UNIT 3

Networking

Contents

Introduction

Networking is the action or process of interacting with others to exchange information and develop professional or social contacts.Ask ten different people what networking is and you may get as many as ten different answers. A person's definition of networking probably depends upon their use of this important personal and professional activity. However, whether you network to make new friends, find a new job, develop your current career, explore new career options, obtain referrals or sales leads, or simply to broaden you professional horizons, it is important to focus on networking as an exchange of information, contacts or experience.In any industry or career level networking helps you make connections in a personal way and build relationships of support and respect to discover and create mutual benefits.

Through this Unit, learners will acquire knowledge about the networking concept, intermediacy, access tohealth information, strategies to overcome health barriers and community-based approaches in health literacy.They will also learn about how to set uprelationships and how to cultivate these relationships that can lead to the achievement of common goals.They will develop and manage upstream and downstream networks and act as an intermediary.

In society it is crucial to establish "healthy" relationships, personally and professionally. Networking is an important resource for professional and personal growth.Learners will gain the practical strategies to overcome barriers of health literacy and to support sustainable community empowerment.

Community learning is one of the best methods used in adult education for health issues. Indeed, it is easier for people with low levels of (health) literacy to open up and share their concerns with a group of persons that share their experience and feelings. Working with the target group in a bottom-up approach and creating small communities to talk about health issues is therefore anefficient and low-threshold way of learning, to be addressed at the end of the Unit.

Image 1 —Networking

3.1 – Being an Intermediary

One of the main strategies used in Public Legal Education (PLE) has been to work with people who are already a resource for a particular segment of the public. These intermediaries help to extend the reach of PLE agencies to those who may be marginalisedgeographically or by virtue of some other attribute.

3.1.1 Who is an intermediary?

Historically, intermediaries has included teachers, librarians, court workers, staff of community and social services, clergy, and others who are the 'go to' people for their communities. Recently, the term 'trusted intermediaries' has entered the PLE lexicon. While it has a lot of appeal, it suggests that everyone has someone they trust that they can turn to for legal support. Sometimes, a stranger is the only or even preferred option. Some people may need to deal with someone who doesn't know them at all. Anonymity may be essential to their safety.

Intermediacy basics – communication matrix:

• Develop transformative strategies to improve the health of communities and individuals;

• Equip communities and individuals to access and use information to improve health;

•Maximise opportunities to learn effective strategies from one another and identify opportunities to collaborate across sectors;

• Engage learners in both formal and informal health educational settings across the life span;

• Interview key stakeholders and other included persons.

What are intermediaries trained to do?

The term 'training' has a variety of meanings ranging from raising awareness about legal services and resources to mastering specific skills needed in a particular context.

Many intermediary training programs have the limited purpose of assisting participants in making effective referrals to other agencies. The content of these training programs often consist of an explanation of the law and legal processes relevant to a particular legal topic plus a discussion of relevant agencies that can help people experiencing the legal problem being discussed. They usually

More specific intermediary training may focuses on the actual skills the intermediary needs to perform theroles effectively. That might include interviewing, research, advocacy, or problem-solving skills. These programs tend to provide the opportunity to practice skills under supervision, either in a classroom setting or on-the-job.

Promoting health literacy activities- access to health information

Health literacy includes numeracy skills. For example, calculating cholesterol and blood sugar levels, measuring medications, and understanding nutrition labels all require math skills. Choosing between health plans or comparing prescription drug coverage requires calculating premiums, copays, and deductibles.

In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly. What people may have learned about health or biology during their school years often becomes outdated or forgotten, or it is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

Image 2–Intermediacy basics

3.1.2 Transformative strategies to improve health literacy

Evidence-based strategies to address health literacy are emerging from the fields of communication, health care, public health, and adult education. Much of the evidence on interventions comes from simplifying and improving written materials, using video or other targeted approaches to patient education, and improving patient–provider communication. Interventions have taken many forms - e.g., computer-based participatory processes, in-person Saturday school classes, and plain language and pictogram medication sheets - and have had many positive results, demonstrating that limited health literacy can be successfully addressed.

Several themes emerged from the desk researches, including the need for cross-disciplinary and community partnerships to improve health literacy. The themes can be summarised as a STEPP approach to health literacy improvement:

- Sharing–We must share, among ourselves and across disciplinary and organisational boundaries, information, findings, program successes, and areas for improvement.
- Technology–Being mindful of the digital divide, we must consider technology as an essential tool for improving health literacy.
- Evaluation–More programs need all types of evaluation, especially evaluation that accounts for what is important to different population groups.

- Partnership—We must create partnerships with communities and each other.
- Participation—Health literacy has its roots in community engagement. We must partner with the people whom we are trying to help.[1]

Strategies for organisations and individuals that develop and disseminate health and safety information:

- Participate in ongoing training in health literacy that focuses on improving clear communication and information design practices;
- Involve members of the target population—including persons with limited health literacy—in planning, developing, implementing, disseminating, and evaluating health and safety information;
- Ensure that health and safety information is culturally and linguistically appropriate and motivating;
- Issue plain language guidance for the development of all public health and safety information;
- Include specific steps for taking action and aligning information with services and supports available in the community;
- Build networks with community and faith-based organisations, social service agencies, and nontraditional partners –such as foster care services, poison control centers, and literacy service providers – to deliver health and safety information to different points in the community;
- Leverage technology and electronic health tools to deliver health information and services at the time, in the place, and in the multiple formats people need and want;
- Ensure access to the Internet and devices that deliver health information services;
- Promote health literacy improvement efforts through professional and advocacy organisations;
- Create documents that demonstrate best practices in clear communication and information design;
- Test consumer health information and websites to ensure that consumers understand the information and can take appropriate actions.[2]

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[1]https://bemedwise.org/docs/enhancingprescriptionmedicineadherence.pdf
[2]http://www.talkaboutrx.org/documents/enhancing_prescription_medicine_adherence.pdf

Image 3 –Health-related information

3.2 –How to Overcome Barrriers

Adult educators can be productive partners in reaching people with limited literacy skills.As adulteducators, it is important that we address barriers that can prevent audiences from understanding and acting on vital health and safety messages. The most common barriers include:

- **Use of technical or medical terminology.** Words such as*pandemic*, *immunize*, *transmit*, *influenza*, and*prevalence*are examples ofwords that are often misinterpreted.

- **Reliance on print communication** as a single source of communication to reach an audience.Relying on one source disregards the preferences and learning styles of different audiences.

- **Focusing on information rather than actions.** Too often we focus on what we want the audience to know and not on what they should do.

- **Limited awareness of cultural differences.** Differences in language and word meanings can lead to misinterpretation and poor understanding.
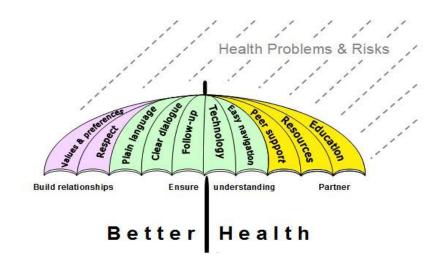
Image 4–The Health Literacy Umbrella

Many people, especially the elderly, who bear the greatest burden of disease, have inadequate health literacy. This adversely affects their quality of care, and places increased cost burdens on society. Learning to recognise when a person may have low literacy skills and understanding the common ways in which these people misinterpret medical information can help to develop strategies to improve their health literacy.

One of the barriers is also communication people who speak and understand a limited amount of language to get a complete medical history. Beyond the practical language barrier, there is often a cultural difference in how people share personal information.

3.2.1 Barriers to health promotionand disease prevention

Many factors in the current health care system contribute to limited health literacy, including:

- Lack of coordination among health care providers;
- Confusing forms and instructions;
- Limited use of multimedia to convey information;
- Insufficient time and incentives for patient education;
- Differences in language and cultural preferences and expectations between doctors and patients;
- Overuse of medical and technical terms to explain vital information.

With this understanding, intermediaries will focus on four major strategies for the advancement of health literacy:
- Understand health literacy within the framework of culturally and linguistically diverse healthcare;

- Discuss various practices to address health literacy and make health information more effective through translation and interpreting;
- Discuss selective examples of trouble-spots in health literacy;
- Define and discuss the strengths and challenges that members of the healthcare team face when treating limited language proficiency people with low health literacy.

3.2.2 Strategies to overcome health barriers

Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly. What people may have learned about health or biology during their school years often becomes outdated, forgotten, or is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained. Organisations must commit to advocate for improved health literacy.To achieve this aim organisations must:

- Include training on health reporting and health literacy in schools of journalism and public health;
- Use local, community, and ethnic media to raise awareness of health information and services in the community and overcome barriers to care;
- Work with entertainment producers and writers to increase the amount of accurate health information in all mass media programming;
- Support and participate in media literacy and information literacy projects;
- Engage professional associations (e.g., the Association of Healthcare Journalists) and social media users (e.g., bloggers) in raising awareness of and action on health literacy issues;
- Use emerging technologies to reach all segments of society with accurate and actionable health information;
- Use person-centered technologies at all stages of the health care process to support the information and decision-making needs of people;
- Create patient-friendly environments that facilitate communication by using architecture, images, and language to reflect the community and its values;
- Refer patients to public and medical libraries to get more information and assistance with finding accurate and actionable health information;
- Refer patients to adult education.

  Adult educators can work with people to identify the specific skills needed to support health literacy. Adult education theory maintains that people want information that is relevant to their lives. According to many surveys, health-related content is likely to engage adult learners. Educators as an intermediary simultaneously build health knowledge and reach adults who may not connect with traditional health outreach methods. Construct lessons in which students use health-related texts like prescription labels, consent forms, health history forms, and health content from the Internet. To achieve this aim intermediaries must:
- Report consistently clear messages with action steps for health promotion and disease prevention;

- Tell stories about the impact of poor-quality health information and services on people and organisations in the community;
- Use different types of communication and tools with people, including vetted pictures and models and scorecards, to support written and oral communication with patients and their caregivers;
- Use direct and developmentally appropriate communication with children to build better understanding of their health and health care;
- Use proven methods of checking individuals understanding, such as the teach-back method, to ensure that theyunderstand health information;
- Use technology, including social media, to expand individuals' access to the health care team and information;
- Participate in ongoing training in health literacy, plain language, and culturally and linguistically appropriate services and encourage colleagues to be trained;
- Advocate for requirements in continuing education for health care providers who have been working in the field but have not participated in health literacy, cultural competency, and language access training;

Image 5–Health matters

3.3 –Community-based Approach

"Community" can be described as a group of people that recognises itself or is recognised by outsiders as sharing common cultural, religious or other social features, backgrounds and interests, and that forms a collective identity with shared goals. However, what is externally perceived as a community might in fact be an entity with many sub-groups or communities. It might be divided into clans orcastes or by socialclass, language or religion. A community might be inclusive and protective of its members; but it might also be socially controlling, making it difficult forsub-groups, particularly minorities and marginalised groups, to expresstheir opinions and claim theirrights.

Acommunity based participatory program is an approach that emphasiseson community empowerment as an important tool in health promotion especially in low and middle income communities. Key to community-based approaches is that they bring people together, offer the opportunity to share knowledge and experiences, and create common understandings. Such approaches aim to empower participants and their communities through their roles as active agents throughout the whole process. Furthermore, a community-based approach focusses on building strengths and resources within communities as a unit, and forging equitable partnerships to foster capacity building for the mutual benefit of all.

Image 6–Community-based development

3.3.1 Advantages of community-based approach

Key to community-based approaches is that they bring people together, offer the opportunity to share knowledge and experiences, and create common understandings. Such approaches aim to empower participants and their communities through their roles as active agents throughout the whole process. Furthermore, a community-based approach focusses on building strengths and resources within communities as a unit, and forging equitable partnerships to foster capacity building for the mutual benefit of all.

A community-based approach can help communities work to prevent social problems and to deal directlywith those that do arise, instead of having external actors step in and assume these responsibilities. It supports persons of concern in re-establishing familiar cultural patterns and support structures. Indeed, the goals of the community-based approach are to reinforce the dignity and self-esteem of people of concern and to empower all the actors to work together to support the different members of the community in exercising and enjoying their human rights.

"Participation" refers to the full and equal involvement of all members of the community in decision-making processes and activities that affect their lives, in both public and private spheres. The level of participation will depend upon how rewarding people find the experience and whether they gain something from the process. Participation also requires that instead of "informing and deciding for people,"we listen to them. Ourrole isto facilitate discussions and analysiswith persons of concern so that they can identify their own priorities and preferred outcomes.

3.3.2 Motivation of individuals and best practices

One's ability to comprehend health information is critical for health literacy skills; one's willingness to do so is another matter. The extent to which individuals choose to engage in any particular health literacy endeavor, including comprehension, new knowledge acquisition and decision making, will depend on the cognitive resources available (ability) as well as the willingness or motivation to expend those resources. This notion is captured by prominent models of health behaviors, which argue that motivational factors are necessary for compliance with what individuals may already know to be important behaviors.

Indeed, past research indicates that interventions focusing only on comprehension and knowledge acquisition do not always lead to changes. In nutrition, knowledge of healthy diets is not sufficient to encourage individuals to make healthy food choices. Motivation is also required.

Motivational factors underlying health literacy are not well understood, most likely due to problems surrounding their definition, operation and measurement. Nevertheless, measures have been developed to tap self-efficacy and control beliefs (those surrounding one's ability to attain desired goals) related to health outcomes and eating behaviors. These beliefs may provide motivation for individuals to persevere when faced with health behaviors that are challenging, unpleasant or time consuming.

Such motivational forces have been widely researched in the area of cognition. For example, control beliefs and self-efficacy related to memory performance have been shown to be important for cognitive performance, particularly when the cognitive tasks are challenging. Within the aging literature, researchers have suggested that self-efficacy and control beliefs are particularly important for older adults because they lead to the more effective use of strategies, which in turn leads to higher levels of performance. Older adults with a strong sense of control over their cognitive abilities allocated more attention to difficult reading passages than those with a weak sense of control.These data suggest that control beliefs may provide older adults with the motivation to persist in the face of a challenging comprehension task.

Summing up, health literacy represents a broad set of skills, one of which is the ability to comprehend health information so that new knowledge is acquired. The literature suggests that

comprehension and learning in later life are dependent on cognitive and motivational factors. More specifically, prior knowledge and motivation may support learning by mitigating declines in processing mechanics (e.g., working memory) that are likely underlying comprehension difficulties. Therefore, prior knowledge and motivational factors are likely to be important for health comprehension and learning later in life.

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Image 7—Motivationword cloud, health cross concept

Finally, community-based approaches emphasise the development of sustainable actions at the individual and community level. A community-based approach is well suited for health literacy initiatives for two reasons. First, itfocus on empowering individuals by gaining health knowledge and carrying out actions for health and wellbeing. People are stimulated to critically reflect on their own knowledge and experiences regarding health and social issues, and to act upon it. Second, a community-based approach takes place at the community level, incorporating people's social and cultural context, allowing for sharing health information, and enabling collective understandings and actions.

Successfully integrating the best practices and knowledge of health literacy into the field of public health is likely the most significant opportunity that currently exists to improve individual, community, and public health.

Adult educatorshave an important part to play in improving health literacy. We can talk to our friends, family, librarians, and coworkers about health literacy and get involved in the community. We can become an advocate for health with providers, employers, and policymakers.

Here is a list of best practices that you can take to start improving health literacy of your community:

- Organise informal health literacy events;
- Adapt activities or events to the needs of the community members;
- Prepare materials to organiseand engage community partners;
- Develop criteria and decision tree to select key parties;
- Identify and engage key parties (stakeholders, community leaders...);
- Organise planning meetings;
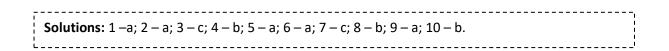- Coordinate and implement activities.

Self-assessment: Networking

1. In society it is crucial to establish "healthy" relationships, personally and professionally.
   a. True
   b. False

2. Who is not an intermediary?
   a. Students
   b. Teachers
   c. Staff of community

3. What do intermediaries do?
   a. Minimise opportunities to learn effective strategies
   b. Not work with people
   c. Help to extend the reach of PLE agencies.

4. People with health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease.
   a. True
   b. False

5. Which factors in the current health care system contribute to limited health literacy?
   a. Insufficient time and incentives for patient education;
   b. Underuse of medical and technical terms to explain vital information;
   c. Coordination among health care providers

6. Which one is not asolution for the health barriers?
   a. Not to give support
   b. Education
   c. Plain language

7. Local, community, and ethnic media must be used to raise awareness of health information and services in the community and overcome barriers to care.
   a. True
   b. False

8. In what does a Community-based participatory approach emphasise on?
   a. Create specific understandings
   b. Empower participants and their communities
   c. Build strengths and resources for individuals

9. Health literacy represents a broad set of skills.
    a. True
    b. False

10. Community-based approaches emphasise the development of sustainable actions at the individual and community level.
    a. False
    b. True

Solutions: 1 –a; 2 – a; 3 – c; 4 – b; 5 – a; 6 – a; 7 – c; 8 – b; 9 – a; 10 – b.

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