

Health Literacy and Prevention

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Health Literacy and Prevention

§ *Health Literacy*

∅ *“The capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health.”
(Ratzan and Parker 2000; IOM 2004).*

§ *Prevention*

∅ *Prevent:* to keep from happening or arising; make impossible

∅ *Prevention:* any activity that reduces the burden of mortality or morbidity from disease

Diversity of Preventive Approaches

§ Levels: **Primary, Secondary**, Tertiary

§ Settings: Clinical, Community

§ Agency:

Ø Active (exercise) with conducive or hostile environments

Ø Passive (fluoride, air bags)

Potential Leverage of Health Literacy on Prevention: Clinical

- How would enhanced health literacy improve prevention oriented behaviors in clinical prevention (counseling, screening, interventions (e.g., immunization)
 - Primary:
 - understanding risk and benefit
 - understanding specific actions and approaches to be taken
 - Potentially (if in scope) enhancing motivation
 - Secondary:
 - Same
 - Likely greater degree of motivation (balance of cultural values and health oriented priorities), greater harm with failure to engage
 - Likely greater degree of technical complexity of health information

Proposed Strategies

Strategy	Comment
More understandable health information	Yes...and likely limited impact unless elegant simplicity (e.g., interactive tools, tested messages)
Enhancing ease of use of health delivery system	Complexity not likely major contributor to impaired clinical preventive services Navigator may assist in community preventive services
Training providers in communication	Absolutely essential element of any strategy re: prevention—enhanced skills of providers in counseling re: behavior change. Mechanisms: certification and recertification Redefine professional roles/teams Undergraduate professional education

Additional Strategies

- § Training consumers/students (as youth)
- § Prevention specialists
 - Ø community based: shared resource
- § Longitudinal relationships
- § Payment reform

Potential Leverage of Health Literacy on Prevention: Community

- How would enhanced health literacy improve prevention oriented behaviors?
- Community Prevention
 - Formulating public policy
 - Understanding and prioritizing risks and benefits
 - Balancing health and other priorities (liberty, academic performance, short vs. long term public expenditures)
 - Responding to public health/health promoting messages

Proposed Strategies

Strategy	Comment
Equip families with self care strategies	Mechanism unclear: Routine education Special courses/promotoras
Workplace wellness	Broad area with greater specificity needed, including specific role for health literacy (vs. financial incentives, physical environment).
Media	
Improve health information in media	Much greater level of specificity needed: Training Rating Health fact check
Additional Strategies	
School Wellness	Strengthen school (and day care) health policies. Include communication component.
Health Impact Assessments	Related to construction and development. Include communication component

Overarching Recommendation: Health Scorecard

§ Substantial skepticism

∅ individual level scorecard fails to address:

§ Community Interventions

§ Facilitative vs. Toxic Environment

§ Health literacy of scorecard itself

§ Motivation potential of scorecard

∅ Not linked to personal goals and priorities

§ Potential adverse use of scorecard

Stakeholders

- § Individual/Family
- § Educational Institutions
- § Media/Government/Sources of Public Information
- § Health Care System
 - Ø Plans, Organizations
 - Ø Microsystems/Providers

Overall Recommendations

§ Clarify scope and focus of health literacy interventions

Ø Capacity in general

Ø Competency with specific preventive actions

Ø Motivation/prioritization

§ Create specific focus on:

Ø Clinical prevention OR

Ø Community (policy) AND

Ø Interface/mutual reinforcement

Overall Recommendations

§ Address developmental issues

∅ Parent/early childhood

- § Different ethical assumptions re: prevention

- § Dyadic relationships—preventive mental health

- § Greater community role

- § Educational standards

∅ Middle adulthood

∅ Elderly