

Health literacy as a key to healthy ageing in Europe

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In the face of *demographic change* the older population represents an important group to look at: What helps them to remain

or recover their health, how can they participate in society and age successfully? We currently also face a strong rise of *information technology*. These technologies are full of challenges, and responding to them becomes more difficult with increasing age and health demands (Himanen, 2004; International Telecommunication Union [ITU], 2005). While *mobile technology* and *the Internet* offer different benefits also for frail older people, this group also tends to become marginalized as they do not use these technologies appropriately for the benefit of their health and social participation (ITU, 2005). The question is: Why do older people not use these technologies? How can the use of these technologies be increased in the aging population?

Literacy can give an answer as it plays a crucial role in health and well-being. It is the key resource in handling the amount of information and making use of it. The concept of *health literacy* has gained importance in the field of health research (Kickbusch, Pelikan, Apfel, & Tsouros, 2013; Ownby, Waldrop-Valverde, & Taha, 2012). Health literacy describes "the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course" (Kwan et al., 2006, p.80). However, little is known about how health literacy can be promoted effectively especially in context of mobile technology and the Internet. Therefore, this was investigated in the IROHLA

project (cf. www.irohla.eu).

The IROHLA project and the intervention model

The complex interplay of health literacy involves components both at the individual and the system level. At the *individual level*, social-cognitive factors, such as self-efficacy and intention, and *contextual determinants*, such as social support, play a crucial role in the initiation or maintenance of health behaviors (Schwarzer, 2008; Schwarzer, Lippke, & Luszczynska, 2011). When considering health literacy, apart from the health sector, the *social sector* should also be taken into consideration as fertile ground for interventions (Batterham et al., 2014). Social factors and their impact on the use of health care services are widely discussed: Addressing social issues can be a cost-effective strategy in the health care system (Valtora & Hanratty, 2012) as empirical evidence suggests that social aspects can determine physician visits, re-hospitalization, and length of hospital stays (Newall, McArthur, & Menec, 2014). Such a comprehensive approach, accounting for synergistic effects of different sectors, is adopted by the IROHLA (Intervention Research on Health Literacy among Ageing Population) project.

The EU-funded initiative aims to improve health literacy for older people in Europe by providing evidence-based *guidelines for policy and practice*. IROHLA identifies and evaluates existing health literacy programs and policies, also including knowledge from private and social sectors applicable to the health sector. *The IROHLA model for health literacy interventions in the ageing population*

(IROHLA Consortium, 2013; see Figure 1) serves as a basis of the research undertaken in the project. This model explicitly takes contextual support into account thus leveraging the social sector for improving well-being and (health) literacy levels in older people.

The IROHLA model was developed to facilitate the understanding and improvement of health literacy in different European contexts, addressing the needs of older adults in various settings and identifying entry points for interventions. Demands and capacities of the individual, their context and the health system must be harmonized to achieve better health literacy outcomes. Health promotion and preventive actions should take the interaction between individuals and the health system into account (Nutbeam, 2000).

Healthy ageing is considered the main outcome of the IROHLA research model accounting for intermediate outcomes, such as motivation, participation or health behavior change, which can be determined by health literacy (IROHLA Consortium, 2013; see Figure 1).

In the course of the IROHLA enquiries prevailing good practices in the field of interventions enhancing *social participation* were identified. Social participation refers to the concept of social engagement (Bath & Gardiner, 2005) and comprises different kinds of activities that fulfil social purposes, e.g. meeting friends, joining a club or going to the theatre. Thus social participation depicts a strategy to active and healthy ageing (for a review, see Adams, Leibbrandt, & Moon, 2011). The *social sector* typically includes non-profit, non-governmental organizations

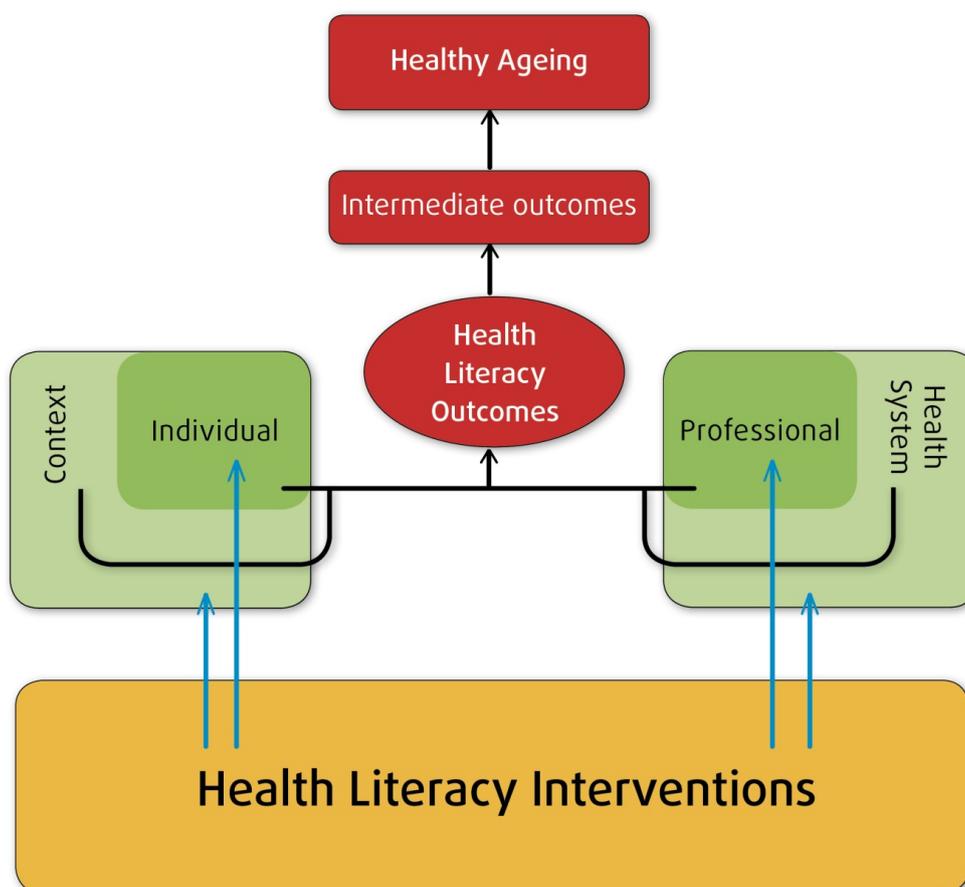


Figure 1. IROHLA intervention model (IROHLA Consortium, 2013).

or initiatives, aiming for social involvement and activation of citizens, and is much broader than the classical health sector (Evers & Laville, 2004). Programs targeting social participation from the social sector might be applied to the health sector and replenish health literacy interventions. Two promising initiatives from the social sector are to be described in more detail here.

Social isolation and loneliness are a growing problem among vulnerable groups, such as frail older people and people with low education (Nicaise, 2012). However, there exist some initiatives that search for creative and low-threshold solutions to foster social participation. Much can be learned from those programs and transferred to the field of health literacy research and practice. In the following, two best-practice examples will be described.

NALA

The fact that 1 in 6 Irish people has literacy difficulties brought the National Adult Literacy Agency (NALA) on to the scene. This was the call for action to improve literacy and numeracy difficulties in the Irish population and, in particular, the well-being of older adults. NALA opens new perspectives for social participation and adult education.

While older adults often feel discouraged to study at their age or even talk about literacy deficits, NALA is running campaigns to change such attitudes. For this, a free phone support line is set up for people looking for help or more information. Around 4000 volunteers are now active at NALA to help as tutors. Long distance courses via the Internet are provided to people from different social and economic backgrounds.

NALA also approaches the government to facilitate political changes. Government policies need to be targeted in order to achieve long-term benefits for society. This course of action is based on research results to provide an evidence base for the best approaches to deal with literacy and life skills.

For further information see <http://www.nala.ie/>

KOVE

Imagine you are waiting at a crossing: When the green light appears you will probably hurry across the street. But what would you do at the age of 70 or with a broken leg? Sometimes you have only 5 seconds to cross the street before the stop sign appears again for the pedestrians. This is only one of the obstacles older people from Kilburn High Road face. The KOVE (Kilburn Older Voices Exchange) project wants to draw everybody's attention to this. You can join them on- and offline, follow their steps and lives, see London from the angle of older and vulnerable individuals and recognize the barriers they are facing in everyday life. The project website (<http://www.kove.org.uk/>) contains all project descriptions and shows video recordings filmed by the older people themselves.

KOVE is an outstanding social project with the aim of improving the quality of life for older people in London. Since 2001, this project gives them a voice to raise problematic issues and makes barriers for older and other vulnerable people visible. The community group works in a network with other local groups and has partnerships with several agencies to make sure the improvements will be put into practice. Sometimes those are little things, such as lowering the platforms when boarding a bus, which still make a difference. Furthermore, KOVE also helps to improve home care standards and provides training films with care staff. The community group is actively involved in a number of projects and always welcomes new members to join their work.

KOVE works with vulnerable and older people, helping them to remain independent and socially integrated by engaging and consulting them on needs and community initiatives. The projects carried on by KOVE derive from concerns and suggestions that older people arise, e.g., tackling the fear of crime, campaigning for a community toilet scheme or raising

awareness of road safety. Have a look at the documented actions. Maybe you change your point of view to some daily routines and comforting habits?

Next steps of IROHLA

After developing a theoretical framework for the analysis of promising interventions in the health literacy context and systematic reviews of publications from the health, private and social sectors, further steps have to be taken towards the production of evidence-based guidelines for policy and practice. The health literacy concept has to be established in European research, policy, and practice as the majority of the health literacy interventions and policy documents is still coming from North America. The IROHLA project will contribute to this vision: A list of best-practices will be compiled and an evidence-based guideline will be developed comprising the determinants of effective national or regional health literacy approaches and determinants of the organizational context for implementing interventions.

What can health psychologists learn from IROHLA?

In times of demographic change the understanding and improvement of healthy ageing and the role of technology is imperative. On the one side, health psychology can help to understand the relationship among psychological factors, behavior and physical health and thus inform interventions in the preventive or rehabilitative setting also with making use of technology. On the other side, health literacy interventions can contain more than the classical health psychology interventions. It is useful to broaden the scope of the current research and practice by including social aspects of active and healthy ageing. Moreover, the IROHLA project will have impact on policy building, introducing a

comprehensive, evidence-based guideline for future health literacy research and practice which is important for translating evidence into action.

Further information on IROHLA and the reviewed interventions can be found here <http://www.irohla.eu/>

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