Human Resources (HR) for Health Literacy (HL)

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Outline

- Critical developments in HL – why is HL on the global agenda?
  - Evolution of HL: from Ottawa (1986) to Shanghai (2016)
  - Transition from MDGs to SDGs
- Alarming trends in unhealthy behaviors among Thai school students – indicating low HL?
- Developing HR for effective and fit for purpose HL interventions
- Action areas for investments in HR and Research

Evolution of HL and why it is on the global agenda?

- 1986 Ottawa Charter for Health Promotion (international agreement)
- 2009 the WHO 7th Global Conference on health promotion resulted in "the *Nairobi Call to Action*"
- 2013 WHO EURO published "Health Literacy the Solid Facts Series"
- 2014 High-level meeting of the UNGA-NCD called for plans to promote health literacy
- 2015 IUHPE Conference Thailand Health Literacy for special populations
- 2016 Shanghai Declaration on Promotion health in the 2030 Agenda for SDG

Health Literacy enables the achievement of many SDGs

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- People with high HL are likely: to adopt healthier behaviors and be able to receive and act on health information and services
- HL enables individuals to protect themselves, their family and their community from various shocks (e.g. poor health, extreme weather events, market volatility)
- Reduced poverty can improve health literacy, considering that the poor face lower levels of access to education, the internet and other HL platforms

- Adolescent girls with access to health information can better protect themselves from HIV, STIs and unwanted pregnancies
- Where students have the requisite information to adopt healthier diets and increase physical activity, their attentiveness, cognitive function and attainment can all improve.
- Schools advance HL through improving students' ability to read, write and think critically, and directly, through providing specific education on risky, health-harming behaviors.
- Education has a unique potential to establish healthy behaviors early on that they can remain throughout the life course.

Patients with limited HL have difficulty:

- Locating providers and services
- Filling out health forms
- Sharing medical history with provider
- Seeking preventive health care
- Managing chronic health conditions
- Understanding directions on medication
- Understanding and acting on health-related news and information

Low HL affects

- Health outcomes:

medication errors–
increased doctor visits and hospitalization–

- Healthcare costs

- Quality of care

Addressing the implementation gap to progress SDGs actions

Pillars

Good governance	Healthy cities & communities	Health literacy

TRANSFORMATIVE Strategies

Commitments Shanghai Declaration

Good governance	Healthy cities & communities	Health literacy
1. Strengthen legislation, regulation and taxation of unhealthy commodities; 2. Implement fiscal policies as a tool to enable new investments in health and wellbeing including strong public health systems; 3. introduce universal health coverage to achieve both health and financial protection; 4. Ensure transparency and social accountability and enable the broad engagement of civil society; 5. Strengthen global governance to better address cross border health issues; 6. Consider the growing importance and value of traditional medicine	1. prioritize policies that create co-benefits between health and wellbeing and other city policies, 2. making full use of social innovation and interactive technologies; 3. support cities to promote equity and social inclusion, 4. harnessing the knowledge, skills and priorities of their diverse populations through strong community engagement; 5. re-orient health and social services to optimize fair access and put people and communities at the centre.	1. recognize health literacy as a critical determinant of health and invest in its development; 2. develop, implement and monitor intersectoral national and local strategies for strengthening health literacy in all populations and in all educational settings; 3. increase citizens' control of their own health and its determinants, through harnessing the potential of digital technology; 4. Ensure that consumer environments support healthy choices through pricing policies, transparent information and clear labelling.

Alarming trends in unhealthy behaviors among Thai school students – indicating low HL?

Collaborating agencies

- Ministry of Public Health
- Ministry of Education
- CDC
- WHO

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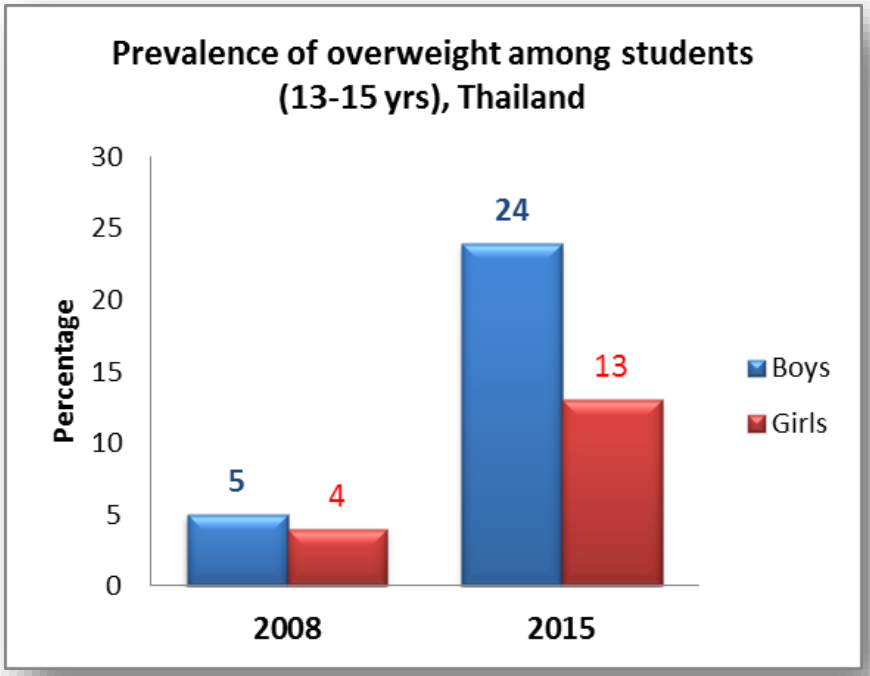
Overweight

- One out of five students was overweight
- More boys were overweight than girls
- Dramatic increase over time

Country comparision	
Vietnam	6%
India	11%
Thailand	**17%**
Malaysia	19%



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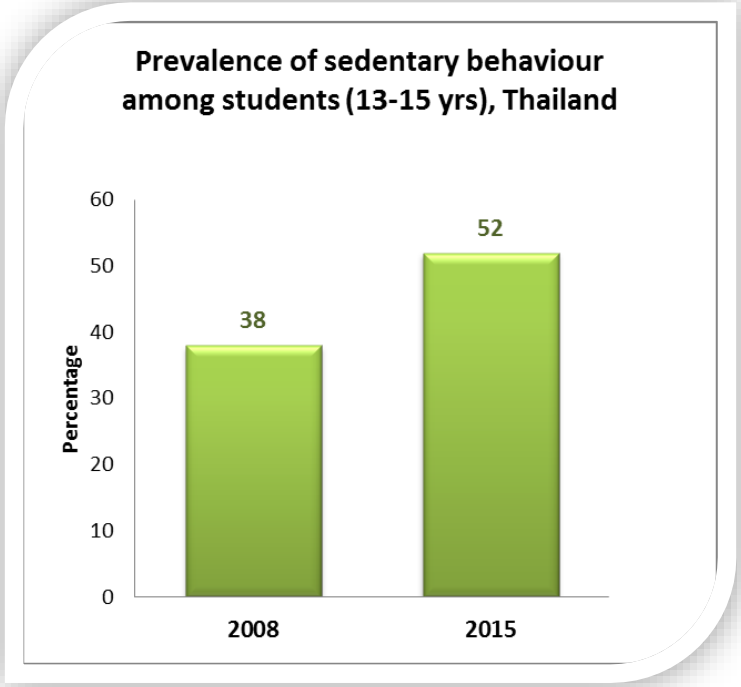
Sedentary behavior

- Over half of students (56%) spent three or more hours a day on sitting activities
- Students less active than before

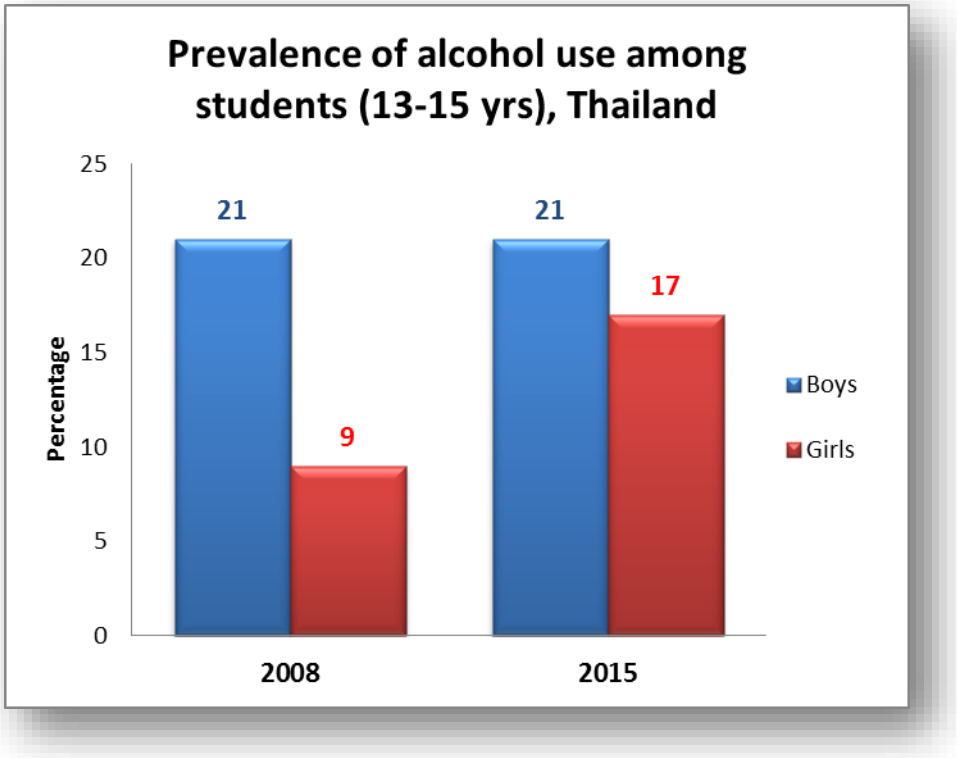
Country comparision	
Bangladesh	15%
Sri Lanka	34%
Malaysia	47%
Thailand	**56%**



Alcohol use

- Nearly a quarter (22%) of students currently drink alcohol
- More boys drink than girls
- Almost doubled in girls

Country comparision	
Nepal	5%
Cambodia	10%
Thailand	**22%**
Vietnam	24%
Laos	30%



HL approaches – 10 areas

Health literacy focus area	Target Group	Examples
1. Cross national comparisons for advocacy and prioritization of HL	National level	European health literacy survey
2. HL of policy makers including across sectors	Policy makers	Health awareness of policy makers, public health literacy
3. HL for mass communication	General public	National health knowledge surveys
4. Schools and child HL	Youth	Health curriculum tests; teacher/parent training
5. HL to enable particular service delivery models (e.g. eHealth)	Service users	Information and comm tech interventions

6. HL of healthcare staff	Healthcare staff and agencies	Universal precautions; teach-back; guidelines and audits
7. HL for targeting and solving problems related to 'hard-to-reach' groups	Underserved population groups	Needs and barriers analysis, Ophelia process
8. HL as a means of enabling consumer choice and self-direction	Service users	Demand side strategies like voucher systems
9. Enabling community action on health	General public: Community level	Advocacy; leadership development
10. HL and formation of community beliefs and attitudes about health	General public: Community level	Community conversations about health

Specific action fir HR dev and research

Capacity building

- University curriculum; health care work force competencies; policy makers; researchers

Research & innovation

- Develop, refine, adapt tools and methods
- Undertake Demonstration Projects
- Partner with Universities, NGOs, IGOs, Industry etc
- Contribute to Global and Local Community of Practice

Workforce Preparation In Practice

IOM in USA Suggested Guidelines:

- Hire diverse workforce with expertise in health literacy.
- Evaluate health literacy skills of staff on an on-going basis, provide training to those who do not meet standards of excellence, and evaluate the impact of the training.