Health Status Improvement Initiative for Fishermen and their Families Near Borollos Lake
“A Health Literacy Program in Egypt”

By
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What is a Demonstration project??

• Who was involved?

• Was it easy or hard to set up and run a Demonstration Project?

• What was in place to allow the set up of the project?

• From where Funding comes??
Feasibility

Why this project was working?
The project has lots of strengths
  – Political support
  – Qualified team, and leadership,
  – It tackles an area of high need.
  – Financial resources from
    • Academy of scientific Research and Technology funded cross-subsidised lots of costs
    • WHO, WR supported the Training after convincing the leadership about the importance

Could it work anywhere else?
There are many places in Egypt where there is high need for such program.
There are 5 centres around Borollos lake.
Health status improvement initiative for fishermen and their families near Borollos lake.

- **Background**: Lake Borollos is the second lake allover Egypt regarding its surface area. It is estimated that there are 28,000 fishermen working in Borollos Lake.

- **Aim**: develop a framework for improving the health status of Fishermen living around the lake and their families through upgrading the health services and organizing medical convoys directed to fishermen in Borollos lake area.
Objectives

• Assess and Identify needs and environmental and health problems of fishermen and their families through focus group discussions.
• Carry out health profiles to the fishermen through interview questionnaires, clinical examination and some investigations.
• Hold health education program in order to raise awareness of the region's fishermen.
• Identify civil society organizations present in the region and that can contribute to communication with fishermen.
• Set a plan for civil society organizations to participate in the improvement of the health and social status of fishermen living in the selected area.
• Assess health services provided to fishermen in the selected area.
• Assess social risk factors to the current health and environmental problems.
The outcomes are expected to be:

- **A Health Map** for fishermen living in the target area, in addition to a field guide to future medical convoys/services.

- **Recommendations** to improve environmental and occupational conditions of the fishermen will be directed to the stakeholders, hence improving their health status.

- Carrying out some **basic health services** to the fishermen, in addition to raising their awareness will improve their health in the future.

- **Improving their working and living environment**.

This in turn will result in healthy individuals, hence more productive ones leading to **improved economy**.
Health Literacy Toolkit
For Low- and Middle-Income Countries
A series of information sheets to empower communities and strengthen health systems

World Health Organization
Regional Office for South-East Asia

Deakin University Australia
The interaction between health literacy and the health literacy responsiveness of services

People interact with information, environments, resources and supports as they make health decisions.

- Information
- Environments
- Resources
- Supports

Elements of decision-making for health

- Access
- Appraise
- Understand
- Decide

The health literacy responsiveness of services...

- Availability
- Accessibility

...interacts with...

...the health literacy of people making and supporting health decisions...

- Ability and willingness to engage with available information, environments, resources and supports
- Ability and willingness to communicate and assert decisions
- Ability and willingness to enact decisions and to solve problems appropriately

...and both influence the decisions made.
The Ophelia principles

The Ophelia principles provide guidance to Ophelia projects and ensure that, at each phase, the potential to improve health and equity through health literacy responses is optimized.²

- **Ophelia projects must:**
  1. Focus on improving health and wellbeing outcomes
  2. Focus on increasing equity in health outcomes and access to services for people with varying health literacy needs
  3. Prioritize local wisdom, culture and systems
  4. Respond to locally-identified health literacy needs
  5. Respond to the varying and changing health literacy needs of individuals and communities
  6. Engage all relevant stakeholders in the co-creation and implementation of solutions
  7. Focus on improvements at, and across, all levels of the health system
  8. Focus on achieving sustained improvements through changes to environments, practice, culture and policy
The Ophelia phases: 1 to 3

Each phase of the Ophelia process\textsuperscript{1,2} is drawn from three well-established methodological approaches: intervention mapping\textsuperscript{3}, quality improvement collaboratives\textsuperscript{4-8}, and realist synthesis.\textsuperscript{9-14} Tools and resources have been developed to support implementation of each phase.

Phase 1
Identifying the health literacy strengths and limitations of the local community

Phase 2
Co-creation of health literacy interventions

Phase 3
Implementation, evaluation and ongoing improvement
Ophelia Manual - brief version
How to start out using the Ophelia health literacy approach to improving health outcomes
Is the **Ophelia process** suitable for our organization, community or project?

1. Health literacy can contribute to **improving the health status** of the Fishermen.

2. Our organization has **resources** available to explore the health status of this group and work collaboratively with different stakeholders to identify and test interventions?

3. The Ophelia process provides a **method and supportive tools** that organizations, and communities can use to systematically identify and respond to local issues of access and engagement.
Ophelia process was working for health literacy intervention

It is interesting that the project has created impacts in the areas of;

• Understanding

• Engagement

• Appraise ... health information and health services.
‘Critical Health literacy’ enabled the community. People came together to make deeper collective insight.

The process gave people the opportunity to express themselves and to have a voice, that can be heard by health authorities and seems to have resulted in improved services.
The health literacy intervention can help in;

- **highlighting their health needs** to stakeholders may help in improving their working and living environment.
- **raising their awareness** which will improve their health in the future.
- **improving equity in health care** to the fishermen,

This in turn will result in **healthy individuals**, hence more productive one leading to **improved economy**.
Methods

Running methodology includes 2 main lines:

(I) Data collection:
Carried on during five visits to villages in Kafr Elsheikh governorate, located on Borollos lake.

(II) Consultation workshops:
Five co-design workshops were carried.
Understanding Health
and Healthcare Questionnaire

Participant ID_________________
Data collection

Tool: “Understanding Health and Healthcare Questionnaire”

Few modifications and clarifications were done to suit the social, educational and economic standards of the chosen community.
Understanding Health and Healthcare Questionnaire

Thank you for taking the time to complete this questionnaire. We hope the results will help us to improve the way we provide care for our community.

We want to learn about how you find, understand, and use health information, and how you manage your health and interact with doctors and other healthcare providers.

In this questionnaire, the term healthcare providers means doctors, nurses, physiotherapists, dieticians and any other health worker you seek advice or treatment from.

Participants ID

*2 continued
Indicate how difficult or easy the following tasks you now. Remember to check only one box statement.

- Information in words you understand
- Talk with healthcare providers until you understand
- Healthcare services you are entitled to
- All the information on medication labels
- Help by yourself
- Advice to get the health information
- The task is for you
- Others are asking you to do
- The next page.

Please continue to the next page.
Some details about yourself

1. What is your date of birth? __/__/____
2. What is your sex?     □ Female  □ Male
3. Do you live alone?     □ Yes  □ No
4. In which country were you born? ______________________
5. What is your home postcode? ______________________
6. Are you an Aboriginal or Torres Strait Islander?     □ Yes  □ No
7. Do you speak English at home?     □ Yes  □ No
8. What is the highest level of education you have attended? (Check only one box)
   □ Primary school or less
   □ High school (not completed)
   □ High school (completed)
   □ TAFE/Trade
   □ University – Undergraduate degree/s (completed)
   □ University – Postgraduate degree/s e.g., Master, PhD (completed)
9. What is your current employment status? (Check only one box)
   □ Working full time (please specify occupation) ______________________
   □ Working part time (please specify occupation) ______________________
   □ Home duties
   □ Full-time student
   □ Part-time student
   □ Retired
   □ Permanently unable to work / ill
   □ Other (please specify) ______________________

10. Do you have a long-standing illness or disability? (Check all boxes that apply)
   □ Arthritis
   □ Back pain
   □ Heart problems
   □ Asthma or a lung condition
   □ Cancer
   □ Depression or anxiety
   □ Diabetes
   □ Stroke
   □ Other (please specify) ______________________
   □ None
11. Do you have private health insurance?     □ Yes  □ No
12. Do you have a healthcare card?     □ Yes  □ No
13. Have you attended a hospital emergency department in the past 12 months for an illness?     □ Yes  □ No
14. Did someone help you complete this questionnaire?     □ Yes  □ No

If yes, please describe the way in which you were helped: ______________________

Thank you for completing this questionnaire

Please turn to the next page.
استبيان قم بالصحة والرعاية الصحية

شكرًا إلى الوقت الذي كرسته لاستكمال هذا الاستبيان.
ننصح أن تساعدنا هذا النتاج على تحسين طريقة تقديم الرعاية إلى مجتمعنا.

القرية المركز:
اسم الباحث:
اسم المشارك:
تاريخ إجراء المقابلة:

رقم الاستمارة:

ملاحظات حول هذا الاستبيان وقيمتها استكمالها:
يحتوي هذا الاستبيان على مسائل تتعلق في الجزء 1 بطلبك لتحديد أي مدى توازن أو لا توازن على مجموعة من العناصر في الجزء 2 بطلبك لتحديد مدى الشعور بالمعنى التي تجدها في مجموعة من المهام، كلها معاً أو معاً. تضمن علاجات معالجة التعليم الذي يضمن أن يكون أفضل للرجاء التأكد من وضع علاجات داخل المريض لكل علاج أو مهمة

 poj

16 معرفة
17 قراءة و-ar
18 الحضور
19 تقييم
20 مرحلة
21 فيما ما
22 بعض التفاعلات
23 ما هو
24 ما هو
25 ما هو
26 ما هو
27 ما هو
28 ما هو
29 ما هو
30 ما هو

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Further information: HLQinfo@deakin.edu.au
لا يمكنني قراءة النص العربي بشكل طبيعي. من فضلك قدم النص باللغة الإنجليزية أو أخرى يمكنني قراءتها بشكل طبيعي.
Data collection

• Setting 1: Mastaroh village

• Population: A sample of 100 adult fishermen and their families residing and working in the selected area.
Data collection

• **Setting 2:**
  Borg Elborollos village.

• **Population:**
  A sample of **75** fishermen residing and working in the selected area.
Data collection

• **Setting 3:**
  Almaksaba village.

• **Population:**
  A sample of 60 adults fishermen and their families residing and working in the selected area.
Data collection

• **Setting 4:**
  Borg Elborollos village.

• **Population:**
  A sample of \textbf{85} fishermen residing and working in the selected area.
Data collection

• Setting 5: Ashakhhlouba village.

• Population: A sample of 20 raedat refeyat working in the selected area.
Results

Part 1

Socio-demographic Data
Table (1) Age distribution among the studied population (440 participant):

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>14</td>
<td>3.2</td>
</tr>
<tr>
<td>20-</td>
<td>194</td>
<td>44.3</td>
</tr>
<tr>
<td>40-</td>
<td>167</td>
<td>37.8</td>
</tr>
<tr>
<td>≥60</td>
<td>65</td>
<td>14.7</td>
</tr>
<tr>
<td>Mean ± S.D</td>
<td></td>
<td>42 ± 15</td>
</tr>
<tr>
<td>Min - Max</td>
<td></td>
<td>15 - 89</td>
</tr>
</tbody>
</table>

44% of the studied population are in middle age group ranging between (20-40yrs).
The educational level in more than half of the studied population is Primary level or less.

Table (2): Educational level distribution among the studied population:

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>50</td>
<td>11.4</td>
</tr>
<tr>
<td>Read and write</td>
<td>79</td>
<td>17.9</td>
</tr>
<tr>
<td>Primary</td>
<td>104</td>
<td>23.6</td>
</tr>
<tr>
<td>Technical education (trade)</td>
<td>6</td>
<td>1.4</td>
</tr>
<tr>
<td>High school (not completed)</td>
<td>55</td>
<td>12.5</td>
</tr>
<tr>
<td>High school (completed)</td>
<td>141</td>
<td>32</td>
</tr>
<tr>
<td>College</td>
<td>5</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>440</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
### Table (3): Occupation distribution among the studied population:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fisherman</td>
<td>185</td>
<td>42.0</td>
</tr>
<tr>
<td>Merchant</td>
<td>3</td>
<td>0.7</td>
</tr>
<tr>
<td>Housewife</td>
<td>184</td>
<td>41.8</td>
</tr>
<tr>
<td>Driver</td>
<td>5</td>
<td>1.1</td>
</tr>
<tr>
<td>Farmer</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Employee</td>
<td>18</td>
<td>4.1</td>
</tr>
<tr>
<td>Worker</td>
<td>4</td>
<td>0.9</td>
</tr>
<tr>
<td>Student</td>
<td>7</td>
<td>1.6</td>
</tr>
<tr>
<td>not working (unemployed)</td>
<td>32</td>
<td>7.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>440</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The fishermen represent 42% of the studied population and the rest are Their families (housewives and their kids)
Table(4) Economic level distribution (based on income) among the studied population:

<table>
<thead>
<tr>
<th>Total family income (in EGP)</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1000 L.E</td>
<td>207</td>
<td>47.0</td>
</tr>
<tr>
<td>1000-2000 L.E</td>
<td>182</td>
<td>41.4</td>
</tr>
<tr>
<td>&gt;2000-5000 L.E</td>
<td>35</td>
<td>8.0</td>
</tr>
<tr>
<td>&gt;5000</td>
<td>16</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>440</td>
<td>100.0</td>
</tr>
</tbody>
</table>

• The current poverty line means that a family made up of 5 individuals needs L.E. 2,372 to float above the line (CAPMAS survey, 2015)
• The total income in more than 88.4% of the studied sample is less than 2000 L.E.
Graph (1): Pie chart showing smoking status among the studied fishermen
Graph (2): Bar chart showing chronic diseases distribution among the studied fishermen

- Back pain: 47%
- Inflammatory joint diseases: 35%
- Cardiac diseases (including hypertension): 15%
- Diabetes: 6.10%
Results

Part 2

Analysis of Health Literacy Questionnaire (HLQ)
Dr. Richard Osborne visit to Egypt

14-17th August 2017
Funded by the WR, WHO, Egypt

- Public lecture on *Introduction to health literacy and its role for the SDGs, UHC and national health plan.*

- Specialized workshop (2 days) on *Capacity Building Workshop on Health Literacy.*

- Co-design workshop among fishermen.
Public lecture
Consultation workshops

We reached the target population i.e., people usually left behind.
Steps Taken during the vignette session:

1. A brief (2 minute) description of a typical person in the cluster which the vignette addresses including demographic data and some of the key HLQ scales.

2. A vignette was randomly selected and read aloud to the audience in Arabic.

3. Set of questions was asked to encourage the participation and help the audience to prepare a list of problems from discussing the vignette then to enhance them to think for possible solutions at the level of clinicians.
Vignette One:

Oum Abdallah is a married female with 3 children, uneducated, but eager that her children get educated and she cannot use the internet. She is diabetic but does not believe in her need for medical consultation and depends on herbs and asking her neighbors about effective ways for managing her condition. One day she entered in a diabetic coma and was transferred to hospital. She was properly managed and from that day decided to seek medical advice and join literacy classes at her village.
أم عبد الله سيدة متزوجة 45 سنة، لديها 3 أبناء، ربة منزل، لم تتعلم و لكن حريصة على تعلم ابنائها. مرت بأزمة صحية تتمثل في اصابتها بمرض السكر. رفضت المتابعة عند الطبيب و قررت الاعتماد على نفسها في تضبيط السكر. لجأت للعلاج بالاعشاب و اتخذت الوصفة من أحد جيرانها و لكن أولادها كانوا ينصحونها باللجوء للطبيب و هي ترفض و لا تعرف استخدام الإنترنت و كل معلوماتها من جيرانها. مر بها الوقت و ذات يوم اغми عليها و نقلت للمستشفى و تم تشخيصها غيوبية سكر. عندئذ ادركت ضرورة متابعة الطبيب. استقرت حالتها الصحية و قررت الالتحاق بدروس محو الأمية.
These questions were as follow:

• Do you see clients like this/ do you know people like this?
• What sort of issues is this person facing?
• What strategies could you use for an individual like this?
• What could you do if you had many clients like this in your organization?
Co-design workshop among fishermen
Co-design workshop among fishermen

- Held up by Dr. Richard and Ain Shams University FOM team.
- Participants were *community members* included:
  1) representatives of fishermen’s syndicate in 2 districts (5 members)
  2) Representatives of the Health Directorate, Ministry of Health from Kafr elsheik (2 members)
  3) A representative of the Cooperative Union of Egyptian Water Resources
Vignette one

<table>
<thead>
<tr>
<th>General insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>- uneducated</td>
</tr>
<tr>
<td>- chronic disease especially that there may be more than one disease in some people</td>
</tr>
<tr>
<td>- Diet control is a problem for most attendees</td>
</tr>
<tr>
<td>- not seeking medical consultation</td>
</tr>
<tr>
<td>- depends on people opinions in treatment</td>
</tr>
<tr>
<td>- does not use internet</td>
</tr>
<tr>
<td>- not oriented by warning signs for elevated blood sugar levels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>- More available literacy classes.</td>
</tr>
<tr>
<td>- Home visits by raadat refeat for directing people on the importance of seeking medical care and stressing on points as variability in management is expected from one disease case to another so what applies to one person may not suit the other</td>
</tr>
<tr>
<td>- Media role in health education should be made more obvious</td>
</tr>
<tr>
<td>- Developing ways to raise family income by designing small scale projects for females to help their husbands.</td>
</tr>
<tr>
<td>- Training of physicians to give accurate nutrition information.</td>
</tr>
</tbody>
</table>
Co-design workshops among fishermen wives
Co-design workshops among Raedat Refeyat
Co-design workshop among fishermen

The main points revealed by fishermen were:

1] At the level of health services:
Their need to be covered by health insurance.
Their need for pension.
The hospital has to provide 24-hour services with physicians available all over the day.
More attention to family planning services.
Practical implementation of plans.

2] At the level of fishermen societies:
Financial governmental support to these societies to be able to deliver more services to fishermen taking in account that it will be difficult to raise the fees of joining the society although they are already low.

3] At an environmental level:
Implementation of laws which protect the lake from pollution because if fish are polluted, the whole population will suffer from diseases which can be fatal.
Co-design workshop among fishermen (cont.)

The health authority representatives assured the following points:

- Convoys are carried out regularly to serve Kafr El-Sheikh population.
- The new hospital built has been equipped by up to date infrastructure for better diagnosis, treatment and follow up.
- Health education messages can be carried out by Raadat refeat passing by homes to deliver different messages.
- Hepatitis C surveillance is a priority issue for them.
### Health Literacy domains among clusters

<table>
<thead>
<tr>
<th>Cluster Group</th>
<th>Cluster n</th>
<th>Mean age</th>
<th>1. Feeling understood and supported by healthcare providers (M)</th>
<th>2. Have sufficient information to manage my health (M)</th>
<th>3. Actively managing my health (M)</th>
<th>4. Social support for health (M)</th>
<th>5. Appraisal of health information (M)</th>
<th>6. Actively engage with healthcare providers (M)</th>
<th>7. Ability to navigate the healthcare system (M)</th>
<th>8. Ability to find good health information well enough to know what to do (M)</th>
<th>9. Understand health information well enough to know what to do (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>20</td>
<td>40.6</td>
<td>3.75</td>
<td>3.42</td>
<td>3.27</td>
<td>3.73</td>
<td>3.63</td>
<td>4.68</td>
<td>4.32</td>
<td>4.34</td>
<td>4.36</td>
</tr>
<tr>
<td>B</td>
<td>30</td>
<td>41.53</td>
<td>2.02</td>
<td>2.66</td>
<td>3.1</td>
<td>3.46</td>
<td>3.12</td>
<td>4.35</td>
<td>3.97</td>
<td>4.04</td>
<td>4.35</td>
</tr>
<tr>
<td>C</td>
<td>52</td>
<td>43.79</td>
<td>2.85</td>
<td>2.54</td>
<td>2.91</td>
<td>3.16</td>
<td>2.75</td>
<td>4.04</td>
<td>3.38</td>
<td>2.97</td>
<td>3.23</td>
</tr>
<tr>
<td>D</td>
<td>22</td>
<td>45.18</td>
<td>2.85</td>
<td>1.74</td>
<td>2.31</td>
<td>3.15</td>
<td>1.86</td>
<td>3.51</td>
<td>2.89</td>
<td>1.93</td>
<td>2.79</td>
</tr>
<tr>
<td>E</td>
<td>21</td>
<td>39</td>
<td>2.15</td>
<td>2.15</td>
<td>2.28</td>
<td>2.2</td>
<td>2.26</td>
<td>2.7</td>
<td>2.48</td>
<td>2.39</td>
<td>2.53</td>
</tr>
<tr>
<td>F</td>
<td>8</td>
<td>39.12</td>
<td>1.31</td>
<td>1.06</td>
<td>3.55</td>
<td>3.75</td>
<td>1.1</td>
<td>2.9</td>
<td>1.92</td>
<td>1.57</td>
<td>3.2</td>
</tr>
<tr>
<td>G</td>
<td>25</td>
<td>49.32</td>
<td>1.18</td>
<td>1.07</td>
<td>1.9</td>
<td>2.87</td>
<td>1.08</td>
<td>2.66</td>
<td>1.54</td>
<td>1.16</td>
<td>2.6</td>
</tr>
</tbody>
</table>