Health Literacy Interventions at the community level: A case of Nepal

Dr Shyam Sundar Budhathoki, MBBS, MD, MPH
Assistant Professor
School of Public Health & Community Medicine
B P Koirala Institute of Health Sciences, Dharan, Nepal

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Nepal: at a glance

- Low income country in South Asia

- Universal Health Coverage
  - Not in Place (Health Insurance preliminary stage)
  - Selected services are free at Selected institutions (Birthing, TB, HIV etc)

- Double burden of Disease

- Hospital based prevalence of NCD = 40%

- NCD proportions
  - Chronic obstructive pulmonary disease (43%)
  - Cardiovascular disease (40%),
  - Diabetes mellitus (12%) and
  - Cancer (5%).
Health Literacy relating to NCDs in Nepal

• Baseline not known (No National Data)
• Limited research
  • Majority **equating ‘Health Literacy’ as ‘Knowledge of Disease’** E.g. Ocular disease, hypertension, COPD etc
  • HL research on Health Sciences Students conducted/ **HL as a curriculum agenda**
  • Ongoing HL **research on CKD patients**
• Interventions on NCDs
  • NCD risk factors identified (WHO- STEPS Survey 2013)
  • Curative services for specific diseases at Clinical settings
  • Sporadic **screening campaigns** for HTN, Diabetes & some cancers
  • Sporadic activities on Community based information dissemination on disease prevention
  • Prevention activities are mostly about getting early diagnosis.
EXAMPLE: Hypertension

Social determinants and drivers
- Globalisation
- Urbanisation
- Ageing
- Income
- Education
- Housing
- Poverty

Behavioural risk factors
- Unhealthy diet
- Tobacco use
- Physical inactivity
- Harmful use of Alcohol

Metabolic risk factors
- High blood pressure
- Obesity
- Diabetes
- Raised Blood lipids

Cardiovascular disease
- Heart Attacks
- Strokes
- Heart Failure
- Kidney Disease

Adapted from Factors that contribute to the development of high blood pressure and its complications

Source: WHO, 2013. A global brief on Hypertension
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Health literacy is required...

• For government levels to strengthen the structure
  • E.g. Making the Services/Choices available (Healthy food etc)
  • E.g. Policy makers identifying priority interventions for policy

• For healthy people Preventing Risk factors
  • E.g. Making healthy choices for food and lifestyles
  • E.g. People Speaking out for themselves

• For at risk people preventing disease onset
  • E.g. Minimise the activities that put health at risk
  • E.g. Smoking cessation

• For diseased people preventing complications
  • E.g. Taking up Early diagnosis & treatment
  • E.g. Ability to choose treatment options
Health Literacy Interventions

• Elements required
  • Education for all (Marginalised population and women)
  • Favourable Cultural Norms
  • Structural impediments to be minimised (Availability, Accessibility, Affordability etc.)
  • Policy in Place (High levels of HL among Policy People)
  • Health care Professionals with high HL
  • Appropriate technology and Culturally appropriate Interventions
  • Use of existing Local networks
    • E.g. Female Community Health Volunteers (FCHVs)
      • Successful role in Maternal & Child Health; currently researched for role in combating NCDs
Measuring Outcomes of Health Literacy Interventions

• At National/Global level
  • Decreased incidence of NCDs and their risk factors

• At population level
  • Scores at different domains that make up the HL of people & communities
  • Measures around the following 4 areas may be useful
    1. People accessing and utilizing healthcare
    2. People having high quality interactions with health service providers
    3. People caring for one’s own health and the health of others
    4. People participating in health negotiations and decision-making
Identifying areas for HL interventions
Barriers to Health care engagement in Nepal

**Income and Cost**
- Cost of Services
- Cost of Transport
- Income status
- Employment status
- Socioeconomic status

**Knowledge and Education**
- Knowledge of services
- Knowledge of health problems
- Knowledge of hazards
- Knowledge of Economic burden
- Access to good quality information

**Culture and gender**
- Gender roles/discrimination
- Cultural norms of women involvement in decision making
- Men’s involvement in women's health
- Women's autonomy
- Spousal support

**Quality of services**
- Health system responsiveness
- Infrastructure/Availability of Services
- Communication skills of staff
- Health worker’s attitude
- Human resources for health
- Technical/Managerial competence of staff
Identifying areas for HL interventions at Community Level: the OPHELIA Approach

- Conduct Baseline HL surveys
- Explore the HL needs in different domains
- Interventions applied, Follow up surveys & comparison

Identifying the health literacy strengths and limitations of the local community.

Co-creation of health literacy interventions.

Implementation, evaluation and ongoing improvement.
Measuring Progress of HL interventions

• Importantly tracking the population who are vulnerable to be ‘Left Behind’
• Leave no one Behind (SDGs, Shanghai Declaration etc)
  • Identifying who is vulnerable to being potentially left behind is most important. Nepal has
    • Rural population 83%
    • 1/4th population below poverty line
    • 125 ethnic groups speaking 123 languages
    • Literacy rate 66% (Females 57%)
  • Health Literacy survey using HLQ/ISHA-Q can help identify the population and their specific HL needs
• It should be clear “Who Should Not be Left Behind?” ~ People with low HL?
• Our aim is to increase HL of people in all groups
Measuring Progress of HL interventions (Contd...)

• Progress so far: **Not Much**
  • Not much progress in bringing down smoking at population levels
  • Decrease in Harmful use of alcohol cannot be ascertained
  • Urbanisation and migration leading to more unhealthy lifestyles
  • NCDs and the risk factors also significantly present in low SES groups

• Decreasing the prevalence of Risk Factors and NCDs is the ultimate goal.
Measure the prevalence of
Health Literacy Actions at Community Level: Preventing Risk Factors

Measure the prevalence of
Health Literacy Actions at Community Level: For People with Disease to prevent Complications

Measure HL Domains In people

Behavioural risk domains for cardiovascular disease
- Unhealthy diet
- Tobacco use
- Physical inactivity
- Harmful use of Alcohol

Measure HL Domains in patients
- High blood pressure
- Obesity
- Diabetes
- Raised Blood lipids

Metabolic risk factors
- Heart Attacks
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- Kidney Disease

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My Involvement & commitments

• Involvements from 2014 onwards
  • Executive Board: Asian Health Literacy Association
  • Research: Role of HL to achieve SDGs in Nepal (published)
  • Research: HL of Health Sciences Students using HLQ (Under review)
  • Research: HL of Chronic Kidney Disease Patients using HLQ (Ongoing)

• Future plans
  • Engage in collaborative research on identifying HL interventions at national/international level for all population groups
The potential of health literacy to address the health related UN sustainable development goal 3 (SDG3) in Nepal: a rapid review

Shyam Sundar Budhathoki, Paras K. Pokharel, Suvajee Good, Sajani Limbu, Meika Bhattachan and Richard H. Osborne
Thank you