Examining health literacy practices: a qualitative approach
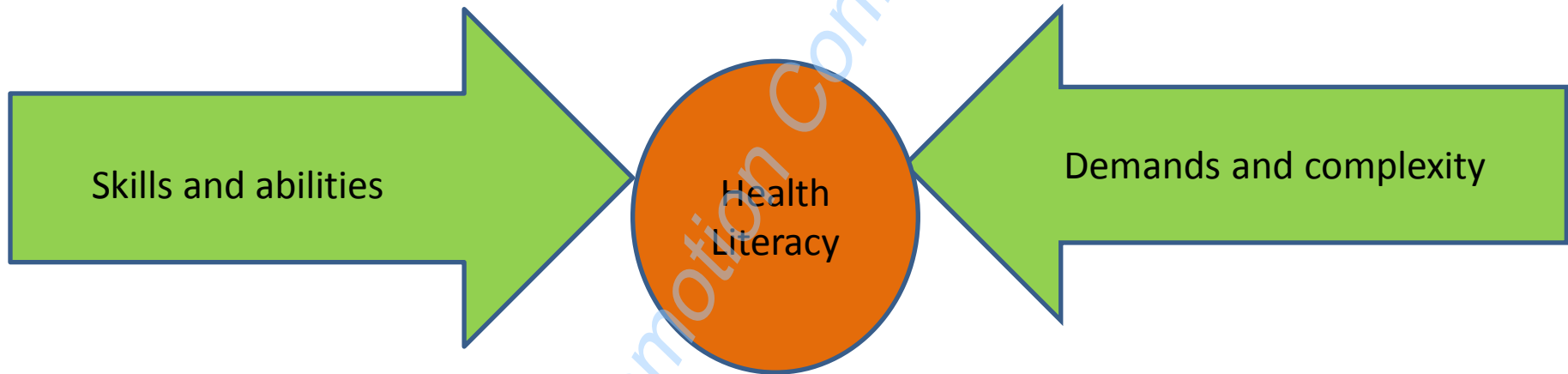
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Health Promotion Conference 2015

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Interactive health literacy framework (Parker, 2009)

Skills and abilities → Health Literacy ← Demands and complexity

HL is always 'situated' or context specific (Papen, 2009)
Must take into account role of health care providers (communication strategies etc.(Rudd, 2008: Rudd et al. 2012).

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Why qualitative?

Limited qualitative research on perspective of individuals

Facilitating factors and barriers for information access and active engagement of people

Support the development of health literacy

Balance to measurement and 'bigger picture'

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- Part of a larger on-going study
- The aim which is to investigate and describe how individuals participating in a structured risk prevention programme develop and practice health literacy in the management of their health.

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Objectives

- 1. To examine the barriers and facilitators to the development of health literacy for individuals in managing their health.

- 2. To describe their experiences in accessing, understanding, appraising and applying health information.

- 3. To identify any changes in accessing, understanding, appraising and applying health information over a 12 month period.

- 4. To describe the experience of information exchange in health consultations during and after participation in the programme.

- 5. To describe the application of health knowledge to wider social contexts following participation in the programme.

HLS-EU CONCEPTUAL MODEL OF HL

(adapted from Sorensen et al., 2012)
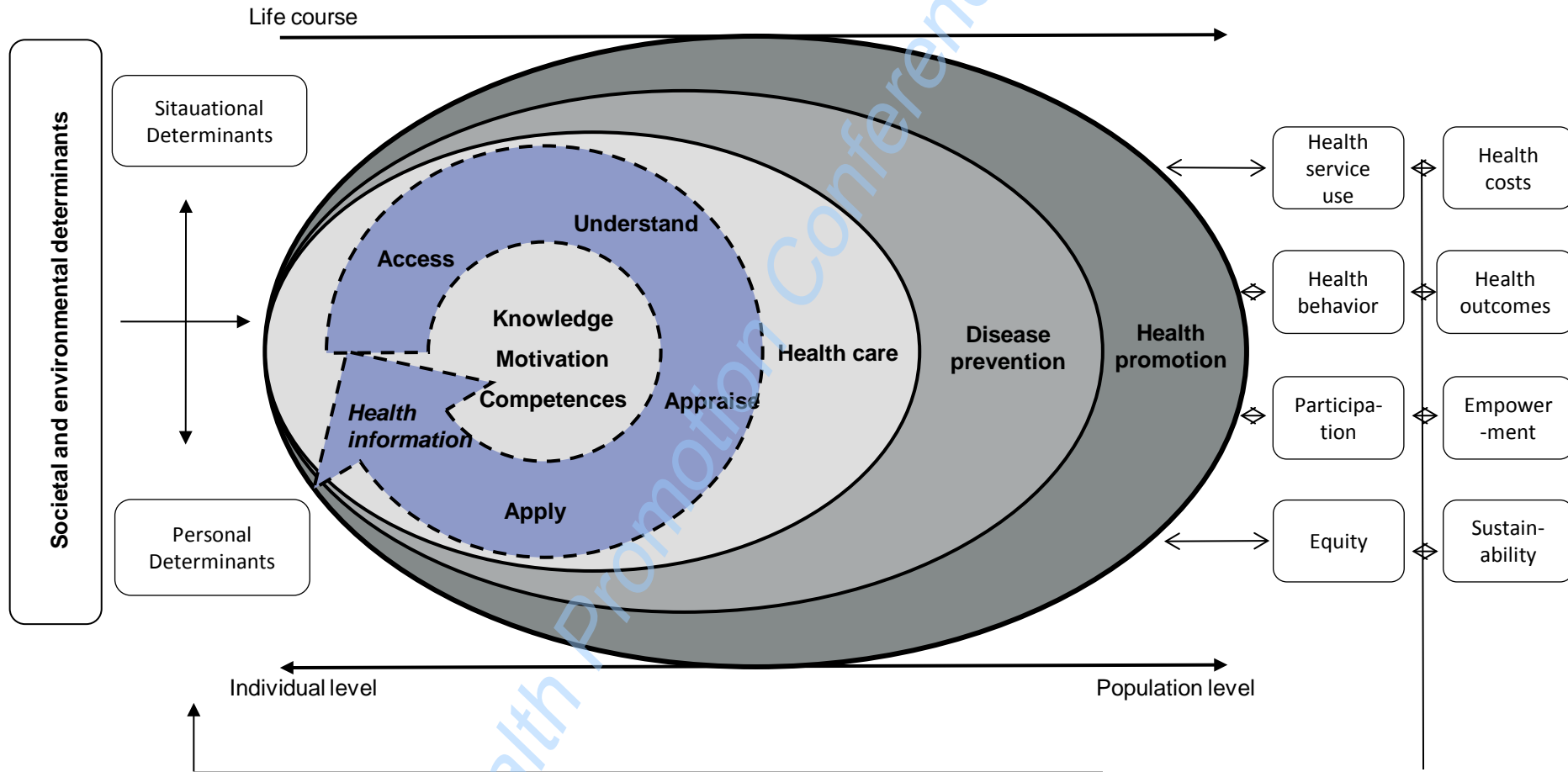
Background: Health Literacy definition

*Health literacy is linked to literacy and encompasses people's **knowledge**, **motivation** and **competences** to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course*
(Sorenson, Van Den Broucke et al. 2012).

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Methodology

- Longitudinal qualitative study design
  - Layered approach to build context
- Useful to generate a contextualised view of HL (Edwards et al. 2012)
- LQR-based on repeat interview methodology
  - 3 time points
  - SS interviews (HLS conceptual model)
- HL levels data: HLS-EU(HLS consortium,2011) 47 item
  - Demographic data
  - Health behaviours

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Sample: Purposeful sampling

- CROÍ MyAction: Single integrated programme aimed at modifying multiple risk factors

- Developed at Imperial College London

- Motivational interviewing, stages of change assessment techniques

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RESULTS
PHASE 1:BASELINE

Who are the participants?

- Sample: n= 26

- Gender: 16 female; 10 male

- Age: 36-75 years (average participant age of 59 years)

- Referred in by GP/Cardiologist
  - Multiple conditions/general lifestyle
  - Risk reduction and health promotion

Highest levels of education attained (comparison with HLS-EU Irish population sample

Education level	Current study n (%)	HLS-EU: Irish sample
0 (Incomplete primary)	1 (3.8)	7(.7)
1 (Primary level)	3 (11.5)	65(6.5)
2 (Secondary –inter level)	6 (23.1)	190 (19.1)
3 (Secondary)	5 (19.2)	261(26.2|)
4 (Diploma/Cert)	6 (23.1)	165 (16.6)
5 (Primary degree)	2 (7.7)	130 (13.1)
6 (PG/Higher Diploma)	3(11.5)	178 (17.9)

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Employment status

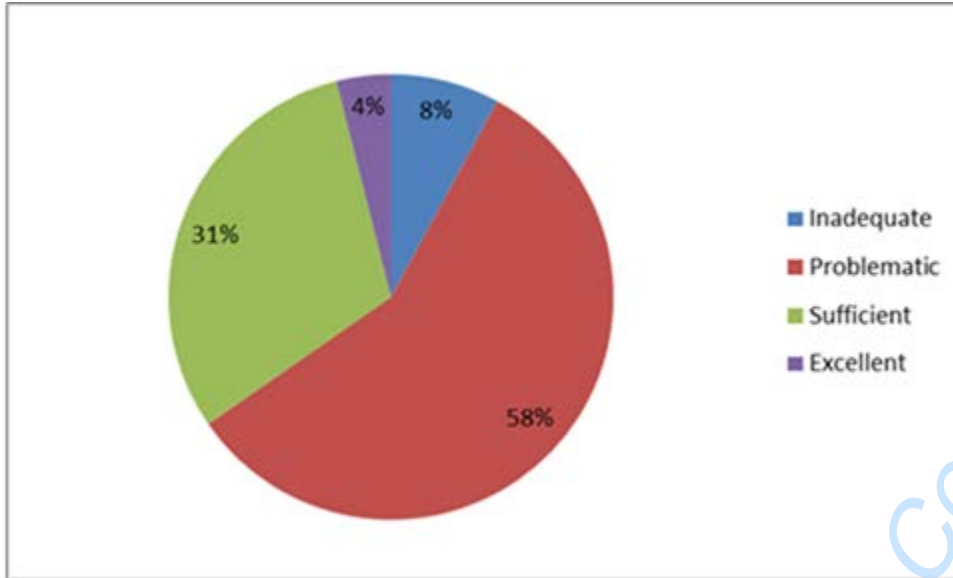**Current**

- Employment: 46.2%
- Retired: 26.9%
- Home maker: 23.1%
- Unemployed: 3.8%

HLS Ireland

- 41.4%
- 13.6%
- 21.1%
- 11.9%

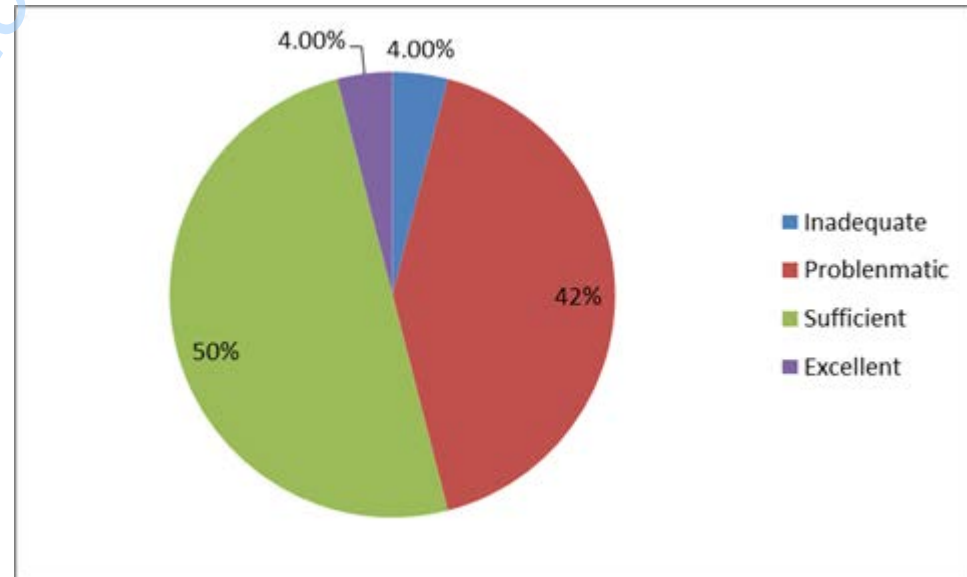HPRC
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General HL

Limited: 66%
This compares to almost 40% limited HL in general Irish pop (HLS-EU data, 2015)

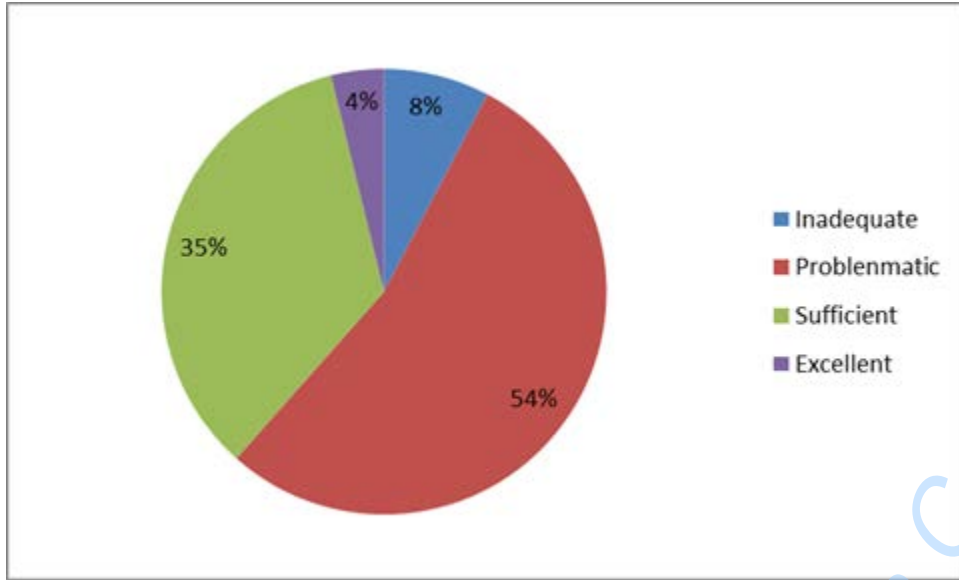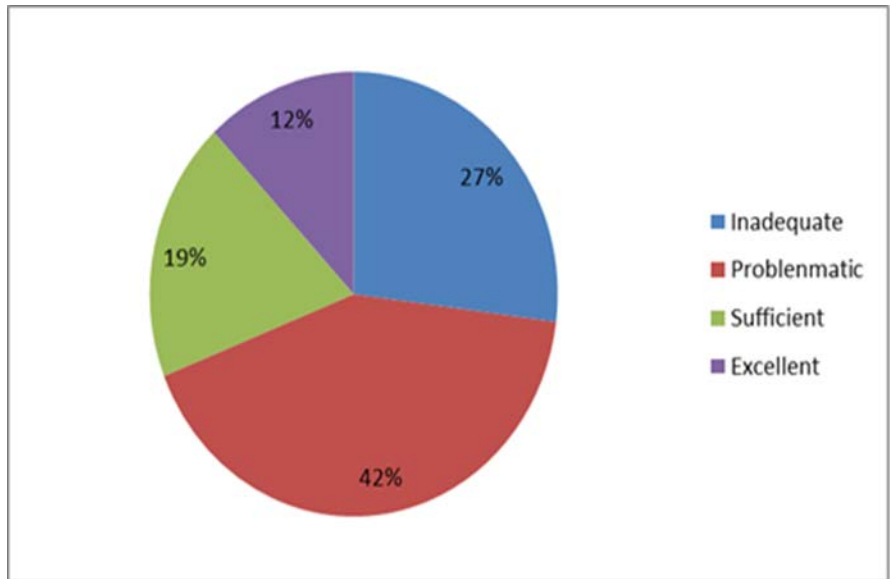|	
Inadequate	0-25
Problematic	>25-33
Sufficient	>33-42
Excellent	>42-50

Limited: 46%
Sufficient: 50%

Hl: Health care

HL levels for prevention

Limited: 62%

HL levels for health promotion

Limited: 69%
Excellent 12%

Overview main themes

- **Communication with health professionals**
  - ➤ Active
    - ➤ Seeking out health management options
    - ➤ Active information seeking

  - ➤ Passive

- **Relationship with GP**
  - ➤ Positive
  - ➤ Negative

- **Control**
  - ➤ Being in control
  - ➤ Limited control

- **Self-management**
  - ➤ Health knowledge
  - ➤ Supports
  - ➤ Motivation
  - ➤ Environment
  - ➤ Psychosocial
  - ➤ Medicines

- **Impacts on health literacy**
  - ➤ Barriers (- health insurance)
  - ➤ Facilitators (+health insurance)

Active

Asking Qs; exchanging info; evaluation of info; expressing needs and concerns

Communication with health care professionals

Seeking out health management options

Active info. seeking

Passive
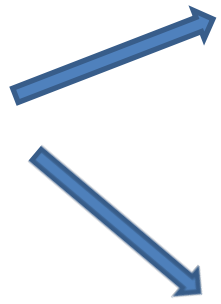
I'd have to ask the GP but I'm not a kind of a guy now that would be asking or looking for answers. If it comes, it comes, do you know what I mean that kind of way like? You know, I wouldn't mind having leaflets on it to know the symptoms when they're coming on because up to that I didn't know what I was getting like(PR08)

It can be confusing in terms of especially using the internet, like different countries, different continents use different scales. Even for blood sugar readings trying to figure out where that comes into it and what's a normal level. So I do ask for copies of my blood tests when I get blood tests done so that I can see the ranges as well, so I have an idea what is.
Yeah, not much really you know so I have as much information as I want (PR02)
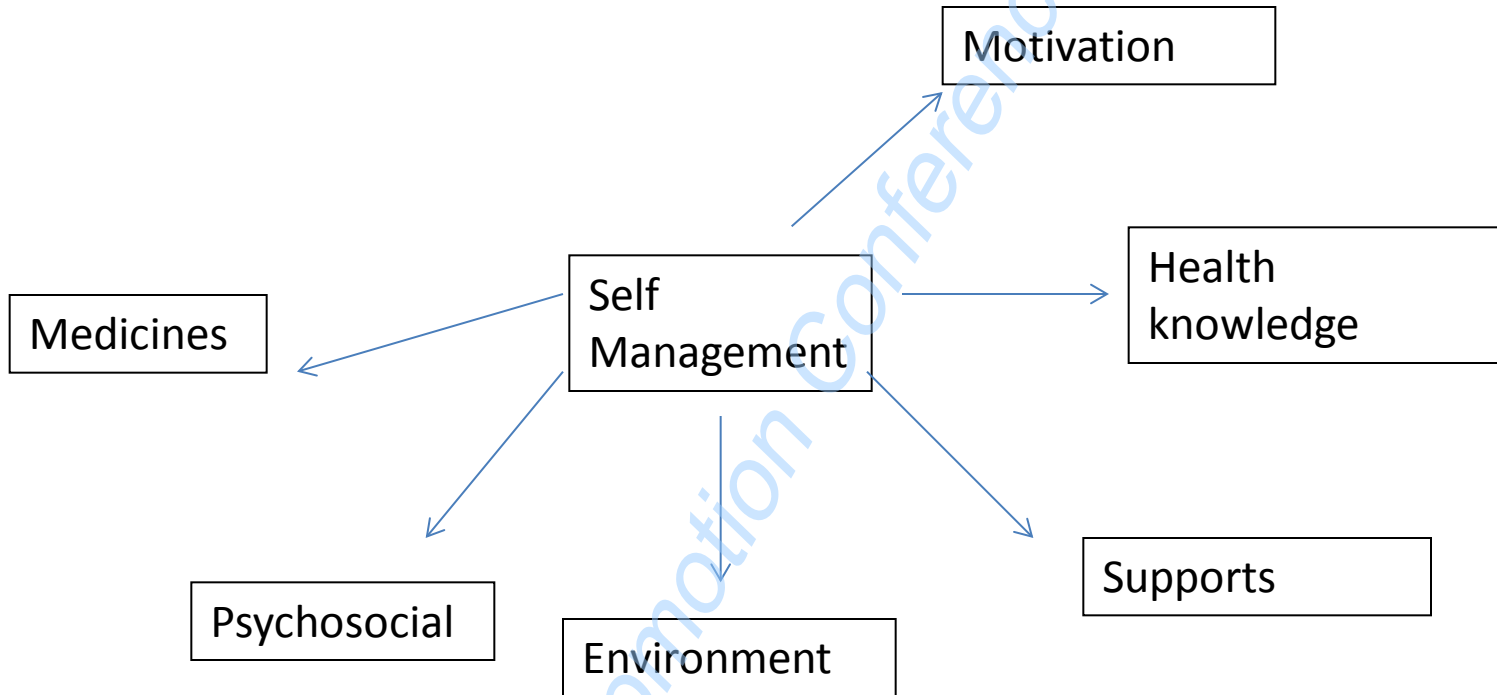
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Relationship with GP

Positive: Continuity; Trust; Open Friendly; Comfortable; Shows concern

NEGATIVE
Limited rapport

He's very good, he is good. We've sort of got a very good relationship and he can give out to me and I can give out to him; he is good. And he will sort of sit me down and say look, you need to do this and take my advice for once.. he is good (PR09)

If something like that came up that I thought that maybe I shouldn't be using, I would ask him, you know, that I would take his, his word would be the most important to me (PP19)

When I mentioned it to my *doctor he said `where did you get that information, not to take the Two?' and I said I was, I can't remember how I described it, alternative, well, health shop and he said that's rubbish, you know like* that (PR07)

Motivation

Health knowledge

Self Management

Medicines

Psychosocial

Environment

Supports

Oh yeah. I actually met Dr X, the man that's over the heart and when he looked at my chart he said to me, you know, you were to go on statins and why didn't you and I said I'm not going on them. And he said to me, I said the exact same as I'm after saying to you, the bloods are grand, feeling fine, everything like that and if I go on statins they're going to cure my cholesterol or bring my cholesterol down and suddenly when I go back for my blood tests again they're going to say well you know you could have a bit of a problem with your kidneys or your liver or whatever. And he said to me if it was liver we could take you off them for a while and let it rejuvenate itself and start back again. Sure what's the purpose in that? [PR10]

Self management: Medication use

Potential impacts on HL

Barriers
Emotions
Language used/poor
communication
Conflicting information
Lack of appropriate info
Non-integration of systems

**Not having
health
insurance**
Waiting lists
Geographic access
Negative feelings

Facilitators
Time to explain
GP support and sharing
of information
Clear communication,
use of analogies
Pharmacy support

**Having health
insurance**
Timely access to
health care
professionals

There's nobody looking at all the whole file – you go in, they look at their little bit, they ask you the same questions you were asked before "How did you get on with the last set of tablets you got?" you know, there is no continuity at all through the hospitals (PP21)

Worthless. It might be not the right word but I feel worthless and useless and demoralised. To think that if you haven't got the money your health is screwed; just ridiculous. It should be, in a perfect world, waiting lists shouldn't be three or four years long. Nothing I can do about it (PR09)

I find that, I was lucky enough to have private insurance and I just, it cost me €146 a month, my insurance. But for that I have great peace of mind. And I know that I wouldn't be seen to, when I had that irregular heartbeat, that I'd be put on a waiting list and I mightn't get a good consultant then. Whereas when I had the insurance and she just said to me, she said there's a doctor I know, he's excellent
(PR17)

Next steps: Longitudinal data analysis

	T1	T2	T3
P1			
P2			
P3			
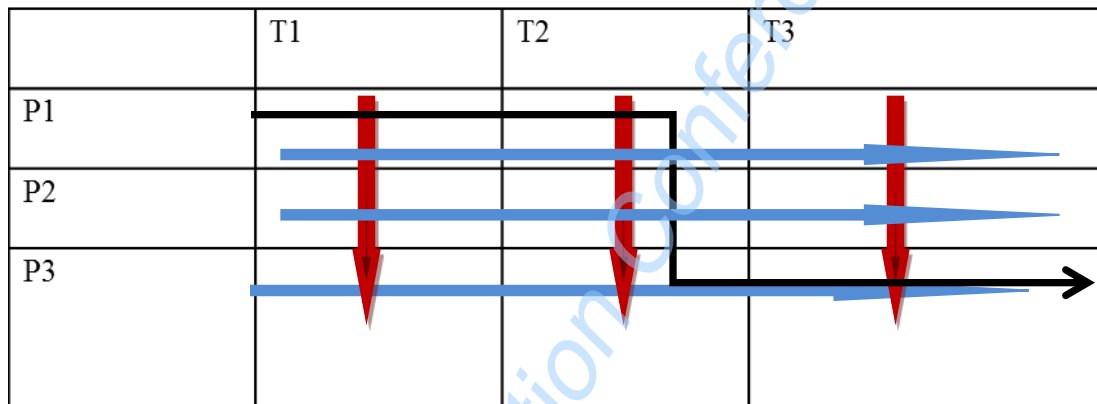
1: Within time analysis (CS) (looking at a moment in time across the sample)
2 Repeated cross sectional analysis (looking for change)
3Longitudinal analysis (thematic analysis of each case over duration of

Thank-you

Acknowledgements:
Participants and
staff at CROÍ: