# Lay Family Health Advisers

## Learner Manual

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**ON CALL**

Lay Community Health Advisors

# Contents

# Abstract

The topic of health concerns both individuals and society as a whole. While everyone wants to be healthy there is a strong connection between income levels and where you live with your health and life expectancy. The rising costs of health care, including for diseases that could actually be prevented or better managed, such as diabetes, coronary heart disease and cancer, mean that societies and economies have an interest in promoting better health. To be and to stay physically and mentally healthy is linked to knowledge about living a healthy life at all stages. Central to achieving this is having access to health care and understanding health information. Health literacy is a basic competence and needs to be recognised as such.

Health literacy is the capacity of people to access, understand and apply information, so that they can make informed choices related to their health. In a Report by the European Health Forum in 2014 an alarming 47% of the population in eight EU Member States were reported to have insufficient levels of health literacy; 43% of adults surveyed had difficulty in grasping the notion of disease prevention and 51% of adults were found to struggle with the concept of health promotion or the ability to advance their own health.

Health literacy levels have an impact on the efficiency of healthcare systems. People that have low health literacy tend to go to the doctor more often, to be hospitalized more often or to take inappropriate treatment or prescriptions. Furthermore, they are less inclined to take preventative measures. Fostering health literacy of all citizens is beneficial for society at large as it reduces costs for public health systems which can, then, work more efficiently for those really in need of care.

Tackling the health literacy issue also means fighting poverty, social exclusion, racism and discrimination, and promoting social justice and gender equality. It provides a very strong basis to improve the socio-economic situation of many people as a healthier population in all stages of life can contribute better to the social, cultural and economic development of its community and country. Thus, it is not only about educating people in health issues but about empowering them to attain a better life for themselves and society as a whole.

Nowadays, the internet provides not only a vast array of health-related websites, but increasingly also becomes the first information point for health issues. It eventually leads to self-diagnoses of illnesses and diseases based on this information. However, the information provided in fora and on online consultation websites has to be dealt with carefully, as not all information on diseases, illnesses, their symptoms or their

treatment is correct and corresponds to the scientific state of the art in medicine. There is also a lot of esoteric and/or commercially driven information that can cost a lot of money or possibly even harm people.

A key aim of the ONCALL project is to improve health literacy within areas of social and economic disadvantage by adopting an asset-based community development approach. This involved the development of this bespoke training programme for community-based lay health, peer-support workers who on completion will be deployed within their community to promote and improve health literacy, targeting local residents, disadvantaged and vulnerable groups and adult educators.

A community-based peer-support programme like this is more likely to promote health literacy and health equity as the peer-support workers will have things in common with participants, allow participants to engage in discussions about topics wider than health and encourage participants to be involved in social networks where problems, concerns and tips can be shared.

Non-formal adult education can play a key role in equipping people with health competences. Adult education can be successfully linked with health prevention, healthy lifestyles, and health literacy. Health education needs to be accessible affordable and of high quality and promoting health literacy in disadvantaged communities can be best achieved by people closest to the communities at risk. Empowering adult educators to develop health literacy supports can provide solutions with low input costs on the one hand and very high efficiency and therefore a big output on the other hand that is beneficial to all parties involved. The ONCALL project partners believe that using an asset-based community development approach to address low-levels of health literacy in disadvantaged communities can achieve significant outcomes and impacts for individuals, the communities they live in and the health service providers who address their needs.

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# Introduction

Community learning has been shown to be a very effective method of promoting health education within communities. It is easier for people with lower levels of (health) literacy to open up and share their concerns with people from similar backgrounds.

 "It is considered extremely important to build on local initiatives and people's own experience. The role of the health educator or the adult educator is to be a facilitator, a resource, a catalyst for action and sometimes a link for communities to approach other structures, such as government services" (CONFINTEA Report 2009).

Adopting a bottom-up approach and creating small communities of interest to talk about health issues and share knowledge and experiences is therefore an efficient and effective way of learning and promoting health within a community.

Central to the ONCALL project is the development of a bespoke curriculum designed to capitalise on the human assets within local communities. The curriculum comprises of a comprehensive blended learning training intervention that entails 100 hours of training comprising 35 hours face-to-face classroom based instruction and 65 hours of self-directed learning. The aim is to train a team of Lay Family Health Advisers to promote and improve health literacy rates within local communities.

The curriculum focuses on building a range of competences in the following areas:
1. Pedagogy - understanding pedagogic best practice.
2. Health literacy - with a particular focus on issues related to mental health, diet and nutrition and preventative measures.
3. Networking - Developing and managing upstream and downstream networks and acting as an intermediary.

The ONCALL project makes full use of the latest technologies to deliver appropriate health literacy training within disadvantaged communities. The ONCALL project tries to ensure that the suite of health literacy resources developed are easily accessed and understood by those with lower levels of literacy or a learning disability. Each resource is available in a range of formats including audio, video, animated comic strips etc.

When fully trained, individuals will be deployed by local community development organisations as health literacy tutors to raise the awareness of healthy living in families that would be regarded as being disadvantaged.

The Lay Family Health Advisors curriculum is designed to create a new profile for a community development worker with expertise in health promotion and the development of health literacy.

# UNIT 1: Pedagogy

## Introduction

The curriculum produced by the ONCALL project aims to train local people as Lay Health Family Advisors, enabling them to raise awareness and increase understanding of topics related to health literacy within their community.

Within this Unit – Pedagogy Principles – participants are given the opportunity to acquire the skills and knowledge needed to further utilise the training and resources gained from the ONCALL programme to deliver health promotion within their communities.

The Unit comprises three subunits.

Subunit 1 – Pedagogical Principles – covers training techniques and learning styles, including resources to be used by trainers.

Subunit 2 – Communication Techniques – introduces communication theory, communication techniques, and intercultural communication.

Subunit 3 – Social Sensibility – addresses principles of social skills, social practices and how to prevent and resolve conflicts.

Working through these subunits, the Lay Family Health Advisors will acquire the necessary competences to be successful intermediaries. They will gain an understanding of how to assess their communities health literacy needs, how to communicate properly regarding particular needs and how to promote interaction and collaboration amongst individuals within communities.

The trained intermediaries will be equipped to engage and support disadvantaged families to develop their health literacy skills which are essential to them improving their health outcomes.

Regarding the English web resources indicated as further readings and materials to implement this unit, we suggest learners use the Google Chrome web browser and the right-click command "Translate to…" in order to use the resource in your native language.

## 1.1 Pedagogical Principles

According to Encyclopaedia Britannica, pedagogy is the "study of teaching methods, including the aims of education and the ways in which such goals may be achieved"[1]. This definition reflects the main goal of this subunit - to describe the main training techniques and learning styles so ONCALL trainees, at the end of their training, are able to choose and apply strategies suitable to the characteristics of the groups they will work with.

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[1] Retrieved from https://www.britannica.com/science/pedagogy

Education is the process by which society transmits its accumulated knowledge, skills and values from one generation to another. In the broadest sense, education may include any act or experience that has a formative effect on the mind, character, or physical ability of a person. It has a fundamental influence on the capabilities and potentials of individuals and communities to achieve development as well as social and economic success. It is one of the key factors for development as well as for empowering people. Education provides people with knowledge and information and also contributes to building a sense of self-esteem and self-confidence, and towards the realisation of one's potential.[2]

Related to this are certain pedagogical principles that should be taken into account as they can contribute to the success of the adult learner's experience. The ONCALL curriculum delivered to adults and the process of teaching them, known as 'Andragogy', has specific pedagogical principles, this is because compared to children and young people, adults present with a very wide range of life experiences and background knowledge.

Specific pedagogical principles include:

- **learning must be self-directed** – there is the need to explain the reasons things are being taught and to address them to each learner, but simultaneously adults must be given space to find their own way to learn and make decisions regarding it;
- **learning is experiential and utilises background knowledge** – instruction must consider adults´ diverse experiences as a resource and the basis for learning;
- **learning is immediately relevant to current roles** – adults are most interested in learning subjects that have immediate relevance to their job or personal life;
- **instruction is problem-oriented** – as adults want an immediate application of knowledge to their lives, training must be practical and applied to aspects useful to them;
- **learners are motivated to learn** – as a person matures, the motivation to learn is internal, regarding, e. g., personal development, improved self-esteem and better quality of life. [3]

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[2] Retrieved from https://www.coe.int/en/web/compass/education
[3] Retrieved from https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles
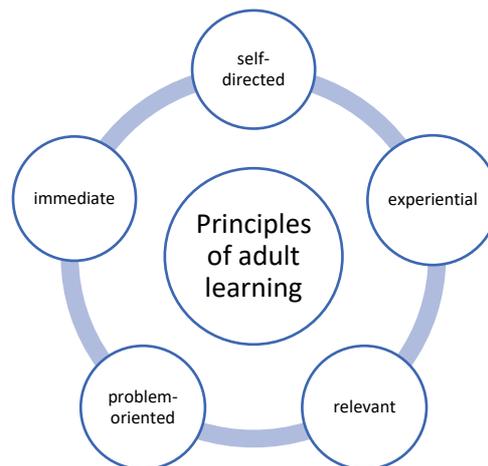
**Image 1 – Principles of adult learning**

In the context of the ONCALL project, the contents delivered are related to health and as such specific **health pedagogical principles** apply when delivering contents on this topic. Generally, these are[4]:

- consider health in its multiple expressions – physical, mental and social – and not only as the absence of diseases;
- incentivise learners to have and defend a healthy living as it is relevant for them;
- emphasise the importance of lifelong learning in general and regarding the promotion of health in particular, both formal and informal – reading skills or computer literacy will facilitate the development of health literacy skills;
- foster interaction amongst individuals, the community, and local health services.
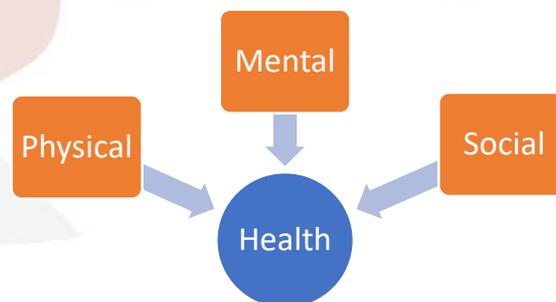


**Image 1 – Health dimensions**

## 1.1.1 The Successful Health Advisor Characteristics

To improve health literacy of families, the ONCALL project recommends establishing networks of lay health advisors who become 'community trainers'. The act of training involves them engaging with the trainees who are residents within the communities. Lay health advisors collaborate in a way designed to improve resident's knowledge and skills. Important to this process is recognising key social characteristics and health needs of their target groups and individuals as these will influence other factors

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[4] Retrieved from http://www.unesco.org/education/educprog/ste/projects/health/principles.htm

related to the act of training, such as, theories of learning, organisation of health activities and events, and instructional media.

Below is a list of **Health Advisors' pedagogical characteristics** that participants must demonstrate and apply when delivering health programmes, to be successful in their role:[5]

- conduct initial "needs analysis" to be aware of the health literacy needs of the individuals/community;
- create a supportive and collaborative learning environment;
- involve elements of the community with different social roles – students, workers, fathers, mothers, etc. – to reach a wider audience;
- consider individuals' previous knowledge;
- reinforce key health topics by returning to them when considered needed;
- present the materials as resources to be used by the individuals themselves or to support other people;
- facilitate learning using learner-centered and task-based techniques – doing, seeing, reading, listening, etc.;
- include in the programme social aspects of health alongside the physical and mental.



**Image 3 – Involve elements of the community with different social roles**

## 1.1.2 How to Conduct a Needs Analysis on Health Literacy?

Health literacy refers to the capacity that individuals have to obtain, process, and understand basic health information and services that are necessary to make appropriate health decisions. There are a range of simple or more comprehensive tools that can be used to measure it.

**Health literacy categories** are usually divided in four:

- **poor/inadequate:** causes problems to the individual and to the society;
- **limited/marginal:** causes avoidable problems to the individual;
- **sufficient/adequate:** main individual's needs are met;
- **excellent:** high competency of critical health literacy.

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[5] Retrieved from http://www.unesco.org/education/educprog/ste/projects/health/pedagogy.htm

The boundaries between categories are not rigid and determining someone's health literacy is a complex and difficult process. Some people can have good health literacy in one area (e.g., managing diabetes) but poor health literacy in another area (e.g., taking antibiotics correctly). ONCALL project focus on those people with poor or limited health literacy.

There are some social characteristics that will help identify **people with a higher risk of poor health literacy:**

- Low socio-economic status, determined by occupation, income or social exclusion;
- Low education;
- Poor language skills or illiteracy (analphabetism);
- Disadvantaged ethnic minority status;
- Prevalence of low or inadequate health literacy increases steadily from about age 50, and the majority of people age 75+ have been found to have low health literacy;
- Any group that is probably underserved by preventative health care services, such as migrant workers or illegal drug users.

It is important to note that inadequate health literacy is not confined to or determined by any particular characteristic, social or not, so the information presented previously may not apply to all individuals/communities.

Individuals with low health literacy may not evince willingness to follow health care advice. Being part of a social or cultural specific group, e.g. a minority ethnic group, often creates barriers for individuals when dealing with health information. That is why ONCALL Health Advisors have a greater chance of success in their role, as the health contents are delivered by peer educators from the same social/cultural group, who are sensitive to specific cultural values and behaviours. [6]

As stated, the first step Health Advisors must take when collaborating with individuals/communities is to understand their health literacy needs. A simple tool to assess health literacy and determine someone's needs regarding it is to put some questions to individuals. Below is presented a short list of commonly used questions to identify the category of health literacy an individual can fall into. The choice of questions depends on the individual and on their aim.

Simple questions to assess someone's health literacy are[7]:

- *How confident are you filling out medical forms by yourself?*
- *How often do you have someone help you read hospital materials?*
- *How often do you have problems learning about your medical condition because of difficulty understanding written information?*

[6] Retrieved from http://healthliteracycentre.eu/recognizing-low-health-literacy/
[7] Retrieved from http://healthliteracycentre.eu/measuring-health-literacy/

Survey tests are more complex tools that can help identify someone's needs on health topics. There is one website where you can find an appropriate health literacy measurement tool considering your goals. You can check it at http://healthliteracy.bu.edu/

The Agency for Healthcare Research and Quality (USA) is one of the organisations that developed tools to measure individuals' health literacy regarding reading comprehension in a medical context. These tools allow comparison of health literacy amongst individuals and can be used for program training planning purposes.

The **Short Assessment of Health Literacy** – English (SAHL–E) is one of those tools. Persons taking the assessment are presented 18 health test terms. Each term is presented together with 2 words: one with a related meaning to the test term and the other not related to the test term. This assesses the person's comprehension as well as pronunciation of health-related terms. The test can be taken in less than five minutes. You can find a ready to use test and directions how to use it with your local groups in the activities section. [8]

The 18 items of *SAHL-E*, ordered according to item difficulty (keys and distracters are listed in the same random order as in the field interview)

| Stem | Key or Distracter | | |
|------|------|------|------|
| 1. kidney | __urine | __fever | __don't know |
| 2. occupation | __work | __education | __don't know |
| 3. medication | __instrument | __treatment | __don't know |

**Image 4 – Initial part of the Short Assessment of Health Literacy – English (SAHL–E)**

By applying the questions to assess individual's health literacy or the Short Assessment of Health Literacy – English (SAHL–E) you will be able to identify some of the learners' needs regarding health information and select adequate ONCALL resources to use with them.

## 1.1.3 Learning Styles

Each individual learns differently. Understanding how each individual is more engaged in learning is important because you want them to retain the information you pass on so they can use it in their daily life. There are many learning styles theories – three of the most commonly recognised are Visual, Auditory and Kinaesthetic:

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[8] Retrieved from https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html

| Visual | Learners rely on watching images, graphics, diagrams, charts, maps, PowerPoints, etc., to learn. |
| --- | --- |
| Auditory | Learners must listen to learn. It can be in situations as lectures, group discussions, reading-aloud, etc. |
| Kinaesthetic | Learners "learn by doing" and require movement to be incorporated into their learning. This can be done using hands-on learning, acting or role-playing. |

Human intelligence results from a combination of different and more complex learning styles. What is important to retain is that you must observe your learners and identify what kind of activities correspond to their learning style, so you can implement the best practices to improve their learning process.

## 1.1.4 Training techniques

ONCALL curriculum comprises a **digital toolkit of 36 health literacy multimedia resources**, divided per three main **subjects:**

- Promoting Positive Mental Health;
- Diet, Nutrition and Healthy Eating;
- Measures for Healthy Living.

Each multimedia resource is composed of:

Tutor handbook – exclusive for the trainer, gives you information about the topic and a suggestion of activity;

- **Fact sheet** – one visually attractive page with basic information about the topic;
- **PowerPoint** – developed presentation of the topic;
- **Video** – short video with avatar presenting important information on the topic.

There are many training techniques available to help you deliver your training and use these resources. So many that it can be difficult to determine which ones to use. Using different techniques in each training session is usually the most effective way individuals learn and retain information.

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[9] Retrieved from https://www.udutu.com/blog/what-are-adult-learning-styles-and-how-do-they-affect-elearning/

As envisioned by adult education pedagogical principles, it is important to choose learner-centred techniques. Consequently, we suggest you focus on three pedagogical approaches – the interactive, the inductive, and the exploratory. Following on from this you will be presented with techniques and resources that you can use to deliver the ONCALL curriculum to your trainees to improve their learning experience.

Before considering specific training techniques, ask yourself:

- *Which are my training goals?*
- *Who is being trained?*
- *How long will the training last?*
- *Where will the training take place?*
- *What training resources do I need?*

Your answers to these questions will help you choose the most adequate training techniques and resources from the list below.

**Interactive[10]:**

- **Quizzes** – stop periodically to make questions on information presented to that point. You can also begin sessions with a pre quiz and let participants know there will also be a follow-up quiz. Trainees will stay engaged in order to improve their pre quiz scores on the final quiz. You can use multiple choice or true/false questions, like the ones at the end of this Unit.

- **Small group discussions** – break the participants down into small groups and give them real life situations to discuss or solve. For example: Which measures can we take to avoid obesity? How can we deal with stress? This is a good way for learners with more knowledge to pass it on to the others. At the end, let each group expose their findings.  Finally, show them the ONCALL resources regarding these topics.

- **Case studies** – adults tend to have a problem-oriented way of thinking, as previously mentioned, so case studies are a great way to make them engaged. By analysing real life related situations, they can learn how to handle similar situations. You can use as inspiration examples from your community, news or trending health topics on media, so the likelihood of learners being familiar with them is higher.

- **Active summaries** – create small groups and have them choose a leader. Ask them to summarise the lecture's major points and have each team leader present the summaries to the all group. Give feedback on summaries by correcting or adding important information.

- **Question cards** – during the lecture, ask participants to write questions on the subject matter. Collect them and conduct a quiz/review session at the end.

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[10] Retrieved from https://simplifytraining.com/article/most-effective-training-techniques/

- **Role-playing** – by assuming roles and acting out situations that might occur in real life, people learn how to handle various situations before they face them. Role-playing can be a great training technique, for example, for people learning how to express correctly when having an appointment with a doctor[11] or to simulate how they can help a friend going through mental health issues. You can show learners some ON-CALL resources on these topics and after the role-playing, so you can ensure information was retained.

- **Participant control** – create a list of topics that will/can be covered. You can use the titles of the 36 ON-CALL media resources. Ask participants to review it and pick items they want to know more about. Call on a participant to identify his or her choice. Cover that topic and move on to the next participant.

- **Demonstrations** – whenever possible, bring tools or equipment that are part of the training topic and demonstrate the steps being taught or the processes being adopted. For example, you can simply use a ball to show some physical exercises that people can do every day to get the benefits of physical activity.

- **Create a personal action plan** – each individual has their own needs regarding health. Hence, you can help learners designing individual action plans concerning mental health strategies, diet and physical activity.

- **Outdoor training** – visiting places in the community that are related to the training can be very useful for learners. They may not be aware of the location of health services or supporting organisations and by showing them their location, introducing them to people working there and explaining what kind of services the organisations offer, it can be a step forward for the improvement of their health.

Advantages of interactive sessions are that they keep trainees engaged in the training, which makes them more receptive to the new information. They also make training more fun and enjoyable and learners can provide in-session feedback to trainers on how well they are learning. Nonetheless, interactive sessions can take longer because activities, such as taking quizzes or breaking into small groups, are time-consuming.

**Inductive[12]:**

Inductive learning is a technique where the learner develops knowledge from observing and analysing examples. This is the opposite to deductive learning, where learners are offered knowledge that they need to know and later apply.

By observing examples, we can try to see if things regularly happen in the same way and identify a pattern. With inductive learning, tasks are designed to help guide the learner and assist them in building knowledge. The advantage of this technique is that the mental effort of working out patterns for ourselves helps us remember them, unlike

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[11] Additional information can be found at https://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/index.html

[12] Retrieved from https://www.netlanguages.com/blog/index.php/2017/06/28/what-is-inductive-learning/

deductive learning which involves trying to assimilate of a lot of new knowledge and information at the one time.

In inductive learning, if the learner deducts something incorrectly, trainers role is one of guiding and assisting them to ensure that they have inferred correctly.

So, whenever possible, you should adopt this technique. Some of the interactive techniques presented before are based in inductive learning, such as small group discussions and case studies.

| INDUCTIVE | DEDUCTIVE |
|---|---|
| specific examples → general knowledge | general knowledge → specific examples |

**Exploratory**[13]:

Exploratory learning is an approach that encourages the learner to explore and experiment to uncover relationships, with less focus on didactic training - teaching by lecturing. Learners may discover unexpected lessons and reach conclusions following various paths.

Learners should be given a goal - it can be a problem-based question - and the resources to reach it, and they can fail or succeed. Delight comes when they figure it out on their own. As in inductive training, trainers have the role of guide their resources' exploration to ensure they reach their goal.

Computers can be used as tools to support exploratory learning. For example, you can provide ONCALL factsheets or videos to the learners and let them associate them with their lifestyle to reach some conclusions on what they could change in their behaviour to improve their health.

But there are a lot more online resources you can look for and use, considering your learners' needs. For example, do you know there are many people taking blood thinners due to different reasons? But sometimes people taking them are not fully aware of all the precautions they must have regarding their use. You can show learners the video Staying Active and Healthy with Blood Thinners and let them relate the precautions announced with their habits to check if there is anything they can improve in their routines regarding the taking of these pills.

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[13] Retrieved from http://www.usabilityfirst.com/glossary/exploratory-learning/

## 1.2 Communication Techniques

## 1.2.1 Principles of Communication Theory

The most common model of interpersonal communication refers six factors in any verbal communication act: the addresser that sends a message to the addressee, the context in which this happens, a common code to the addresser and the addressee to send the message and, finally, a channel between the addresser and the addressee, enabling both of them to stay in communication.[14]

**Image 5 – Verbal communication factors**
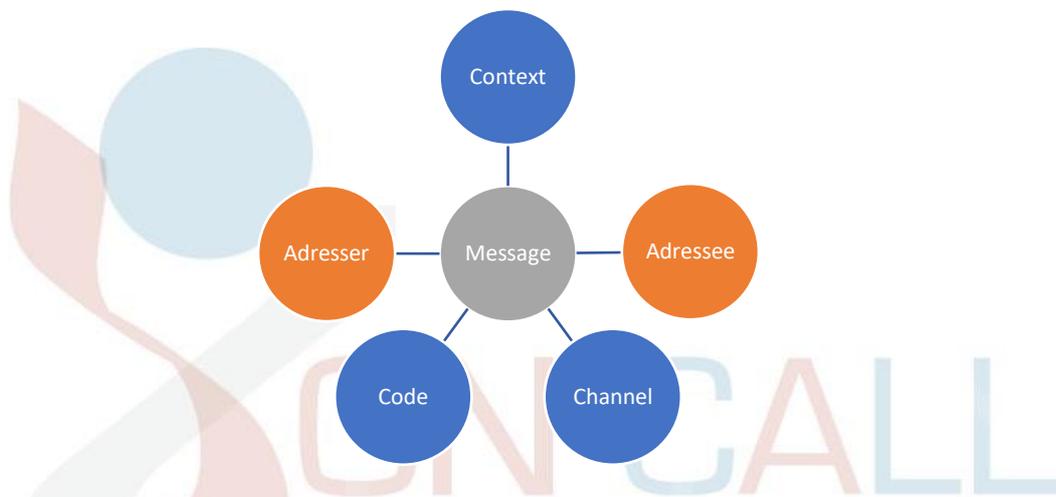


In the context of ON-CALL training, these six factors of the verbal communication can be understood as:

- **Addresser** – the trainers or the trainees.
- **Addressee** – the trainees or the trainers.
- **Message** – the contents to be delivered by the trainers and the feedback from trainees;
- **Context** – in general, refers to the delivery of contents by Lay Family Health Advisors, produced in ON-CALL project; in particular, it can refer to the specific context in which each of the Health Advisors delivers the contents;
- **Code** – is the verbal language and nonverbal resources (images, videos, etc.) used to communicate;
- **Channel** – is the media used for communication, in this case it will be orally/prudentially

All these factors are crucial tothe success of the training and as such must be taken into consideration when planning and delivering the contents.

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[14] Retrieved from https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100016553

## 1.2.2 Intercultural Communication

Cultural diversity is a key characteristic of most European communities today therefore knowing how to communicate effectively with people from other cultures is a necessary skill that Lay Community Health Advisors must possess.

Cultural differences are a key factor in communication in general. They include factors such as race, ethnicity, language, nationality, religion, age, gender, sexual orientation, income level, and occupation. Health literacy is also influenced by different cultural values that affect how people understand and respond to health information.

Some **examples of values, attitudes and traditions that are interrelated with culture and can influence health literacy** include:

- Accepted roles of men and women;
- Value of traditional medicine versus Western medicine;
- Favourite and forbidden foods;
- Manner of dress;
- Body language, particularly whether touching or proximity is permitted in specific situations.

Obstacles to effective communication in intercultural groups, i.e., formed by people belonging to different cultures, include stereotyping – an oversimplified idea of a particular person/group – and ethnocentrism – the evaluation of other cultures according to the standards of one's own culture.

To avoid these obstacles, you must develop your intercultural competence that is the ability "to recognise the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations".[15] Even tough Health Advisors can have a different culture than their learners, they must put themselves in the others' shoes and adapt their communication style to them. This means to communicate in a culturally and linguistically appropriate way relevant information considering the learners´ culture, in order to assure an effective communication.

Some **recommendations** to reach effectiveness are:

- be sensitive to the characteristics of the specific cultures you deal with and have to adapt to, by observing and listening carefully to the others;
- be careful with specific gestures and facial expressions since they can have different meanings. For example, finger gestures can have various meanings in different countries. While in some countries (like Portugal and the United Kingdom) joining the thumb and index finger to form a ring means a positive sign (OK), in some Mediterranean, Arabic and Latin American countries this gesture is an obscenity;[16]
- speak individually with whom may have more cultural or language barriers so that the interaction is effective;

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[15] Retrieved from https://health.gov/communication/literacy/quickguide/quickguide.pdf
[16] For more about how to read body language and other examples around the world access: https://takelessons.com/blog/how-to-read-body-language-examples-z14

- reinforce the use of multimedia resources, namely the ON-CALL videos and images, if you think other people are misunderstanding you;
- if an immigrant doesn't speak or has a limited proficiency in the language of the host country, establish contact with a person from the community that speaks the same mother tongue as the immigrant, so he/she can express better and you can transmit relevant information.

Finally, be open-minded and respect others' culture. By doing so, you will be able to manage communication within a culturally diverse group so diversity can be used as a source of intercultural knowledge and enrichment between culturally diverse individuals.[17]



**Image 6 - Be open-minded and respect others' culture**

## 1.2.3 Communication Techniques for Delivering of Health Topics – Best Practices

After accessing individuals'/communities' health literacy and their health information needs and after being familiar with their cultural background, Health Advisors are ready to select the information learners need to know and prepare their communications.

To ensure effective communication on health literacy topics, Health Advisors must consider the following **communication techniques:**

- **Break the ice:** there are several activities you can do at the beginning of a training session to get people involved in it and more comfortable with each other. One suggestion is "The story of my name" contained in the activities section. Simultaneously, people will have the opportunity to present themselves and share some characteristics of their cultural background.

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[17] More information at https://www.the-centre.co.uk/blog/post/7_principles_of_intercultural_communication_by_the_equality_academy

- **Apply individual-centred communication:**
  - Asking learners individually about their previous knowledge on the meaning of certain concepts before you give information, so they feel acknowledged;
  - Explaining topics considering individuals' cultural and social characteristics mentioned before, like age, language, religion, etc.;[18]

- **Use plain (simple) and clear language**, so individuals can understand what they hear or read at first;[19]
- **Avoid long sentences**;
- **Organise information and present the most important topics/key points first;**
- **Explain the meaning of technical health terms** – you can use the [Plain Language Medical Dictionary](#) to better understand medical terms and explain them to other people; if you need a further knowledge about conditions, check https://www.nhs.uk/conditions/;
- **Use everyday examples to explain technical terms**;
- **Use multimedia resources** as they increase motivation and allow better understanding of the information – ONCALL has its own Digital Toolkit of Health Literary Resources that can be used, but you can also use other resources that you might find useful;
- **Ask open-ended questions**, starting with the words "what", "how" and "why", instead of those that can be answered with "yes" or "no";
- **Motivate individuals** by encouraging them to share their health concerns in detail and as precisely as possible;
- **Use the active voice;**
- **State specific actions** and recommendations you want learners to take;
- **Use the "chunk and check" method:** break down information into small chunks with breaks to check understanding in between. This avoids overloading the person with information in a row and allows the identification of anything he/she has not understood or that they would like further information on;[20]
- **Use the "teach-back" method** to check understanding and enhance communication with each other – Health Advisors ask the person receiving the information to reformulate it in his or her own words, to help ensure the information is understood and remembered. Examples of questions to put: "*Can you repeat this information to me so I know it is clear?*" or "*If a member of your family asks you about this subject, what are you going to tell him/her?* If understanding is not successful, the Advisor repeats the process and reinforces the gaps in information until the learner can reformulate it.[21]

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[18] For more information on individual-centered communication watch
https://www.youtube.com/watch?v=xGQ0hCdNDjU
[19] For detailed guidelines on plain information visit https://www.plainlanguage.gov/guidelines
[20] Retrieved from https://rcpsg.ac.uk/college/this-is-what-we-stand-for/policy/consent/health-literacy-and-communication-techniques
[21] For more information, visit https://www.merckconnect.com/static/pdf/TeachBack.pdf

**Image 7 – Motivate individuals sharing their health concerns**

Communication skills are very important for Health Advisors. Their skills may make a big impact on how learners understand health information. Hence, during the training solicit feedback regarding the relevance and efficiency of your communication and improve it, if necessary. Critiques work best when they are written and anonymous, unless a trainee volunteers to discuss his or her thoughts in person. Trainee input is vital for making the following session more effective.

## 1.3 Social Sensibility

Social sensibility is an emotional and cognitive aptitude related to surrounding people and situations. There are two fundamental processes in the centre of social sensibility: enculturation and socialisation. Enculturation is the gradual acquisition of the characteristics and norms of a culture or group by a person or another group/culture. Socialisation is the process of learning to behave in a way that is acceptable to society. Considering this, the aim of social sensibility is the **ability to perceive the intellectual states of others**. So it is something we do every day.[22]

### 1.3.1 Social Skills

As a Lay Family Health Advisor, you must have already realised communication performs an important role in your tasks. But there are other skills to facilitate the interaction between you and your learners. These are the social and interpersonal skills that will help you to successfully manage your work as an intermediator. The possession of the following **social and interpersonal skills** is important for you[23]:

- **Active Listening** - look at the person you are speaking with and hold eye contact. Summarise and paraphrase what he/she says to build your relationships. This will help you remember what is being said, show professionalism and prove you're paying attention. Everyone wants to feel heard;
- **Communication** - we already mentioned the importance of this. More tips are to use the right vocal tone and body language based on who you're speaking to. Maintain engaged body language, such as occasionally nodding throughout

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[22] In SCHULKIN, Jay, Roots of Social Sensibility and Neural Function, MIT Press, 2000.
[23] Based on https://cliniciantoday.com/the-top-7-interpersonal-skills-for-nps/ and
https://www.cdl.org/articles/social-skills-and-school/

your conversation and smiling. It will help build confidence and credibility. What you say is so important as how you say it;

- **Stress Management** - stress is common nowadays. Chances are your learners project their stresses onto you. Therefore, it is important that you are able to manage your own to prevent your mood from interfering with your relationships with learners and to help relieve some of their stress;
- **Compassion** - is the concern for the sufferings of others. Is a key component of sympathizing with your trainees and it help others see your passion for your work as an Advisor;
- **Empathy** - the ability to feel what the other person feels. If individuals are not self-confident, they might not feel comfortable approaching you or confiding in you. It is your task to provide a safe and inviting space for learners and to fostering optimism on them;
- **Teamwork** - because you can act as a liaison among families and health services, it is important that you're able to engage in teamwork and collaboration;
- **Problem Solving** - you need to be able to think quickly through a problem in order to effectively solve it. Someone may not agree with you, get angry at something you say, insult you or become aggressive towards you. This requires negotiation and compromise, give and take;
- **Previewing** - conversations require you to think about the effect your words or actions may have on your listener before you say or do them. If you think that the impact will be negative, you can adjust what you might say or do.

Practice these social skills and you will engage more productively with families, deepening your relationship with them and become a great Health Advisor.

## 1.3.2 Social Practices

Different social skills can also influence **social practices**. This can have different meanings and, in a wider sense, it refers to all human activity, in a more specific sense it refers to a social group context, regarding time and space. It can refer to going to work or school, cooking, hygiene habits, festivities, etc. These activities are routinely performed and follow rules that determine the common behaviours of individuals within a group – that is what we call Culture. These behaviours have a concrete meaning within that group, but can have no value in another group. This means that a social practice that is valid for one group/culture may not be for another.

Social practices show the power of tradition. However, this does not mean that a social practice is eternal if we consider that there are customs that come to an end because in the present they are interpreted from a different perspective. Learning about other cultures within our community, about their customs and traditions, is a positive way to open our mind, to find that there is no single way of doing things, but different points of view. It is also good to have a personal criterion on social practices because something does not have to be valid simply because most people do it.[24]

Lay Family Health Advisors work inside disadvantaged communities with the aim of improving their health literacy. Then, we can ask: *"How do we change individuals'*

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[24] Retrieved from https://queconceito.com.br/pratica-social

*health practices/behaviours for better?"* This can be done by understanding the components that make up the practices and fostering the relations between individuals. For example, **cooking** and sharing a meal is a practice that can help individuals from different cultures engage with each other and, at the same time, they can speak about the nutrition topic – they can discuss the nutritional value of the meal and find ways if it can be improved. This creates the opportunity of exploring personal and social identity and learning from different experiences.



**Image 8 – Cooking is a social practice that can engage people**

Regarding education, as already mentioned that there can be lack of motivation for learning if it is not relevant to individuals. So, another activity you can develop is to ask learners to **share stories** about health. These must be chosen carefully, so they are adequate to the training aims. These stories will give a view on individuals' life, on their different social roles and tasks - either in the family or work context - on other actors participating in it, helping you identify their practices and how to improve them, making learning relevant for learners. You will be establishing learning opportunities in their everyday lives, of their families and of other people surrounding them.

Many individuals have grown up without a big connection to arts. However, learning experiences through art also benefit people involved in lifelong learning. Advisors can appeal to imagination, engaging adults in the exploration of themselves and of their relationship with the society they live within. Following are presented **ways of exploring social identity through arts** that you can use with your learners[25]:

- **Drawing** – Create posters with phrases and pictures that appeal to correct behaviours, for example, regarding food consumption, and post them in the training room or tell them to take them home and post them there;
- **Painting** – Make self-portraits, family portraits or any other representations of learners' daily situations where they can explore health-related topics - for example, they can portray a family member or other person who has a health problem;
- **Photography** – Take pictures of everyday situations, including at the workplace, representing correct behaviours, such as correct procedures for the using of screens or right postures when seating;
- **Writing** – Through writing, learners can better express their concerns about their health issues or create short stories as good examples of proper health

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[25] Retrieved from https://www.ericdigests.org/2003-2/adult.html

procedures - for example, describing the story of someone who smoked and had related health problems and, after quitting, the benefits gained;

- **Dance** – Some resources in ONCALL project tackle the benefits of exercise, so you can learn the choreography of a song and move your body for a better health;
- **Music** – You can help learners write some lyrics, create music and sing their sorrows away;
- **Role play** – Besides what was said before on this topic, another possible activity is to rely on learners' experiences to help them reinterpret health situations that they realise could have had a more correct approach, now that they have more knowledge on health.

Adult learning can also take place in museums, galleries, theatres, and similar venues. It is your task to look for exhibitions, plays, etc., related to health literacy and take or direct your trainees there.

The set of these art activities are focused on the production of art as the expression of individual/community culture. They foster the development of communication and reflection skills about oneself and others, contributing to social change. It is important to speak and reflect about the outputs produced by learners, so they can make significate learning from them. This way, they are expected to get even more engaged in ON-CALL training and also increase their confidence.

## 1.3.3 Conflicts Prevention and Resolution

Training can be a fulfilling experience but sometimes it can also be not so exciting, trainers need to understand group's dynamics and how they interfere with learning. By following all the recommendations we have been giving you during this first Unit, the probability of having conflicts in a group training is reduced. We have approached interactive and collaborative training techniques, communication techniques, social skills knowledge and you are provided a wide range of multimedia resources to use, what makes learning attractive and engaging.

Nonetheless, alliances and tensions among trainees can create an unfavourable learning environment. This can be influenced by many factors as learning difficulties, personal or family problems, social exclusion, and unemployment, among others. Next we will guide you on how to manage your group so you know **how to avoid conflicts** during a training session[26]:

- **Plan your training** – One source of problems in a session is learners having "free time" during it. Plan small tasks you can give someone individually or in a group. When learner's finish their main task in advance have them comparing the results with other individuals/groups;
- **Establish rules** – Encourage everyone to discuss and establish rules. This will help to prevent learners' disrespect for others – respecting anything and anyone is essential. Also highlight the importance of punctuality, to ensure groups' dynamics are not broken by late arrivals. Define when phones can be used, and teach them how to work collaboratively;

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[26] Retrieved from http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC6039817&blobtype=pdf

- **Consider ice breaking/teambuilding exercises** – The more you know your learners and they know each other, the more you will be able to deal logically with their different personality types and will be able to solve any conflicts among them;[27]
- **Listen** – Listen carefully and look at your learners when you are talking to them in order to show attention and provide correct feedback; many conflicts start due to misunderstanding and trainees must be taught good listening habits, like letting the speaker talk without interruption;
- **Use peer education** – When we teach something, we feel and we need the approval from our peers, so give everyone the opportunity to show what they can teach to others. We already gave you some suggestions on this before;
- **Use positive reinforcement** – It is useful to keep people encouraged and engaged;
- **Reflect** – Reflect about the training, specially about the opportunities that it is giving to you, and ask trainees to do this same exercise;
- **Act before minor incidences** – Mild disruption easily can escalate if not stopped.



**Image 9 – Use positive reinforcement to keep learners engaged**

In rare cases, learners may keep their disruptive behaviours. If you want to establish a training culture that values community, conflicts between learners should be approached with reconciliation as the goal. The following are suggested as possible steps that can be taken **to resolve conflicts** during a training session[28]:

1. **Give trainees a chance to cool off and reflect on their feelings.** If disputes occur in the middle of training, when you may not be able to discuss the situation with them, you can separate them and provide quiet spaces to calm down and focus on some reflection questions to prepare for a later discussion. They can also express themselves by writing.[29]
2. When you consider the appropriate time, **bring trainees together and ask them to share their perspectives on the situation**, using I-statements (as "I feel…") to discuss their feelings and attitudes. We will not be looking for a party. They should also think about and share how their actions impacted others in the room and about ways they can act differently in the future.

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[27] To learn more about icebreaking/teambuilding exercises access the following link:
https://risepeople.com/blog/team-building-icebreakers/
[28] Retrieved from https://www.learnersedge.com/blog/resolving-conflict-in-the-classroom
[29] To learn more about conflict resolution, check out the following handout:
https://cdn2.hubspot.net/hubfs/345105/Blog-Additional-
Content/2018%20Blog%20Additional%20Content/Conflict%20Resolution.pdf?hsCtaTracking=5c61763e-41f0-
44d7-8871-5a23d65535e0%7C084a5ef6-9b3f-4fe5-8f58-81593eb0adca

3. Once trainees have shared their perspectives, it's time to **negotiate a solution**. You can provide them with options or you can ask how they would resolve their conflict and choose from their own proposed resolutions. The solution must ensure both trainees achieve their goals. They must state that they agree with the resolution and shake hands to acknowledge the conflict is over. They can also thank each other for working through the issue and apologise.
4. **Check back** with trainees in a few days to make sure any tensions between them are dissipated.

The goal in creating a clear conflict-resolution process is not just to end disputes, but to empower trainees to learn from their mistakes, solve their own problems, and contribute positively to the training group. With time and dedication, we can help everyone achieve these goals.

A last suggestion you can use to try to disable a source of conflicts (stress) in a group is meditation. You can choose the best time to do it during your training – at the beginning of the session or after lunch are good options - to improve your trainee's well-being.[30]

You are now equipped with skills to promote better relationships and a positive climate during training.

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[30] To learn more about mediation read the following factsheet: http://www.meditationinschools.org/wp-content/uploads/2013/06/Five-minute-to-a-calmer-classroom.pdf

## Self-assessment

1. Which of the following options is not an adult education pedagogical principle?

   a. Learning must be self-directed.
   b. Learning is theoretical.
   c. Learning is problem-oriented.

2. Indicate if the following sentence is true or false.

   *Health pedagogical principles focus on the social dimension of health.*

   a. True
   b. False

3. Complete the sentence: Health Advisors must…

   a. not repeat health topics during the training.
   b. only involve in the training individuals of the community with the same social roles.
   c. consider trainees' previous knowledge.

4. Which of the following questions you do not use to assess someone's health literacy?

   a. *How confident are you filling out medical forms by yourself?*
   b. *What do you think is your level of health literacy?*
   c. *How often do you have someone help you read hospital materials?*

5. Which of the following training techniques must **not** be used with trainees?

   a. Written exams
   b. Analysis of case studies
   c. Role-playing

6. The addresser, the addressee and the message are important factors of verbal communication.

   a. True
   b. False

7. Some examples of values, attitudes and traditions that are interrelated with culture and can influence health literacy include:

   a. Accepted roles of men and women
   b. Favourite and forbidden foods
   c. Hair and eyes colours

8. Which of the following communication techniques must not be used with trainees?

   a. "yes/no" questions
   b. Individual-centered questions
   c. The teach-back method

9. Active listening and empathy are important interpersonal skills.

   a. True
   b. False

10. The best way to resolve a conflict between trainees is by:

   a. Solving immediately the situation before all group by providing a solution.
   b. Separating the involved parts and bringing them together after some time to reflect on the situation.
   c. Telling the trainees to solve their conflict outside the training room and on their own.

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

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**Videos**

*What Is Teach-Back?*

Available at: https://www.youtube.com/watch?v=bzpJJYF_tKY

*How Long Does Patient-Centered Communication Take?*

Available at: https://www.youtube.com/watch?v=xGQ0hCdNDjU

*Blood Thinners: Staying Active and Healthy*

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**Credits**

Images 3/9 – Retrieved from pixabay.com

Image 6 – Retrieved from clipartart.com

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Image 8 – Retrieved from freepik.com

# UNIT 2 – Health Literacy
## Introduction

The theme of this unit is Health Literacy. Health Literacy has been defined 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.

The promotion of health literacy is critical to active and informed participation in healthcare issues and is identified as a key action to reduce health inequalities within the European Union by the European Centre for Disease Prevention and Control.

Levels of health literacy within the EU remain cause for concern as highlighted in a 2012 European Health Literacy Survey, which included all three levels of health literacy – functional, interactive and critical health literacy – and found that almost every second respondent showed limited health literacy.

There are considerable social and economic impacts resulting from limited health literacy. Research has shown that poor health literacy is consistently associated with poor health behaviours and outcomes. A report by Public Health England (2015) stated that limited (functional) health literacy predicts poor diet, smoking and a lack of physical activity independent of risk factors including age, education, gender, ethnicity and income, and is associated with an increased risk of morbidity and premature death in older adults independent of age, socioeconomic position, cognitive function and pre-existing illness. People with long-term conditions including depression, diabetes, and heart, kidney and musculoskeletal disease are also more likely to have limited health literacy. People with low health literacy, compared with the general population:

- are 1.5-3 times more likely to experience increased hospitalisation or death, and are more likely to have depression;
- are more likely to struggle with managing their and their family's health and wellbeing, and are thus at increased risk of developing multiple health problems;
- use fewer preventive and health promotion services, such as cancer screening and flu vaccinations, and have less recall and adherence to medical instructions and healthcare regimes;
- find it more difficult to access appropriate health services, make more use of accident and emergency services and have longer in-patient stays;
- have less effective communication with health and social care practitioners and are less likely to engage in active discussions about their health options, potentially leading to their health needs being hidden.

Although health literacy affects everyone, evidence suggests that some groups are more at risk of experiencing low health literacy than others:

- Those experiencing social and economic disadvantage;
- Migrants and ethnic minorities;
- Older people;
- People with long term health conditions;

- Disabled people.

Therefore, health literacy as a key determinant of health is strongly related to health inequalities.

Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

Health literacy is influenced by the language we speak; our ability to communicate clearly and listen carefully; and our age, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how we communicate, understand, and respond to health information.

A key aim of the ONCALL project is to improve health literacy within areas of social and economic disadvantage by adopting an asset-based community development approach. This involves the development of this bespoke training programme for community-based lay health, peer-support workers who on completion will be deployed within their community to promote and improve health literacy.

A community-based peer-support programme like this is more likely to promote health literacy and health equity as the peer-support workers will have things in common with participants, allow participants to engage in discussions about topics wider than health and encourage participants to be involved in social networks where problems, concerns and tips can be shared.

The Health Literacy Unit will comprise of 3 Subunits of training in the following areas:

i.      Mental Health

ii.     Diet and Nutrition

iii.    Preventative Health Promotion

On completion of the Unit participants will have developed knowledge in the following areas:

**Mental Health:**

- Fundamental knowledge of mental health issues
- Fundamental knowledge about the causes of mental health issues
- Fundamental knowledge about how to live well with mental health issues
- Fundamental knowledge on supporting people with mental health issues

**Diet and Nutrition:**

- Fundamental knowledge of the effect food and nutrition have on health
- Fundamental knowledge on the importance of healthy eating and what constitutes a healthy diet

**Preventative Health Promotion:**

- Fundamental knowledge of health education related to disease prevention, screenings, and healthy behaviours – e.g., chronic disease prevention; nutrition physical activity; smoking cessation; stress management, and health screenings
- Fundamental knowledge of the social determinants of health

On completion of the training programme participants will also have developed skills in the following areas:

**Mental Health**

- Identify the main features of different types of mental health issues
- Identify factors which influence mental health
- Recognise circumstances that may have a negative impact on people suffering from mental health issues
- Identify sources of stress
- Recognise problems caused by undue stress
- Provide information on how to live well with mental health problems
- Identify strategies for helping individuals with mental health issues
- Identify key support agencies and services for people with mental health issues
- Compile a list of relevant support services/organisations and their contact details on other issues impacting the beneficiaries

**Diet and Nutrition**

- Make use of the traffic light system to read food labels in order to promote healthy eating
- Explain the benefits of eating fibre rich foods and eating 5 portions of fruit and vegetables a day
- Identify food groups and which foods are included within the groups
- Make use of practical tools, such as the 'Eatwell Plate', to promote healthy eating
- Illustrate the importance of certain foods for health, the amount that should be taken and how to include them in a diet

**Preventative Health Promotion**

- Assess an individual's lifestyle pattern in order to motivate and support them to make positive changes regarding their health
- Explain the impact and risk factors associated with behaviors regarding health and wellbeing - e.g., smoking and exercise
- Compile a list of local resources and services that promote health and well being

Training in each subunit is face-to-face and lasts 3 hours. This manual is accompanied by a Handbook that contains:

- A plan of each subunit divided into the core areas
- Clear instructions on how to teach the subunit including resources needed
- A set of full-size photocopies of all the slides used to teach the course

Trainers may feel the need to tailor some of the materials and content, so they are more relevant to the participants from their country

**Self-directed Learning**

Participants are required to complete 5 hours of independent self-directed learning for each topic. At the end of each subunit there will be a self-directed training section which will direct participants to a range of resources to support and enhance their knowledge and skills in particular areas.

## 2.1    Mental Health

**Understanding Mental health**

**Aim**

To provide information about mental health, the different types of mental health problems and the impact mental health has on people.

**Purpose**

The main purpose of the following activities is to ensure participants:

- Gain a greater understanding and knowledge of mental health and mental ill health
- Know the main features of severe and common mental health issues
- Understand the impact of symptoms of mental health issues on individuals

This subunit will concentrate on four key areas:

I.      What is mental health?

II.     Causes of mental health issues

III.    Supporting someone with mental health issues

IV.     Living well with mental health issues

## 2.1.1 What is Mental Health?

The World Health Organisation defines mental health as:

"Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (WHO)

Good mental health includes a positive sense of wellbeing, it is important for everyone as it helps us to manage major life events such as birth, change of employment, bereavement, redundancy, and retirement. Individual resources include self-esteem, optimism, a sense of mastery and coherence, the ability to initiate, develop and sustain mutually satisfying personal relationships and the ability to cope with adversities.

Mental ill-health is an umbrella term that covers a continuum of mental health problems, from those with mild symptoms to the most severe mental disorders, all of which can be of different intensity and duration.

## 2.1.2 Mental Health Issues

Serious mental health issues consist of experiences which most people would find it hard to understand – e.g. hearing voices. Common mental health issues consist of experiences which most people can relate to, e.g. fear or sadness.

**Serious mental health issues**

- **Psychosis:** A general term to describe symptoms of mental health disorders where a person has lost some contact with reality and can believe things to be true that do not exist in reality.
- **Psychotic Conditions:**

  o **Schizophrenia:** Means "fractured mind" and refers to changes in mental function where thoughts and perceptions become disordered.
  o **Bipolar:** During periods of intense depression or mania, a person with bipolar disorder might experience psychotic symptoms which can lead to serious disturbances in their thinking, emotions and behaviours.

- **Common to Psychotic Disorders:**

  o **Hallucinations:** False perceptions – most commonly involves hearing voices that are not audible to others, can involve seeing, feeling, tasting or smelling things that the person perceives as very real but which do not exist in reality. Hallucinations can be frightening, especially voices being abusive or making negative comments about the person.
  o **Delusions:** A belief in something that is implausible or untrue e.g. delusions of grandeur or of persecution.

**Common Mental Health Issues**

- **Anxiety:**  Anxiety is a feeling of unease, such as worry or fear that can be mild or severe.

  Everyone has feelings of anxiety at some point in their life. For example, you may feel worried and anxious about sitting an exam or having a medical test or job interview. During times like these, feeling anxious can be perfectly normal.

  However, some people find it hard to control their worries. Their feelings of anxiety are more constant and can often affect their daily life.

  Anxiety is the main symptom of several conditions, including panic disorder, phobias, post-traumatic stress disorder and social anxiety disorder (social phobia).

- **Depression:**  the depression this training refers to is 'clinical depression' which lasts for at last 2 weeks and affects a person's ability to carry out their work or routine activities and have satisfying personal relationships.   Clinical depression is a common but serious mental health issues and can be recurrent. It can be related to stressful events or situations, including, reactive depression, seasonal depression disorder and postnatal depression.

## 2.1.3 Stress and Mental Health

Stress is primarily a physical response. When stressed, the body thinks it is under attack and switches to 'fight or flight' mode, releasing a complex mix of hormones and chemicals such as adrenaline, cortisol and norepinephrine to prepare the body for physical action. This causes a number of reactions, from blood being diverted to muscles to shutting down unnecessary bodily functions such as digestion.

Through the release of hormones such as adrenaline, cortisol and norepinephrine, the caveman gained a rush of energy, which prepared him to either fight the tiger or run away. That heart pounding, fast breathing sensation is the adrenaline; as well as a boost of energy, it enables us to focus our attention so we can quickly respond to the situation.

In the modern world, the 'fight or flight' mode can still help us survive dangerous situations, such as reacting swiftly to a person running in front of our car by slamming on the brakes.

The challenge is when our body goes into a state of stress in inappropriate situations. When blood flow is going only to the most important muscles needed to fight or flee, brain function is minimised. This can lead to an inability to 'think straight'; a state that is a great hindrance in both our work and home lives. If we are kept in a state of stress for long periods, it can be detrimental to our health.  The results of having elevated cortisol levels can be an increase in sugar and blood pressure levels, and a decrease in libido.

Everyone feels stressed from time to time. It is important to pay attention to how you deal with minor and major stress events so that you know when to seek help.

According to the National Institute of Mental Health there are 5 Things You Should Know About STRESS.

1. Stress affects everyone. Everyone feels stressed from time to time. Some people may cope with stress more effectively or recover from stressful events more quickly than others. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one time or short term occurrence, or it can be an occurrence that keeps happening over a long period of time. Examples of stress include:

- Routine stress related to the pressures of work, school, family, and other daily responsibilities
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness
- Traumatic stress experienced in an event like a major accident, war, assault, or a natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress often experience temporary symptoms of mental illness, but most recover naturally soon after.

2. Not all stress is bad. Stress can motivate people to prepare or perform, like when they need to take a test or interview for a new job. Stress can even be lifesaving in some situations. In response to danger, your body prepares to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, your brain uses more oxygen and increases activity—all functions aimed at survival.

3. Long-term stress can harm your health. Health problems can occur if the stress response goes on for too long or becomes chronic, such as when the source of stress is constant, or if the response continues after the danger has subsided. With chronic stress, those same life-saving responses in your body can suppress immune, digestive, sleep, and reproductive systems, which may cause them to stop working normally. Different people may feel stress in different ways. For example, some people experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger or irritability. People under chronic stress are prone to more frequent and severe viral infections, such as the flu or common cold. Routine stress may be the hardest type of stress to notice at first. Because the source of stress tends to be more constant than in cases of acute or traumatic stress, the body gets no clear signal to return to normal functioning. Over time, continued strain on your body from routine stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, as well as mental disorders like depression or anxiety

4. There are ways to manage stress. The effects of stress tend to build up over time. Taking practical steps to manage your stress can reduce or prevent these effects. The following are some tips that may help you to cope with stress:

- Recognise the Signs of your body's response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.
- Talk to Your Doctor or Health Care Provider. Get proper health care for existing or new health problems.
- Get Regular Exercise. Just 30 minutes per day of walking can help boost your mood and reduce stress.
- Try a Relaxing Activity. Explore stress coping programs, which may incorporate meditation, yoga, tai chi, or other gentle exercises. For some stress-related conditions, these approaches are used in addition to other forms of treatment. Schedule regular times for these and other healthy and relaxing activities.
- Set Goals and Priorities. Decide what must get done and what can wait and learn to say no to new tasks if they are putting you into overload. Note what you have accomplished at the end of the day, not what you have been unable to do.
- Stay Connected with people who can provide emotional and other support. To reduce stress, ask for help from friends, family, and community or religious organizations

5. If you are overwhelmed by stress, ask for help from a health professional. You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol to cope. Your doctor may be able to provide a recommendation.

## 2.1.4 Supporting Someone with Mental Health Issues

Mental health problems are common throughout the world, and throughout the course of any person's life, it is highly likely that they will either develop a mental health problem themselves or will know someone close who does. However, many people are not well informed about how to recognise mental health issues or what help is available.  As a result, people experiencing mental health issues may not know how to access appropriate help or may not seek help at all.  With greater community awareness about mental health, people will be able to recognise and support someone with mental health needs.

As it is extremely likely that a Lay Health Adviser working within the community will meet someone experiencing mental health issues it is important that they know how to respond in an appropriate manner.

Mental Health First Aid Northern Ireland sets out an action plan for helping someone experiencing mental health issues:

**Action 1:  Assess risk of suicide or harm**

In this context assess means gathering enough information about the person and their situation to help you decide what immediate actions or short-term help would be most supportive.  Having this information will also help you decide with the person what additional professional help might be appropriate.

**Action 2: Listen non-judgementally**

This involves processing attitudes of:

Acceptance – respecting the person's feelings, beliefs and values, even if they are different to your own.

Genuineness – Being genuine with the person in communicating your acceptance of them and their beliefs

Empathy – Showing the person that you understand the feelings behind their words.

**Action 3: Give reassurance and information**

A person experiencing a mental health issue may feel confused or overwhelmed, and unable to think clearly on their own behalf. It is helpful for the person to know that someone who is able to think clearly and calmly about their situation can support them.

**Action 4: Encourage the person to get appropriate professional help**

It is important to encourage the person to seek help as soon as possible. There are a range of professionals who provide support in different ways.

**Action 5: Encourage self- help strategies**

A number of self-help strategies will be presented in the nest section.

It is however important to understand that when a person is experiencing distressing symptoms of mental health problems, self-care can feel very demanding and additional support with even the smallest of tasks is often necessary.

(Source: Mental Health First Aid Northern Ireland Manual)

## 2.1.5 Living Well with Mental Health Issues - Social and Community Strategies for Living Well with Mental Health Issues

**Eating a Balanced Diet**

It is often the case that the physical health needs of people with mental health issues are neglected because the primary focus is upon their mental health problems (not unsurprisingly). People who are depressed may eat less than usual and sometimes people with psychosis may forget to eat or worry that the food will be harmful in some way. This can cause additional problems which may have a negative impact upon the mental illness.

Healthier diets are those that include a variety of different foods – fruit and vegetables are particularly important as are foods that are rich in starch and fibre.

As well as eating healthier it is important that food is stored appropriately and is eaten when fresh.

Any community projects, which offer meals or help people to access a variety of foods – for example – teaching people to grow vegetables, will be useful in enhancing the diet of people with mental illness. Encouraging them to help with such projects will also provide opportunities to join in activities and mix with other people which are also likely to be beneficial.

## Regular Exercise

Taking regular exercise is good for the physical and mental health of everyone.

It is often the case that the physical health needs of people experiencing mental health issues are neglected because the primary focus is upon their mental health problems (not unsurprisingly).

Therefore, encouraging people with mental health problems to take regular exercise is likely to enhance their physical as well as their mental health.

Participation in recreational activities such as running, basketball and football has been shown to help reduce anxiety and depression as well as enhance physical fitness. Some studies have suggested that physical exercise may also protect people against stress.

Exercise may include individual activities such as walking or running or may include team games such as football. Obviously, team games hold the additional benefits of spending time with other people and increasing activity levels which are also likely to be beneficial.

Participating in regular exercise is particularly important for those people who experience weight gain as a side effect of medication.

Creating opportunities for patients to join in individual exercise or group exercise will enhance both their physical and mental health.

## Increasing Occupation and Activity

All of us benefit from participating in a range of activities which include doing things that we enjoy or feel we are good at and often involve social contact. Anyone who stopped going out to work, spending time with friends etc. would be at a high risk of developing a mental health problem.

People with mental health problems often become less active and may spend more time on their own doing very little. For example, people who are depressed often don't feel like engaging in activities – even activities that they use to enjoy and may do very little at all.

Helping people who have depression, anxiety or psychosis to increase their activity levels can assist in helping them to feel better.

As it is going to require a lot of effort on the part of the individual it is much more likely that they will try to join in activities that they will enjoy.

Research has shown that people with mental health problems who are able to go out to work can do so even if they continue to experience distressing symptoms of mental illness – for example, auditory hallucinations – and that having a job protects them from day to day stressors.

Therefore, creating opportunities for those with mental health problems to join in community activities is likely to be beneficial. Activities which involve the chance to spend time with other people will have the extra benefits of helping them to develop social networks. Activities that include physical exercise will help with mental and physical fitness. For some people, participating in activities may reduce levels of boredom and reduce the use of alcohol or other non-prescribed drugs which make mental health problems worse.

## Reducing Alcohol and Non-Prescribed Drug Use

Taking too many drugs that are not prescribed for you or drinking too much alcohol can cause a range of physical and mental health problems. These include stomach ulcers, liver disease, asthma and other respiratory problems and brain damage.

Research suggests that a large number of people with mental health issues use alcohol and drugs - sometimes to help with their symptoms although non-prescribed drugs and alcohol usually make these symptoms worse and can interfere with medication. They may also have an impact upon sleep and appetite and not eating or sleeping well also makes symptoms worse.

Providing information about the potential harm that using large amounts of drugs and alcohol can cause can be helpful. Just telling people to stop taking these substances is not likely to work. Encouraging them to take less may be more beneficial.

Increasing activity levels may also help some people reduce the amount of drugs or alcohol they take.

If patients are using the drugs to help with their symptoms it will be helpful to check if they are taking their medication. If they are and the medication is not working other types of medication may be considered. If they are not taking their medication – encouraging them to take it may reduce their symptoms. This may reduce how many other non-prescribed drugs they want to take.

## Developing Social Networks

Regular contact with other people is important for everyone's mental health. This is especially the case for people who have mental health issues as they may find it difficult to make and visit friends regularly or even start a conversation at times.

People with mental health problems can easily become isolated. This can make their mental health problems worse. A good social network, however, can protect against stress.

Research has also shown that people experiencing mental health issues who have good social networks tend to function more independently within the community than those who either have limited social networks or no social network at all. Higher levels of social support also seem to protect against relapse.

Creating opportunities for people experiencing mental health issues to spend time with other people and develop social networks is therefore an important and useful way of helping them be mentally healthy.

It can sometimes be useful for people with similar mental health problems to meet up as they may share ways of coping and can find it reassuring to learn that they are not the only one with such issues.

Another benefit of developing social networks away from family members is that it can reduce contact between someone with mental health issues and their family and this can be useful in reducing the stress for both the individual and their family members.

## 2.2    Diet and Nutrition

**Aim**

To provide information on healthy eating, nutrition and explore the effect that the food we eat has on our health

**Purpose**

The main purpose of the following activities is to ensure participants:

- Gain a greater understanding and knowledge of the effect food and nutrition have on health
- Gain a greater understanding and knowledge of healthy eating and what constitutes a healthy diet

This subunit will concentrate on the three key areas:

i.      Introduction to healthy eating - the Eatwell Guide

ii.     Diet related health issues

iii.    Healthy eating on a budget

## 2.2.1 Introduction to Healthy Eating - The Eatwell Guide

Eating a healthy, balanced diet is an important part of maintaining good health and can help you feel at your best.

This means eating a wide variety of foods in the right proportions, consuming the right amount of food and drink to achieve and maintain a healthy body weight.

The Eatwell Guide (2016) was devised by the British Nutrition Foundation highlights the UK Governments recommendations on foods, nutrients and health into simple messages to help us make informed choices about the foods, drinks and dietary patterns that promote good health.

The Guide shows the different types of foods and drinks we should consume – and in what proportions – to have a healthy, balanced diet. The guide also shows the recommended daily calorie intake per day for women (2000Kcal) and men (2500Kcal).

Eatwell Guide
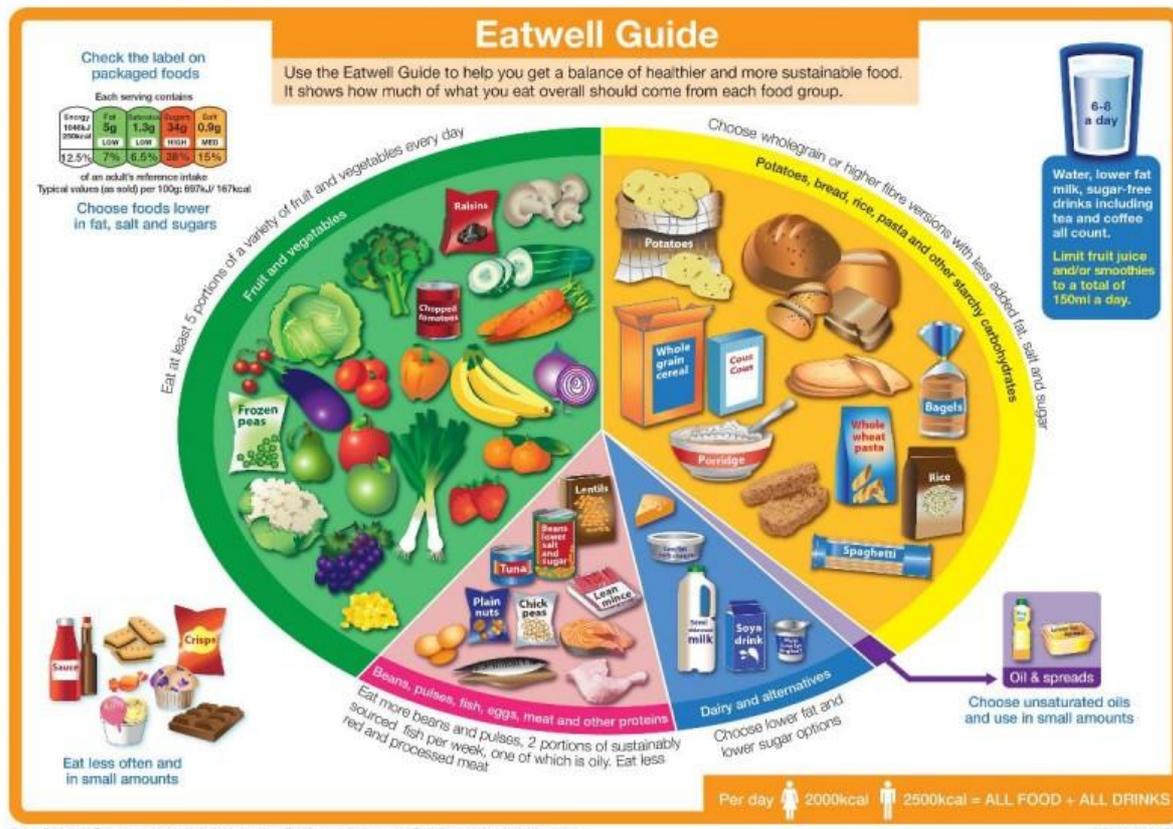


## 2.2.2 Diet Related Health Issues

A balanced diet is important because your body's organs and tissues need proper nutrition to work effectively. Without good nutrition, your body is more prone to disease, infection, fatigue, and poor performance. Children with a poor diet run the risk of growth and developmental problems. Bad eating habits continue for the rest of their lives.

The top leading causes of death are directly influenced by diet. These include heart disease; cancer; stroke; diabetes.

Chronic diseases are long-term diseases that are not contagious and largely preventable. They are the most common cause of death in the world and present a great burden for society, particularly diseases such as obesity, diabetes, cardiovascular disease, cancer, dental disease, and osteoporosis. Making improvements in terms of diet and physical activity can help reduce the risk of these chronic diseases

## 2.2.3 Food Labelling

The food we eat has a very significant effect on our health.  It can both promote and protect our health, or it can contribute to the development of diet-related disease.

Food labels serve as a guide to healthy eating. It is similar to a window looking into the food product. A food label will inform you about the contents (weight), the name of the food, the manufacturer, the ingredients, the nutrition facts, and also any common allergens in the product. Food labels offer you a tool to make healthy food choices by choosing nutrient rich foods and keeping your calories low if you are struggling with weight management.

## 2.3　Preventative Health Promotion

**Aim**

To provide information on health, what impacts on health and preventative health promotion.

**Purpose**

The main purpose of the following activities is to ensure participants:

- Gain a greater understanding and knowledge of health and what impacts on health.
- Define and give examples of health, community, and social determinants of health.
- Recognize how individual health and community health are related.
- Analyse how social determinants of health can impact an individual's personal health and the health of the community.

This subunit will concentrate on the three key areas:

i.      Health and determinants of health

ii.     Risk Factors and risk assessment

iii.    Role of Lay Health Family Advisors

## 2.3.1 Health and Determinants of Health

Health is not just absence of disease but a state of overall wellbeing. In 1948, the World Health Organization (WHO) defined health with a phrase that is still used today. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

The determinants of health include:

- the social and economic environment;
- the physical environment;
- the person's individual characteristics and behaviours.
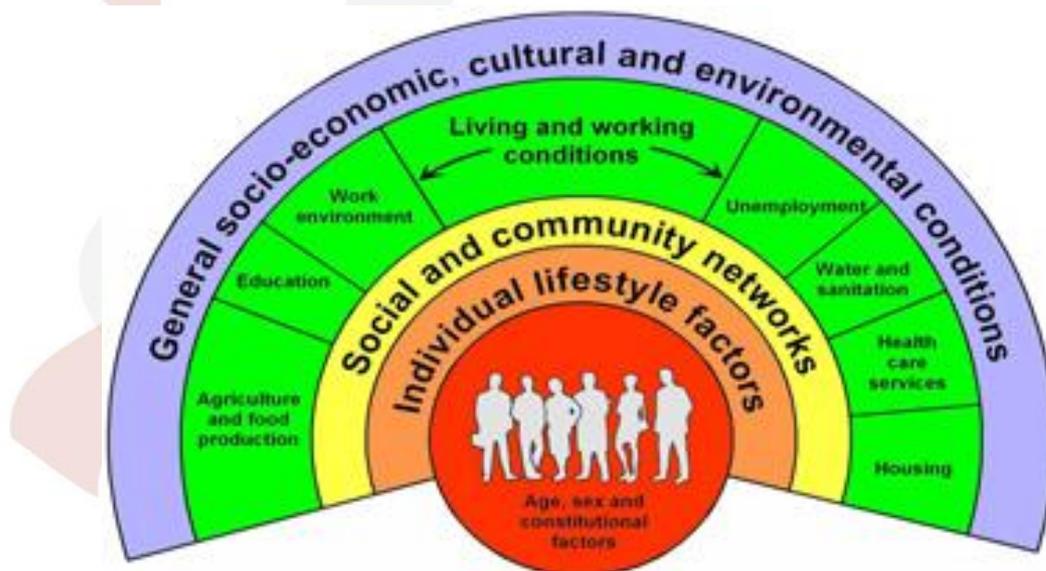


The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:

- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.

- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- **Social support networks** – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages.

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

(Source:  World Health Organisationhttps://www.who.int/hia/evidence/doh/en/)

## 2.3.2 Health Promotion and Disease Prevention

Health promotion and disease prevention programmes focus on keeping people healthy. Health promotion programmes aim to engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases chronic diseases and other morbidities. Defined by the World Health Organisation, health promotion is:

"The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions."

Disease prevention differs from health promotion because it focuses on specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities.

Wellness is related to health promotion and disease prevention. Wellness is described as the attitudes and active decisions made by an individual that contribute to positive health behaviours and outcomes.

Health promotion and disease prevention programmes often address social determinants of health social determinants of health, which influence modifiable risk

behaviours. Social determinants of health are the economic, social, cultural, and political conditions in which people are born, grow, and live that affect health status. Modifiable risk behaviours include, for example, tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease.

## 2.3.3 Non-communicable Diseases

Non-communicable diseases (NCDs) constitute a major global health challenge, hampering nations' economic growth and sustainable development. The four major groups of NCDs - cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes - account for over 80% of all NCDs related deaths and share the same four major risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Recently, mental health and environmental determinants were also added to the NCDs agenda.

**Key facts**

- NCDs kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million).
- These 4 groups of diseases account for over 80% of all premature NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.
- NCDs, also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors.
- NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths – 32million – occur.

**Who is at risk of such diseases?**

People of all age groups, regions and countries are affected by NCDs. These conditions are often associated with older age groups, but evidence shows that 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these "premature" deaths, over 85% are estimated to occur in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.

These diseases are driven by forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles and population ageing. Unhealthy diets and a lack of physical activity may show up in people as raised blood pressure, increased blood

glucose, elevated blood lipids and obesity. These are called metabolic risk factors that can lead to cardiovascular disease, the leading NCD in terms of premature deaths.

## 2.3.4 Risk factors

**Health Behaviours**

Health behaviours are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behaviour.

**Modifiable Behavioural Risk Factors**

Modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs.

- Tobacco accounts for over 7.2 million deaths every year (including from the effects of exposure to second-hand smoke), and is projected to increase markedly over the coming years.
- 4.1 million annual deaths have been attributed to excess salt/sodium intake.
- More than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer.
- 1.6 million deaths annually can be attributed to insufficient physical activity.

**Metabolic Risk Factors**

Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure
- overweight/obesity
- hyperglycaemia (high blood glucose levels) and
- hyperlipidaemia (high levels of fat in the blood).

In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed), followed by overweight and obesity and raised blood glucose. (Source: WHO 2018)

There are 2 types of factor:

**Risk Factor:** Any attribute, characteristic or exposure of an individual which increases likelihood of developing NCD.

**Causative Factor:** Provides direct explanation for the disease.

Presence of risk factors means disease is more likely to develop; cause means this is definitely going to lead to disease.

## 2.3.5 Screening

Screening people for serious diseases is receiving increasing attention as studies demonstrates the potential benefits of early detection and early intervention in preventing morbidity and mortality. Screening tests are available for some of the most important non communicable diseases, including cardiovascular disease, type 2 diabetes and several site-specific cancers. However, screening guidelines for cardiovascular disease, cancers and diabetes vary within and between countries because many national and international organizations are developing their own guidelines.

## 2.3.6 The Role of Community Lay Health Advisors in Preventative Health Promotion

The World Health Report 2006 argued that community health workers (CHWs) have the potential to be part of the solution to the human resource crisis affecting many countries. CHWs provide a variety of functions, including outreach, counselling and patient home care and represent a resource to reach and serve disadvantaged populations. There has been mounting evidence to demonstrate the positive potential of community health workers in improving.

Emphasise that this is not an exhaustive list of roles and encourage participants to think about additional roles and share these with the group.

**Key roles include:**

**Health promotion and education** – delivering key health messages in a manner that is understandable and relevant to individual's e.g.

**Community Connectors** – It is important that Lay Health Advisors find out what services, programmes and activities are available within the community e.g. Support groups, local dance groups for older people, Women's Centre's, Men's Sheds etc so they can signpost individuals to these depending on need.

The role of Lay Health Advisors is also to connect people with other services such as primary care – GP, screening services etc.

**Assess lifestyle patterns and behaviours** – ability to specify the important risk factors that contribute to non-communicable diseases in the community e.g. diet, smoking, alcohol etc.

**Goal setting** – having identified individual risk factors a key role of the lay Health Advisor is to help people set realistic, achievable  goals to reduce  risks and enhance health and wellbeing e.g. lose weight, stop smoking, reduce alcohol etc.  This will involve connecting individuals to other support programmes as above.

**Health literacy** - Help individuals to obtain and understand basic health information. Learning about your health can help you make better decisions about what you need to do for self-care.

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# UNIT 3 - Networking
## Introduction

Networking is the action or process of interacting with others to exchange information and develop professional or social contacts. Asking 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, intermediary, access to health information, strategies to overcome health barriers and community-based approaches in health literacy. They will also learn about how to set up relationships 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 an efficient 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 marginalised geographically or by virtue of some other attribute.

### 3.1.1 Who is an intermediary?

Historically, intermediaries have 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.

**Intermediary 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 consists 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 focus on the actual skills the intermediary needs to perform the roles 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, co-pays, 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.



http://www.wordle.net/;
Jonathan Feinberg, 2009

**Image 2–Intermediary 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[31]:

- **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.

**Strategies for organisations and individuals that develop and disseminate health and safety information[32]:**

- 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 non-traditional partners –such as foster care services, poison

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

control centres, 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.

**Image 3 –Health-related information**

## 3.2 How to Overcome Barriers

Adult educators can be productive partners in reaching people with limited literacy skills. As adult educators, 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 of words 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.
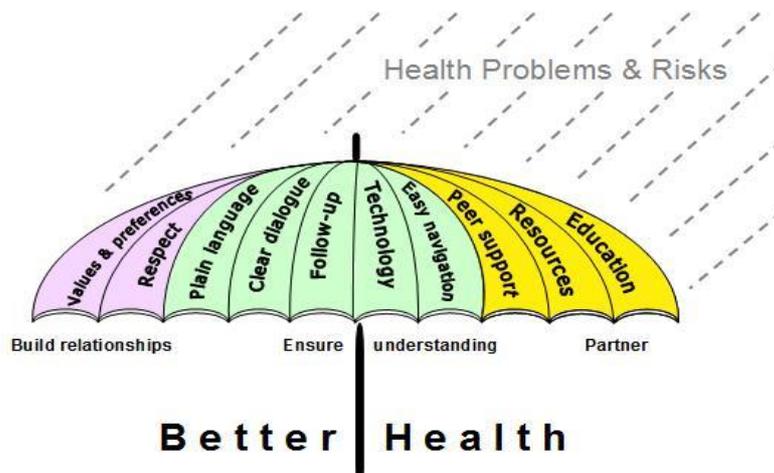


**Image 4–The Health Literacy Umbrella**

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 promotion and 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 they understand 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 or castes or by social class, 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 express their opinions and claim their rights.

A community based participatory program is an approach that emphasizes on 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 directly with 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. Our role is to facilitate discussions and analysis with 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 endeavour, 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 behaviours, which argue that motivational factors are necessary for compliance with what individuals may already know to be important behaviours.

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 behaviours. These beliefs may provide motivation for individuals to persevere when faced with health behaviours 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.



**Image 7– Motivation word 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, it focuses 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 educators have an important part to play in improving health literacy. We can talk to our friends, family, librarians, and co-workers 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 organise and 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.
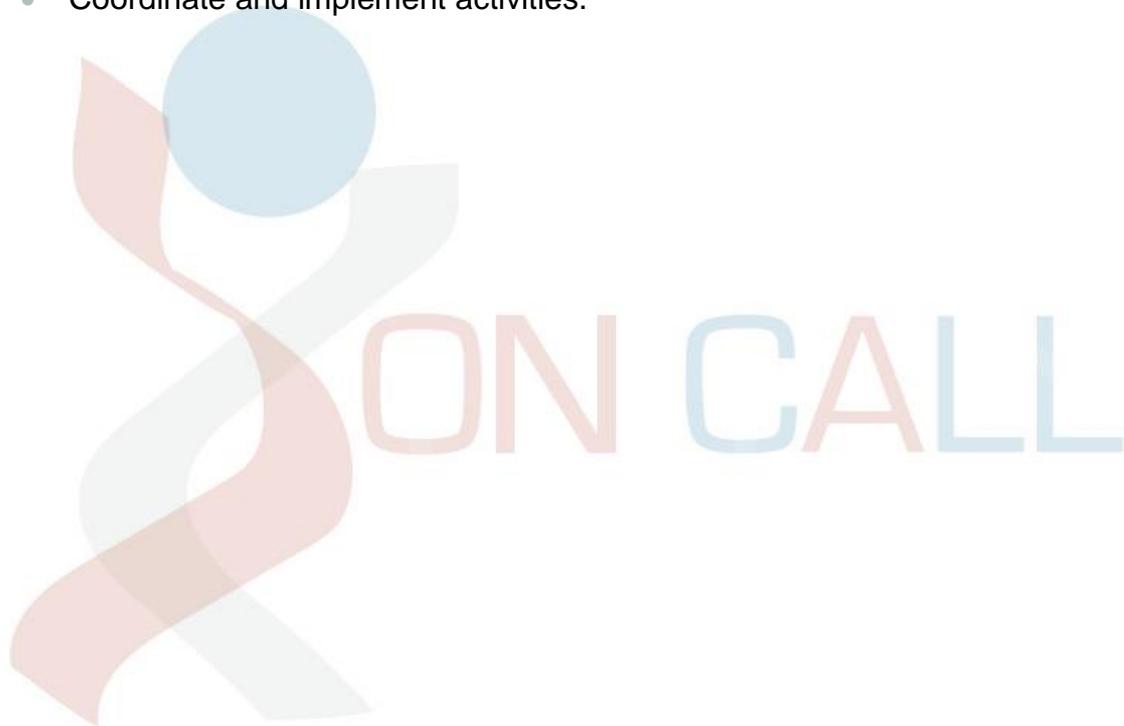
1. In society it is crucial to establish "healthy" relationships, personally and professionally.

   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 a solution 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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# ON CALL

## Lay Community Health Advisors