Building health literacy in a Polish region: protocol for the POWER project in Lower Silesia

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ABSTRACT

There is a high prevalence of premature mortality and unhealthy lifestyle behaviours in Lower Silesia in Poland (regional capital is the city of Wrocław). One plausible reason is low health literacy among this population. Health literacy is one of the most important elements of public health and health promotion endeavours. It can be conceptualised as a broad range of cognitive and social skills as well as knowledge needed by an individual to maintain good health, prevent or manage diseases, and effectively engage with healthcare professionals and resources. The Health Promotion Foundation (HPF), in collaboration with regional institutions and organisations, initiated in 2017 a broad initiative to improve health in this region. The overarching aim of the wider programme is to improve the quality of care among primary care patients. The project stream led by HPF aims to improve knowledge and health-related competences in the population of primary care patients in Lower Silesia. It involves (1) needs assessment based on the analysis of data on health status and needs from 50 participating primary care clinics, followed by (2) development of tailored face-to-face workshops that will be delivered by trained public health students, (3) who will be mentored using train-the-trainer approach. It is anticipated that the project will impact on three main areas in the long term. First, it will lead to creation of a package of workshops that could be delivered to other primary care patients. Second, it will create opportunities for students majoring in public health in the region to become directly involved in activities focused on health education and promotion. Three, it is anticipated that the project will lead to improvements in health and wellbeing among the participating patient groups. The present report describes the scope and method of the project.

KEY WORDS: health literacy, premature mortality, Lower Silesia population, health improvement.

INTRODUCTION

Health is one of the most important factors determining the quality of human life, both in the social and individual dimension. Health indicators (e.g. life expectancy or premature mortality) are therefore key elements in estimating socio-economic development in every community. One of the measures that incorporate the importance of good health for societies is the Human Development Index (HDI) (see On ageing, economization of health, and media ethics: how much is a month of life worth?, pp. 9-12) [1].

The health situation in different parts of Europe is dramatically diverse [2]. This is evidenced by one of the fundamental health indicators – premature mor-
65 years of age is very low. For example, among Western European women its averaged was a little over 10%. This contrasts premature mortality rates in many Eastern European member states of the European Union, as well as in Russia, where in 2014 55% of men died before reaching 65 years of age. In Poland, the percentage of deaths before 65 years of age in 2014 stood at 37% in men and 17% in women, and was one of the highest rates in the European Union. Similarly, in Lower Silesian region of Poland, in the beginning of second decade of 21st century more than 40% of men and nearly 20% of women have died before 65 years (Fig. 2). Eliminating this huge health disparity within Europe should be treated as a matter of public health priority.

Premature mortality is determined by multiple factors. Among the most important, yet still often neglected, are lifestyle factors that influence human body, i.e. it’s chemical, physical, and biological qualities, which includes smoking, drinking alcohol, bad nutritional habits, and lack of physical activity.

**POPULATION HEALTH IN LOWER SILESIA**

Lower Silesia is a region in southwestern Poland, bordering Czech Republic and Germany, with a population around 3 million people. Its regional capital is the city of Wroclaw.

According to the results of the 2014 Polish National Health Survey [3] around 94% of men and 86% of women in Lower Silesia had appraised their health status as good or very good, despite that fact that as many as 54% of men and 60% of women suffered from chronic diseases.
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Ilona Kickbush, who in the late 1990s described it as the broad set of skills needed to determine communication between medical doctors, medical personnel and patients to ensure better understanding and carry out prescribed treatment [5]. The classical definition of health literacy comes from the World Health Organisation guidelines describe it as the broad set of skills needed by an individual to understand and use information in way which keeps themselves, their families, and their communities, in good health [11]. This requires the achievement of a level of knowledge, personal skills, and self-confidence necessary for an individual to undertake lifestyle changes promoting good health. For example, thanks to improved health literacy, people would be able not only to understand a leaflet or take medications according to prescription, but also to undertake more assertive activities and take the initiative in caring for their health.

Limited health literacy is linked with unhealthy lifestyle behaviours; i.e. bad nutritional habits, alcohol consumption, lack of physical activity, smoking; and with increased risk of premature mortality and hospitalization [12, 13]. The basis to increase health literacy is health education and skill training, especially in adopting healthy lifestyles, effectively engaging with treatment and healthcare providers, and actively engaging with self-care [14].

WHAT IS HEALTH LITERACY?

The Health Promotion Foundation, in collaboration with local institutions, has launched a range of initiatives which can help strengthen the public health situation in the region through building greater health literacy among its inhabitants.

HEALTH PROMOTION FOUNDATION AND THE POWER PROJECT

The Health Promotion Foundation for decades has been implementing health knowledge [6]. However, defining health literacy precisely is difficult. Polish scholars also had their input in research on health literacy [2, 7, 8]. The Health Promotion Foundation for decades has been focused on health literacy research as well, especially in area of tobacco smoking in Poland, but also other health behaviours [2, 9, 10].

Definitions of health literacy have evolved since the 1990s and today the World Health Organisation guidelines describe it as the broad set of skills needed by an individual to understand and use information in way which keeps themselves, their families, and their communities, in good health. This requires the achievement of a level of knowledge, personal skills, and self-confidence necessary for an individual to undertake lifestyle changes promoting good health. For example, thanks to improved health literacy, people would be able not only to understand a leaflet or take medications according to prescription, but also to undertake more

 Sixty percent of men and 45% of women in Lower Silesia had excessive weight (BMI ≥ 25.0 kg/m²). Almost a third of the population did not eat fruits and vegetables at least once a day. Around 34% of men and 22% of women smoked tobacco, and 82% of men and 64% of women drank alcohol. Additionally, only 1.3% of the Lower Silesian population vaccinated against flu in last year (the national average for Poland in 2017 was 3.7%, compared to 62% in the UK [4]).

It is clear that there is ample room for improvement of health behaviours in Lower Silesia. In achieving this it is crucial to increase the knowledge of its population on risk factors and healthy lifestyles. The Health Promotion Foundation, in collaboration with local institutions, has launched a range of initiatives which can help strengthen the public health situation in the region through building greater health literacy among its inhabitants.

WHAT IS HEALTH LITERACY?

The concept of health literacy first appeared in research literature in the 1980s and 1990s. Most generally, it covers the broad range of competencies, as well as cognitive and social skills needed by an individual to maintain good health, prevent or manage disease, and engage effectively with relevant health resources and information. Some researchers use the “health literacy” concept to determine communication between medical doctors, medical personnel and patients and to ensure better understanding and carry out prescribed treatment [5]. The classical definition of health literacy comes from Ilona Kickbush, who in the late 1990s described it as the information and knowledge on health, the understanding of social components of health, the skills necessary to negotiate with environment understanding and weight-risk of individual and social behaviours, coping abilities, carrying abilities, using available health services and implementing health knowledge [6]. However, defining health literacy precisely is difficult. Polish scholars also had their input in research on health literacy [2, 7, 8]. The Health Promotion Foundation for decades has been focused on health literacy research as well, especially in area of tobacco smoking in Poland, but also other health behaviours [2, 9, 10].

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HEALTH PROMOTION FOUNDATION AND THE POWER PROJECT

In Poland health literacy remains a little known and rarely used concept. In 2017 the Health Promotion Foundation joined a collaboration with two organizations of medical doctors (the Lower Silesian Association of Family Doctors – Employers and the Association “Employers of Health”) in the project entitled „Healthy company, healthy people – improving quality in primary care”. The project has been financed by the European Social Fund within the Operational Programme Knowledge Education Development (grant number WND-POWR.05.02.00-00-0019/17), shortened to POWER. The intermediary institution overseeing the programme is the Polish Ministry of Health.

PROGRAMME AIMS AND SCOPE

The overall long-term aim of the programme is community health development in Lower Silesia region through the improvement of the quality of primary care though improving health literacy among patients and clinicians. The programme has three streams, or projects: (1) improving health literacy and health-related competencies in the population of primary care patients (led by HPF; reported in detail in this report), (2) development of primary care settings personnel (led by the Association “Employers of Health”), and (3) improving collaboration between primary and secondary care clinicians, including preparing the platform for communication (led by the Lower Silesian Association of Family Doctors – Employers). The Programme activities will involve staff and patients of 50 primary care settings in the region.

PROJECT METHODS

The current project led by HPF aims to improve health literacy and knowledge among the primary care doctors and patients in Lower Silesia, which will involve developing and organisation of student-led group health education workshops for patients from 50 primary care settings. The project has three phases: (1) needs assessment and development, (2) implementation, and (3) evaluation.

During phase one three prevention workshop packages will be developed, which will be delivered by trained
Reference


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Disclosure

The authors declare no conflicts of interest.