



Health Literacy Knowledge Products: Matching Need to Context

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Introduction

Improving health literacy is a key aspect of helping improve access to health services – especially for individuals from cultural minorities. In our own health literacy work here at Synexe we have emphasized the use of culturally appropriate methodologies and the development of materials based largely around visual rather than written material that have incorporated storytelling or conversational approaches wherever possible. One of the key design aspects underpinning all of our work is that any written material developed will be designed to use as clear and simple language as possible and will targeted to be as easy to understand as possible by a range of ages and different socio-demographic populations groups.

Looking objectively at our work there are a small number of explicit design principles which underpin all of our health literacy work. These principles are all linked into the use of our PACG™ model. Combined these principles help us to design and create health literacy products which are appropriate to their target audience. Our goal in writing this Knowledge Note is to share these principles in the hope that others will be able to learn from our experiences and so improve their own ability to create effective and appropriate health literacy products.

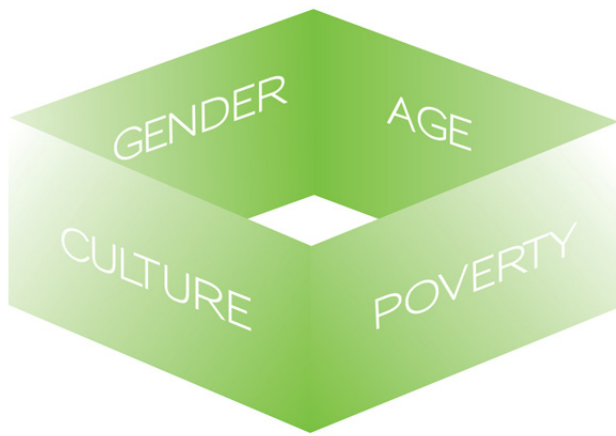
Defining Health Literacy

The World Health Organization defines health literacy as the:

cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (World Health Organization 1998).

The utility of this definition is that it moves beyond thinking of health literacy as the ability of individuals to read and comprehend medical knowledge but also provides an allowance for the awareness of the impact of health literacy on broader determinants of health – cultural, social, economic and personal.

This broader approach to the issue of health literacy impacts heavily on our own approach to our work in the health literacy field. In our own work we utilize our four-fold PACG™ model to better understand the different ability of some groups and individuals to effectively obtain, interpret and use health information and how these different issues come together to enable or inhibit the health literacy of different individuals and groups.



Our model enables us to understand the impact of different factors on the health literacy of individuals and groups and, as a result, ensure that the health literacy products that we develop are suited to the health literacy needs and knowledge-uptake ability/requirements of the target population group(s) we are focusing on.

Creating 'Health Literacy' Products

Our four-fold PACG™ model provides an initial framework to help us understand the particular informational issues and constraints faced by the particular group we are looking at providing health literacy products for. However, in doing this we focus not only on the needs and requirements of the target group but also on the broader environment in which they operate.

Internal and External aspects

We do this as there are two aspects of health literacy which are often not discussed together, these are:

1. the ability of the individual to understand the impacts and consequences of a particular health issue/ailment; and
2. the ability of the health sector, and organizations operating within the sector, to provide an enabling environment to allow for the most effective provision and uptake of this knowledge for their clients.

The first aspect is often addressed in isolation to the second. In doing so though, by ignoring the context within which health decisions are made by clients, groups can miss the important value-add that a supportive environment can play in the uptake and embedding of health information by our various target groups.

Following on from this – there are two other design principles which we utilize when making decision about how best to design and create health literacy products. These two principles are: accessibility and reactivity/proactivity.

Accessibility

One of the key issues for health literacy is accessibility. This is itself broken down into two different aspects:

Physical : resources need to be made available at the sites where those at most need of health literacy support would access them; and

Appropriateness : resources need to be created so that they are appropriate to the context of the individuals and groups that they are targeted towards.

These two aspects are interrelated. When you're designing a particular product it's physical aspects – what it will look like, where it will be placed – are related to what types of information you place in/on it. As examples:

- A pamphlet is good for simple messages and is more suited to the use of diagrams and pictures.
- A webpage allows for more depth to be added in terms of information content through the use of hyperlinking of nested web pages.

Reactive and Proactive Resources

There are another two aspects of health literacy delivery and uptake that need to be considered in both the structure of the resources created as well as in the types of placement/availability of these resources. Health literacy resources can be broadly divided into two categories – those designed for use by clients in response to an immediate need and those designed for use by clients in terms of a general educative aspect. These two categories can roughly designated as reactive and proactive resources.

Reactive : resources available at health service delivery sites (clinics, hospitals, GP's offices etc) to be utilized on an as needs basis for clients being serviced by a health professional.

Proactive : resources available at sites frequented or easily accessible by those with need for health literacy support (sports events, social service delivery sites etc) for general educative purposes.

Conclusion

These are five the design principles/tools which we use to help ensure that the health literacy products we create are as effective and appropriate as possible for their target group. Returning once more to these tools we use the PACG™ model to provide a rough-and-ready demographic split of our target audience so we can better understand the enablers and inhibitors

that will impact on their effective uptake of health literacy products.

With this information in place we are then able to apply our three other tools:

- Internal and External aspects
- Accessibility
- Reactive and Proactive Resources

to then refine the scope of design of the products before we actually begin to create them.

These then are our systems as we use them at the moment. They seem to work well so far but they are not written in stone. The fifth, and unwritten rule, is that these tools are just that – tools! They are there to help us provide more effective and appropriate health literacy products. They may not always work in which case we should not use them. Their value comes from their utility. If they are not useful then we are not wedded to their use. We are just as happy to discard them as we are to use them. As we learn more we

imagine that we will develop new tools and, more than likely, discard and/or modify our older tools.

This is a design principle which underpins all of our work here at Synexe – not just in the health sector. The tools and processes we use should be effective and appropriate. If they are not – then we change them! We are a learning organization. As we work for different clients we learn more. And, as we learn we change. These changes ensure that we are able to stay on top of international best-practice and so too enable us to provide a better product for our clients. These are the principles which inform our health literacy work and helped in the development of the tools discussed in this Knowledge Note. Our hope is that by sharing this information others working in this field are able to improve their practice and, in a reciprocal manner we will be able to improve on our own practice by learning from what others have done and are doing.

References

World Health Organization, (1998) *Health Promotion Glossary* (Geneva: World Health Organization).

further information

Synexe welcomes any inquiries regarding our current work or services offered. We look forward to hearing from you.

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