



Intervention Research On Health Literacy among the Ageing Population (IROHLA) – towards improving the health literacy of older people in Europe



Main points

1. What is the IROHLA project?
2. Why did we do it?
3. What did we do?
4. What's there for Healthy Cities?



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1. What is the IROHLA project?

- 3-year project
(November 2012 –
November 2015)



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***Intervention Research On
Health Literacy among
Ageing Population***

- Coordinated by
University
Medical Center
Groningen
(UMCG),
Department of
Health Sciences

- Co-financed from
European Union
through FP7 research
programme

- 22 partners from all
over Europe: research
institutes, national and
regional health
agencies, organizations
representing older
people



1. What is the IROHLA project?



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The main objective of IROHLA was to introduce in European countries **evidence-based guidelines for policy and practice** improving health literacy of the ageing population.

IROHLA's aim was to formulate a viable health literacy intervention strategy:

- for ageing people,
- for a diverse population in Europe,
- for different countries.



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2. Why did we do it?

Health literacy:

- is one of the social determinants of health;
- it strongly depends on education, socio-economic status and age.

Low health literacy is associated with:

- lower life expectancy, poorer health status, and more chronic illnesses;
- higher, sometimes inadequate use of health services.

Often older people have lower levels of health literacy.



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2. Why did we do it?

European Health Literacy Survey (HLS-EU) 2009 - 2012 in eight European countries:

- 12% of the population with inadequate health literacy and
- 35% with problematic health literacy.



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HLS • EU

Health literacy in the older population is a significant problem.

Addressing will lead to:

- healthier senior citizens,
- better ability to manage their own health;
- will contribute to reduction of health care costs.



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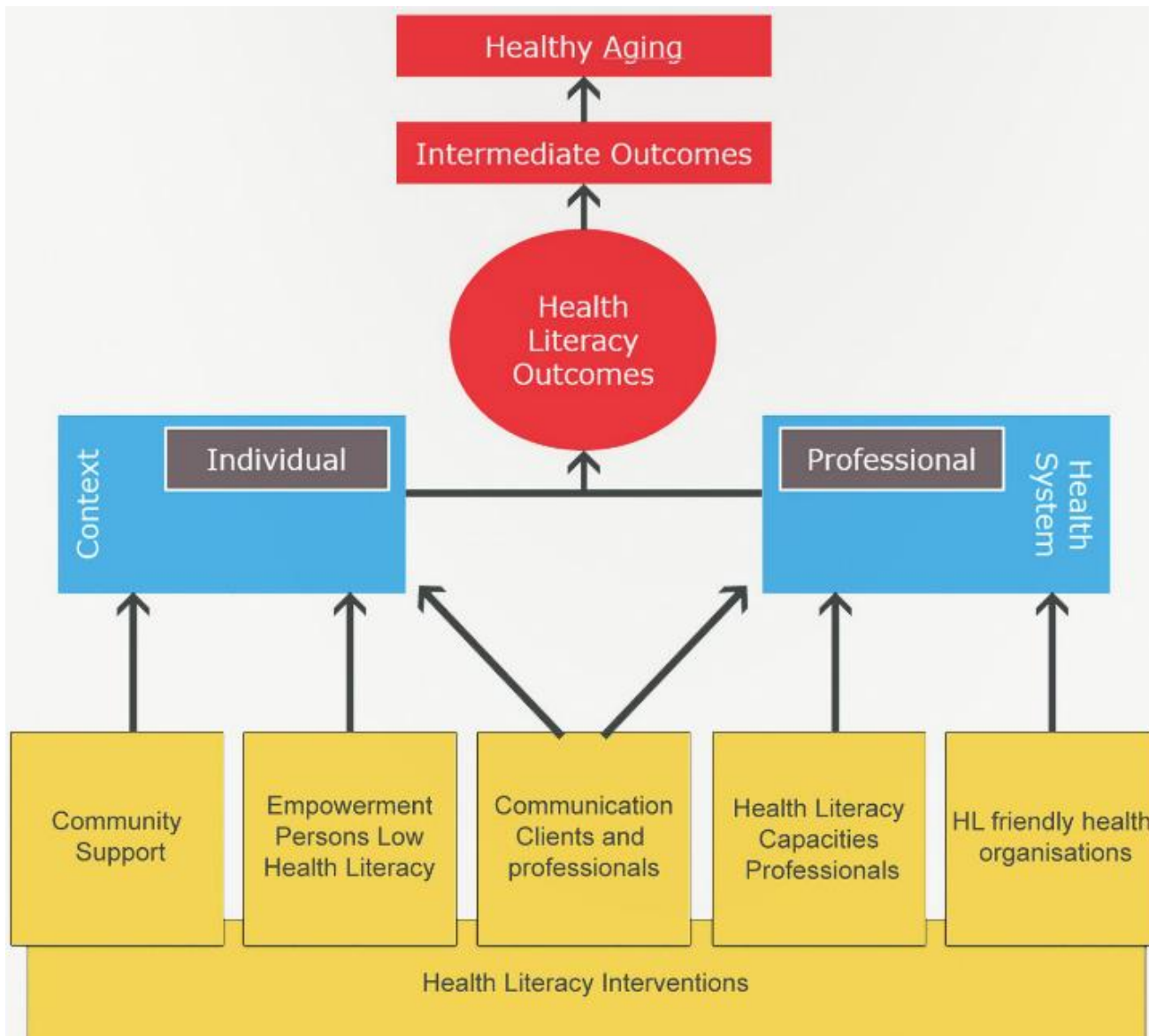
3. What did we do?



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The project:

- contributed to the understanding of health literacy in different European contexts and **developed a comprehensive model for addressing health literacy needs** in older adults in various settings;



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**IROHLA's
comprehensive model**



3. What did we do?



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The project:

- developed a manual for assessment of quality and feasibility of health literacy interventions and activities in the ageing population;
- Selected a set of 20 interventions which are validated as improving health literacy of older people.

Top 20 health literacy interventions

01. Automated Telephone Self-Management Support System. The importance of a tailored and personalised approach and an intervention easy accessible through low social and physical barriers was emphasized by Schillinger (2008) in an article referring to the IDEALL project (Improving Diabetes Efforts across Language and Literacy (USA)). This tele-health, online self-management diabetes intervention had multiple complimentary components, which facilitated provider patient communication with patient self-management and health education in a supportive format (e.g. regular calls with tele-health nurse). Another strong point of this intervention is the fact that it is quite easily transferable to other contexts.
02. DeWalt (2012) showed in 'Multisite Randomized Trial of a single-session versus multi-session literacy-sensitive self-care intervention for patients with heart failure (USA) that follow-up calls are very important especially in case of vulnerable groups with low health literacy skills. Other strong point for this intervention is the cultural adapted information.

<http://www.irohla.eu/news/article/20-ways-to-improve-health-literacy-in-europe/>



3. What did we do?



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The project:

- Developed an **evidence-based guideline for policy and practice** for policy makers in EU Member States – it shows policymakers the specific and important measures they can take to improve health literacy of older people.





3. What did we do?



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Selected IROHLA studies:

- *Health literacy and self-management among adults aged 75 and over and the influence of socio-demographic background:*
 - > older adults above 75 with low health literacy generally are a vulnerable group with low self-management abilities.
- *Needs and perceptions of older adults: qualitative study on the perspectives of older adults and health professionals:*
 - > it is important for older adults to have autonomy, a supportive social network, assertive behaviour, trust in the health professional and health system.



3. What did we do?



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Selected IROHLA studies:

- *Role of communities in strengthening health literacy of older adults:*
 - > community groups of older adults can create a supportive environment, as people with low health literacy find it easier to accept advice from peers;
 - > social centres, computer literacy classes for older people, and other activities for social inclusion of older and lonely people offer great opportunities for strengthening health literacy.





3. What did we do?



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Successful HL interventions follow some common principles:

- Use community-based participatory approach;
- Focus on shared-decision making;
- Facilitate networks for older people (social engagement networks);
- Engage professionals (incl. training for healthcare staff);
- Take into account the need for creating health literacy friendly environments.



3. What did we do?

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From whom?

The Health Literacy Centre Europe portal has been developed within the project "Intervention Research On Health Literacy among Ageing population" (IROHLA),

For whom?

This portal is for health professionals, policymakers, educators and experts/researchers about health literacy. Working together will strengthen



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4. What's there for Healthy Cities?

All European countries face the challenge

of **ageing population** and **rising health care costs**.

- Strengthening health literacy of older people has a positive effect on quality and accessibility and can reduce the demand for health services and associated costs.
- Countries and cities will benefit from a comprehensive approach for strengthening health literacy, linking fragmented initiatives in a sustainable framework.



4. What's there for Healthy Cities?

Role of communities and organizations in improving health literacy of older people

Mobilise and empower relatives, friends, and communities to support persons with health literacy needs

Give people a voice to change organisations and address relevant issues to improve health literacy

Change the social, cultural or physical environment and make it easier for people to obtain the support they need



4. What's there for Healthy Cities?

Better health literacy of older people is associated with:

- empowerment,
 - bigger independency in a daily life (self-management),
 - lower loneliness,
 - higher social inclusion.
- Creates caring and supportive environments.
- Supports Healthy Ageing.



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20 ways to improve health literacy in Europe



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IROHLA is a project that focused on
improving health literacy for older people

A participatory approach
research and health



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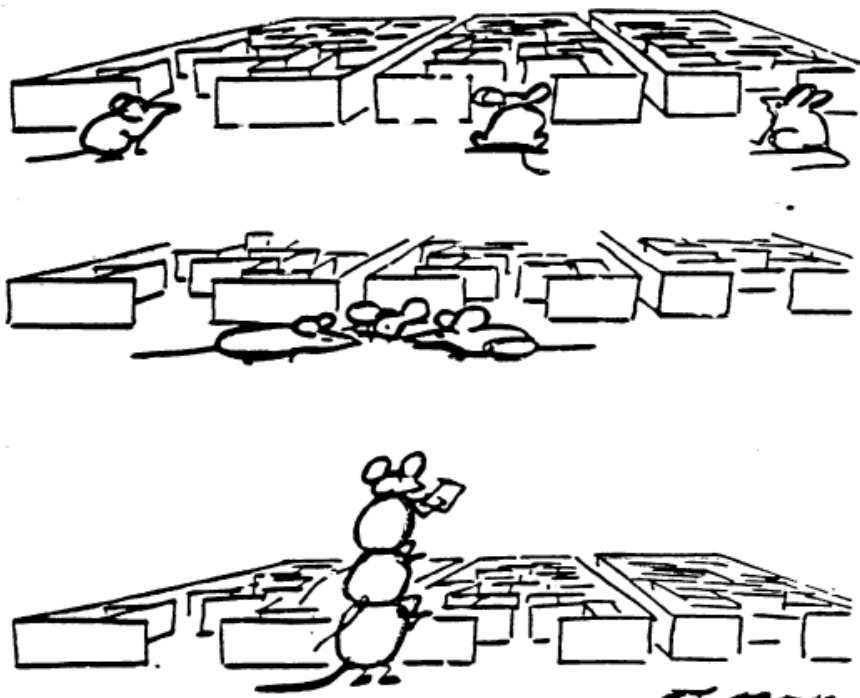


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Thank you for attention!

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