NCDs and Health Literacy
Community of Practice

Richard Osborne
Facilitator, GCM Health Literacy GWG

Professor of Public Health, Deakin University
NHMRC Senior Research Fellow
Affiliate Professor of Health Literacy, Copenhagen University

Health Systems Improvement Unit
WHO Collaborative Centre for Health Literacy
Centre for Population Health Research
School of Health and Social Development
Deakin University, Australia
The objective of the Health Literacy CoP

To build expertise and improve the policy development process by gathering current and emerging information from all WHO regions and organising it in one place. It will also provide a forum for community members to interact on the basis of those materials from time to time as the need arises.
Question 1

a) Do you have a national or sub-national health literacy strategy or action plan for your country?
b) Do you have national or sub-national NCD policy documents that include health literacy?
c) Is the way health literacy is represented in these document(s) likely to improve NCD prevention and control? What impact has it had?

Special Instructions

- A policy document is a document produced by an agency (government or non-government) to guide application of health literacy.
- Please upload documents into the library (i.e., searchable PDF or Word) or provide a URL. Also note the author, agency who produced it, country and the date of release.
Participants N=42 countries

- Angola, Australia, Austria, Bangladesh, Benin, Bhutan, Bolivia, Brazil, Cameroon, Canada, China, Colombia, Denmark, Egypt, Ethiopia, Germany, Ghana, India, Indonesia, Iran, Ireland, Israel, Japan, Kenya, Myanmar, Nepal, Netherlands, New Zealand, Nigeria, Norway, Peru, Portugal, Russian Federation, Scotland, Slovakia, Spain, St. Vincent and the Grenadines, Sweden, Switzerland, Thailand, Turkey and USA
Question 1a - *Do you have a national or sub-national health literacy strategy or action plan for your country?*

  
- There is little or no objective evidence that it has specifically impacted on health or inequalities.

- The lack of empirical evidence is most likely due to the recent introduction of the policies, and the lack of formal evaluation.
Question 1b - *Do you have national or sub-national NCD policy documents that include health literacy?*

- some countries had elements of health literacy rather than specific health literacy approaches
- The Russian Federation and Thailand were in the process of developing NCD policies that specifically included health literacy.
- Little or no objective evidence that indicates policy has specifically impacted on NCDs.
- CoP members widely stated health literacy was important and could improve NCDs.
CoP Evaluation (1\textsuperscript{st} Question)

- Regarded as successful due to:
- Large number of participants, which continues to grow
- Good representation from across the globe (75 countries)
- Views from a wide range of countries were expressed
- Minimal moderation was required.
- A library of policy and related documents have been developed
  - repository of key materials that members are able to, and are accessing, to support action towards NCD prevention and control
What are the 10 Health Literacy Action Areas that could be used to impact on NCDs?

Please see detailed description of each area in the link to the attached file. Who can help you find out what is going on in the area of NCDs and health literacy? Can they help us build the global resource?

1. Health literacy surveys to compare across regions or population groups
2. Health literacy of leaders and policy makers including across sectors
3. Health literacy for mass communication
4. Child and adolescent health literacy
5. E-health literacy
6. Health literacy and behaviour change competencies of healthcare staff
7. Health literacy problem solving for targeting ‘hard-to-reach’ groups
8. Health literacy as a means of enabling consumer choice and self-direction
9. Critical health literacy (enabling community action on health)
10. Building community health literacy: working with community networks and formal and informal conversations about health
## Responses to Q2: 10 health literacy action areas

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>AFRO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Ghana</td>
<td>AFRO</td>
<td>comments on discussion</td>
</tr>
<tr>
<td>Rwanda</td>
<td>AFRO</td>
<td>comments on discussion</td>
</tr>
<tr>
<td>Nigeria</td>
<td>AFRO</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>AFRO</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>PAHO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Carribean Region</td>
<td>PAHO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>USA</td>
<td>PAHO</td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>EMRO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Israel</td>
<td>EURO</td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>EURO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Denmark</td>
<td>EURO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Scotland</td>
<td>EURO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Wales</td>
<td>EURO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>EURO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>SEARO</td>
<td>comments on discussion</td>
</tr>
<tr>
<td>Australia</td>
<td>WPRO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>Brunei</td>
<td>WPRO</td>
<td>10 action areas complete</td>
</tr>
<tr>
<td>China</td>
<td>WPRO</td>
<td></td>
</tr>
</tbody>
</table>

+ Norway  
+ Israel
1: Health literacy surveys to compare across regions or population groups

- AFRO – nil / DK
- EMRO – nil / DK
- SEARO
- WPRO (Australia/NZ)
  - 2006 & 2018 National Govt survey
- AMRO – some translation, Brazil
- EURO (e.g., Denmark)
  - Regional surveys; central DK region (2013-2017), Northern DK region
  - Population groups, Cancer Association; Barometer survey
  - LOFUS; Lolland-Falster (rural areas Zealand) (20,000)
  - Aalborg university (16,000)

2: Health literacy of leaders and policy makers including across sectors

- AFRO – Ethiopia
  - Awareness
- EMRO – UAE
  - Plans to adopt Health Literacy in strategic plan for Nursing and Midwifery Practices
  - The Health Authority Abu Dhabi is working on a KPI for Health Literacy in new strategic plan, but lacks the human capacity and leadership commitment to push this forward
- SEARO
- WPRO – Aust/NZ policy docs
  - Ophelia/ACQSHC
- AMRO – USA strong program
- EURO – Scotland, Germany, Austria
3. Health literacy for mass communication

- AFRO
- EMRO
- SEARO – Myanmar
  - National HL info book
- WPRO –
  - National HL info campaign – China
  - Training on social marketing for personnel from the Health Promotion Centre and toolkit for those involved in organising a social marketing campaign – Brunei
- AMRO
  - Nil – Brazil
  - USA - strong
- EURO
  - guidelines on best practice for communication

4: Child and adolescent health literacy

- AFRO
- EMRO – United Arab Emirates
  - concern that some activities include some HL activities, but not recognized so lossing the opportunity for proper development, implementation/evaluation to improve NCDs
- SEARO
- WPRO – Australia: school Ophelia
- AMRO – Caribbean
  - Health and Family Life Education initiative rolled out in region in an effort to improve HL among youth.
- EURO
  - Health literacy embedded within our Childsmile programme for **dental health in children**.
  - Planning work with the Royal Pharmaceutical Society on embedding health literacy content in school curriculum
5: E-health literacy
- AFRO
- EMRO
- SEARO
- WPRO Australia: MyHealthRecord
- AMRO
  - Brazil: there are some actions to improve the use of IT in health practices. But not using HL perspective.
- EURO
  - Bulgaria: Electronic Health Record, via National Health Insurance Fund,
  - Scotland: Embedding of health literacy principles within new Scottish Digital Health and Care Strategy
  - Denmark: E-health literacy digital instrument has been developed at CPN university
  - E-health literacy is now used in different setting, like NCD care
  - Emerging field about describing health professionals e-hl
  - In curriculum at some nursing schools

6: HL and behaviour change competencies of healthcare staff
- AFRO
- EMRO
- UAE some activities but not called HL
- SEARO
- WPRO Brunei; PEN Protocol 2
- Australia: 3 programs in Victoria
- AMRO
- USA many and varied
- EURO
- Scotland: Promotion of HL tools and techniques via training programmes delivered across health boards
  - eLearning packages on health literacy
- Wales: the every contact counts programme is well established for years
  - shared decision making and motivational interview techniques are provided, but not yet business as normal
  - goal setting activities are well embedded
7: Health literacy problem solving for targeting ‘hard-to-reach’ groups

- **AFRO**
- **EMRO**
- **SEARO**
- **WPRO**

- **Australia**: Specific work with rural men in CVD, migrants and cancer screening
- **AMRO**
- **Caribbean**: Some work have been done where HIV is concerned and trying to reach key populations
- **Brazil**: Planning to start research with Haiti refugees, in middle west
- **EURO**
- **Bulgaria**: Health mediators ’program
- **Scotland**: The principle behind Making it Easy is to remove barriers to promote greater general understanding
- ‘New Scots’ strategy, to deal with migrant, refugees, asylum seeker needs

8: Health literacy as a means of enabling consumer choice and self-direction

- **AFRO**
- **EMRO**
- **SEARO**
- **WPRO**

- **Brunei**: BruHIMS can now enable patients to book their appointments
- **AMRO**
- **EURO**
- **Bulgaria**: Right to choose a GP, the patients have 2 times a year. They can choose freely which hospital to be treated in
- **Scotland**: HL embedded as part of shared decision-making approach under Realistic Medicine strategy. Co-production of care is a key policy stream
- **Denmark**: Aarhus Hospital AMBU-flex which enables patients to book their own consultation and time for tests etc
- trend that hospitals are user-friendly
9: Critical health literacy (enabling community action on health)

- AFRO
- EMRO
- SEARO
- WPRO
- AMRO
- EURO

- **Scotland:** Citizens’ Jury to debate shared decision-making approach under our Realistic Medicine strategy and will inform HL action plan.

- **Denmark:** VIBIS is a Danish association focusing on user-involvement, and the patients’ rights. Denmark has some very patient associations e.g. within cancer, heart diseases and diabetes.

- **Wales:** Prudent healthcare principles

10: Building community health literacy

- **AFRO**
  - **Ethiopia:** Many actions was done through an associations of people living with NCDs such as Ethiopian Diabetes Association
  - Informal online Physical activity Network working to reduce physical inactivity and sedentary behaviour

- **EMRO**

- **SEARO**

- **WPRO – Australia:** “small towns” pilot
  - **Brunei:** local Healthy Lifestyle Communities, Community Kitchen Programme

- **AMRO**

- **EURO**

- **Bulgaria:** A healthy lifestyle is fashion

- **Scotland:** Exploration of Ophelia approach

- **Denmark:** There are formal peer-groups e.g. mother-group, arranged by health visitors, peer-to-peer groups e.g. motivational groups
5 more questions coming

3. What activities do you know of that help health services to be responsive to people and communities with diverse health literacy strengths and limitations?

4. Is e-health literacy a valuable tool to impact on NCD prevention and control?
   – What e-health strategies are useful for people with NCDs?
   – What makes e-health interventions effective to reach all members of community?

5. How can local leaders (state, mayor, provincial, township, district) apply health literacy in support of NCD agendas?

6. How do organisations assess health literacy needs of people in your country?
   – How can health literacy needs assessments be used to inform NCD intervention development and implementation?

7. In order to ‘leave no one behind’ how can health literacy be applied to people and communities?
Virtual working groups

• To be proposed by the Steering Committee and will draw on specific settings or cross-cutting contexts such as health literacy in:
  – Topics
    • Digital health (i.e., eHealth Literacy)
    • Workplaces
    • Education of health professionals, policymakers and the general public
  – Language or Region
    • Arabic, Francophone
• Logistics and facilitation – how can this be managed?
How to develop a global online community of practice…?

• Setup
  – Not sure, but we have done it.
    • Asked 1,500 people on my mailing list
    • Asked IUHPE health literacy global working group
    • Twitter, LinkedIn
• Write meaningful and useful questions
• Minimise distraction, provide some summaries
• OK for people to explore periodically
• Keep activity constant, but not too constant
• Plant people to start responses
Inputs

• Web-based infrastructure of the CoP
• Expertise in the area of health literacy domestically and internationally
  – WHO Collaboration Centre for Health Literacy – Crystal McPhee, Roy Batterham, Richard Osborne
• Time required to facilitate discussion for over 500 members
• Time required to manage the team and input from the steering committee
• Time to produce summaries of country / region responses to keep engagement and discussion going between members
• Time to source and prepare relevant materials for each question
• Being responsive
Outcomes

• The most active and rich CoP from the GCM to date
• 526 members
• 78 countries
• Question 1 (closed)
  – >100 posts
• Question 2 (still open)
  – ~20 posts, 15 country submissions (more promised)
• Library with 35 country’s policy etc
Impacts

• Sensitization / education underway
• Open resources being used (anecdotes)
  – Direct feedback
  – Informed German Health Minister’s speak last week
• The right infrastructure is in place to inform GCM / WHO of current status & future directions
• Informing Work Group’s Final Report
  – Support Working Group to see breadth across HL Action Areas
• Hopefully…
  – Stop “re-invention of the wheel”
  – Stop “re-invention of the flat tyre”
  – ???
Is this Community of Practice useful? Please respond

I find this useful
I particularly appreciate the global information
It is then used to inform my work in UK

Best wishes

Marion

Professor Marion Lynch | RN RMN Deputy Medical Director | STP Workforce Lead
NHS England South (South Central) | Jubilee House | 5510 John Smith Drive | Oxford Business Park South
Email: marionlynch1@nhs.net
www.england.nhs.uk
Lessons learnt

• Short quips vs longer/involved questions
  – Need a mix

• While it is meant to be voluntary / low cost
  – Need research assistance to collate and process data
  – Daily curation/maintenance needed

• Nudging is critical

• Simple/clear questions

• Complex issues hard to manage
  – File download + 10 section too difficult
  – Provide more time for responses
  – Need time to build confidence
Going forward

• 5 more questions coming

• Sub-groups?
  – Arabic, Francophone, Spanish, Regional, Chinese, Demonstration Sites etc
  – But how to manage?

• Expanding membership
  – 100+ more countries to go
  – but will require more curation

• Need to consult with other successful CoP organisations
  – Suggestions please

• Move towards HL announcements?
  – Similar to Twitter / LinkedIn etc
  – Focus on program / policy release, i.e., national action plans, demonstration sites

• Suggestions