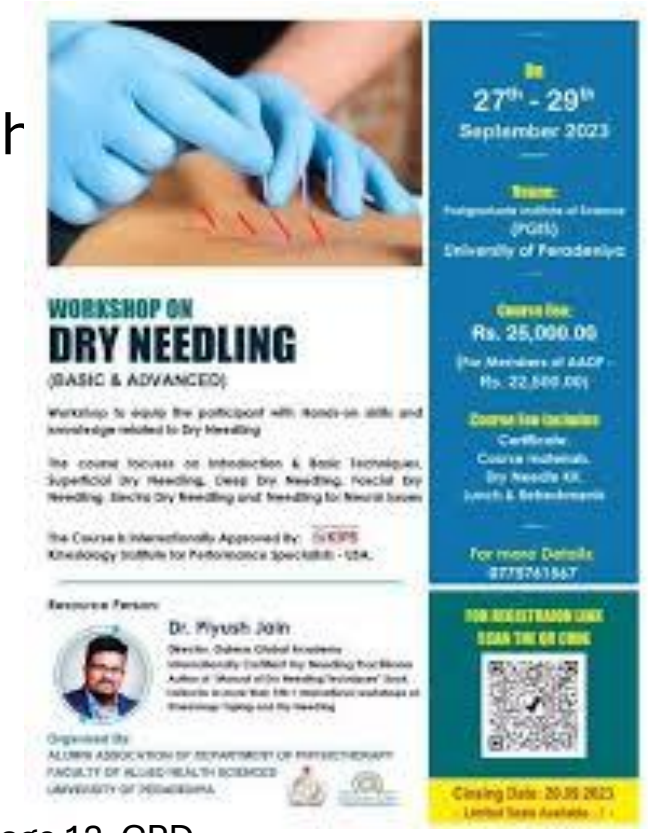

Image 12. CPD

Image 13. CPD

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References

- Image 1: Organisation structures of services and information designed by ypklyak, free-license by freepik
- Image 2: Physiotherapy Advice & Exercise Brochures by Dr. Kapil Bhakshi https://bakshiortho.com/physiotherapy-advice-exercise-brochure/
- Image 3: Exercises guide https://www.physiomedicare.com
- Image 4: Exercises guide as a video https://www.physiomedicare.com
- Image 5. Navigation designed by pch.vector, free-license by freepik
- Image. 6 https://www.dstigmatize.org/resources/discussing-nutrition-with-people-with-diabetes/
- Image 7: Brach, C., Keller, D., Hernandez, L. M., Baur, C., Parker, R., Dreyer, B., . . . Schillinger, D. (2012). Ten attributes of health literate health care organizations. *NAM Perspectives*
- Image 8. Plan actions designed by kittyvector, free-license by freepik
- Image 9. Evaluation designed by pch.vector, free-license by freepik

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- Image 10. Leaflets by https://www.physiomedicare.com
- Image 11: Leaflets by https://www.physiomedicare.com
- Image 12. Flyers of the workshops organized by the Department of Physiotherapy, Faculty of Allied Health Sciences, University of Peradeniya Sri Lanka
- Image 13. Flyers of the workshops organized by the Department of Physiotherapy, Faculty of Allied Health Sciences, University of Peradeniya Sri Lanka

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HL on macro-level

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Learning outcomes

You are able to:

Identify the role of

- Governance
- Workforce development
- Partnerships
- Organizational and institutional capacities for interventions in HL on the macro-level

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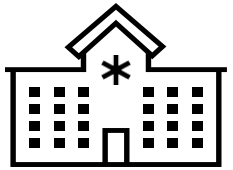
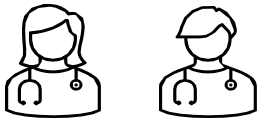
HL on macro-level

Macro level		National level
Meso level		Health care systems (Hospitals, public and private clinics, …)
Micro level		Professionals (Physiotherapists, doctors, nurses…)

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HL on macro-level

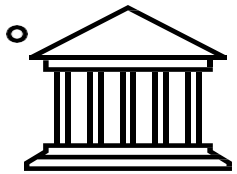
- In the action of improving HL of the population, it is crucial that goverments and health providers recognise their role.
- There is a need for national HL policies.
- This includes changes in societal values and political ideologies, demographic trends and economic patterns.

HL on macro-level - example

Image 1 and 2. Leaflets for general public by the Nutrition division, Ministry of Health

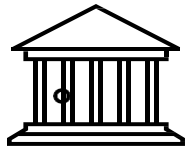
HL on macro-level

Macro level



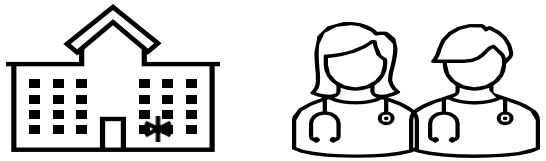
National level

Political level



Inter-sectoral approaches

Health system



[Adriaenssens et al. 2022]

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Interventions to improve HL on the macro level:

- Governance
- Workforce development
- Partnerships
- Organizational and institutional capacities

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Governance

- Embedding HL in:
  - Government legislation, policies and plans
  - Quality standards and funding mechanisms
- Providing reliable HL information to the public:
  - Official information portals
  - Education and social marketing campaigns
  - Guidance on objective health information for the media
- Promotion of patient's empowerment
  - Community-based initiatives
  - Self-management, shared decision making
- Investment in eHealth Literacy and Digital Literacy

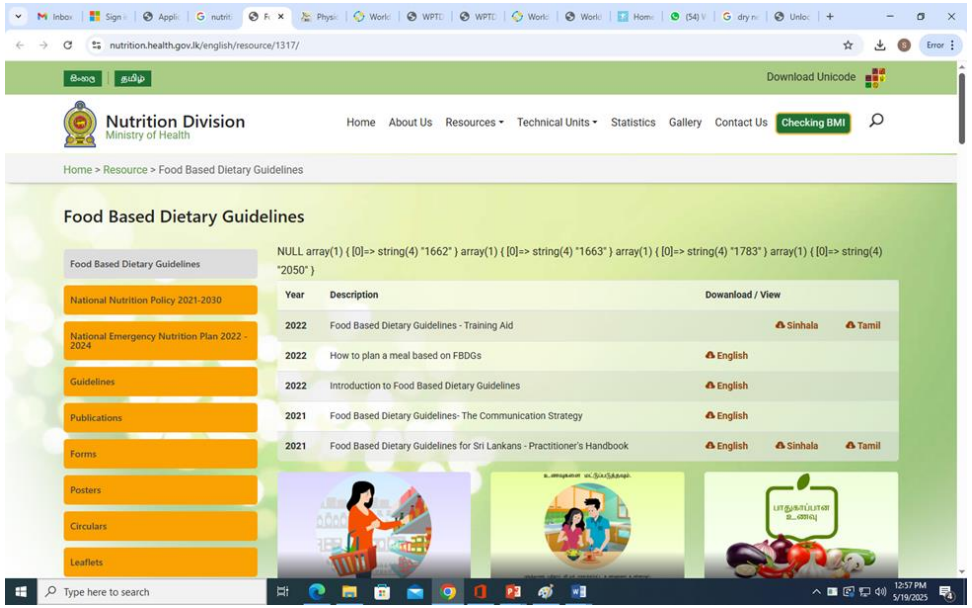

Image 3. Information portals by the government

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Workforce development

- Awareness and promotion of HL
- HL competences and skills in all healthcare professionals
- Nationwide network for knowledge exchange
- Tools and guidelines to adapt public health information, campaigns and projects to the needs of the targeted public

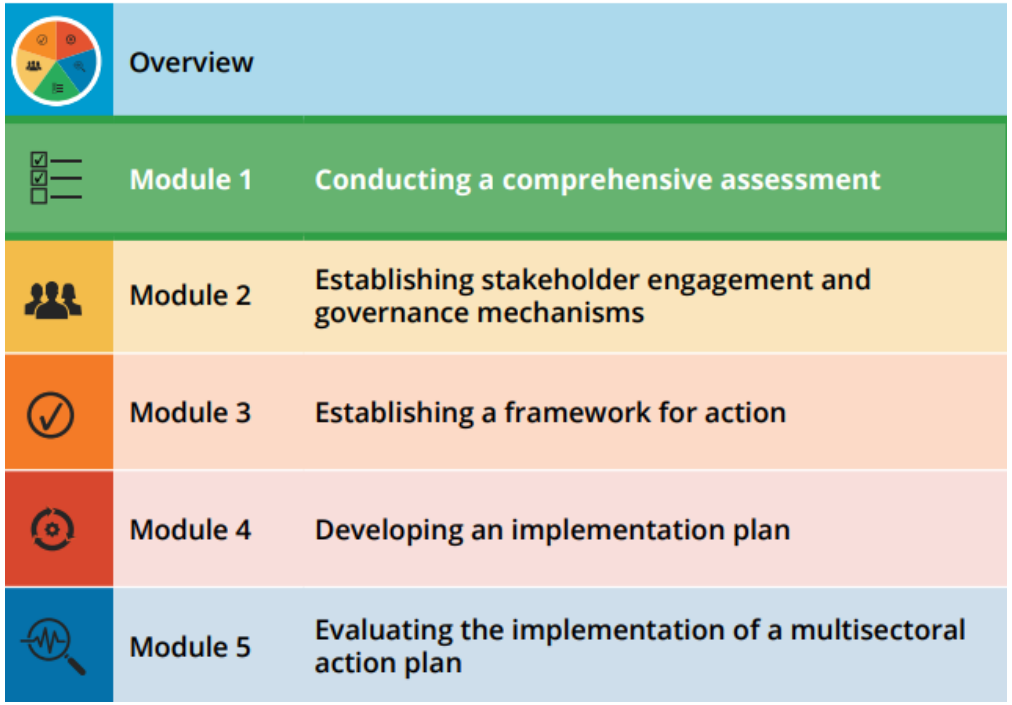

Image 4. WHO. https://apps.who.int/ncd-multisectoral-plantool/

Partnerships

- Generate an interest for HL in the civil society and the associative sector.

Image 5. Making collaborations

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Organizational and institutional capacities

- HL-friendliness into policies, procedures and quality standards for all healthcare institutions and organisations.
- Practical toolkits for self-assessment of the level of organisational HL within healthcare settings (and in primary care).
- Collaboration with patients' organisations and citizens' panels to explore ways to strengthen relationships between healthcare institutions and users.

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References

- Image 1: Leaflets for general public by the Nutrition division, Ministry of Healthhttps://nutrition.health.gov.lk/english/resource/1317/

- Image 2:Leaflets for general public by the Nutrition division, Ministry of Healthhttps://nutrition.health.gov.lk/english/resource/1317/

- Image 3. Information portals at the Nutrition division, Ministry of Healthhttps://nutrition.health.gov.lk/english/resource/1317/

- Image 4. WHO. https://apps.who.int/ncd-multisectoral-plantool/

- Image 5. https://www.ft.lk/news/Engaging-civil-society-to-further-support-education-system-in-Sri-Lanka/56-770600

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