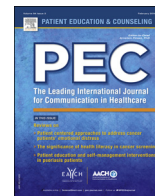




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# Improving low health literacy and patient engagement: A social ecological approach

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### ABSTRACT

**Objective:** This article posits four principal objectives related to the overarching goal of broadening the conceptualization of health literacy. We propose a social ecological approach to health literacy and patient engagement by illustrating how this multilevel approach offers an array of strategic options for interventions.

**Discussion:** A social ecological approach supports a broader understanding of health literacy that aligns with increased patient engagement. The ecological model highlights the importance of context, demonstrates how health literacy and patient engagement are inextricably connected, and gives rise to strategies to enhance them both. We illustrate the five multilevel intervention strategies for addressing low health literacy and promoting patient engagement: accumulation, amplification, facilitation, cascade, and convergence strategies. In addition, we provide a theoretical foundation to facilitate the development of interventions to enhance health literacy and ultimately increase patient engagement.

**Conclusions:** The practice implications of adopting a broader social ecological perspective to address low health literacy shifts the field from thinking about individual educational interventions to how individual interventions may be augmented or supported by interventions at additional levels of influence. The potential benefit of adopting a multilevel intervention approach is that combining interventions could produce synergies that are greater than interventions that only utilize one level of influence.

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## 1. Introduction

Health literacy is now a key consideration for health research and for program design to enhance efficacious change. Over the past two decades, a link has been established between patients' literacy skills and health outcomes [1,2]. Consequently, health literacy researchers have introduced a critical new variable, health literacy skills, that can be measured and compared. However, other key strategic variables, such as difficulty of texts, skills of communicators, and complexity of health systems, have not been considered concomitantly. Our assumption is that increasing health literacy skills will help facilitate more effective patient engagement and that the relationship between the two is positive and bidirectional.

Recent recommendations for advancing health literacy are shifting the focus of health literacy research from examining patient-level skills and deficits to more in-depth and cross-cutting studies that include individuals and populations as well as health professionals and health systems [3]. This broader perspective is not entirely new. In 2003, the U.S. Department of Health and Human Service's action plan *Healthy People 2010* objectives highlighted the complex health literacy phenomenon involving patients, providers, and organizations [4]. In 2004, the U.S. Institute of Medicine's seminal report *Health Literacy: A Prescription to End Confusion* called for increased attention to health literacy as an interaction between the skills of individuals and the demands of health systems [5]. In 2010, the U.S. Department of Health and Human Services' *National Action Plan to Improve Health Literacy* [6] articulated aims to engage multiple players at the macro and micro levels to improve health literacy and achieve the objectives outlined in *Healthy People 2020* [7]. Other federal agencies, including the Centers for Disease Control and Prevention and the Agency for Healthcare Research Quality, along with a growing number of researchers and practitioners endorsed these efforts to

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bring broader health literacy issues into the public debate and health policy discussions.

Despite these calls for a broader perspective, there have been no systematic attempts to expand the conceptualization of health literacy and to incorporate workable approaches to address low health literacy and increase patient engagement. Additionally, definitions and conceptualizations of patient engagement vary widely [8,9], increasing the need for clarity around its meaning. Our view of patient engagement is broader than simply what patients are expected to do to receive benefit from the healthcare system. We see patient engagement as including a range of two-way interactions that patients and their representatives, such as family members and caregivers, have with members of the healthcare system [9] as they partner to optimize health.

This article posits four principal objectives related to the overarching goal of broadening the conceptualization of health literacy. First, we propose a social ecological approach to health literacy and patient engagement (Fig. 1). Second, we illustrate how this multilevel approach and model offers an array of strategic options for interventions and efficacious change. Third, we discuss how a social ecological approach and a broader understanding of health literacy supports and aligns with increased patient engagement. Finally, we propose that the ecological model highlights the importance of context, demonstrates how health literacy and patient engagement are inextricably connected, and gives rise to strategies to enhance them both.

## 2. A social ecological health literacy perspective

Urie Brofenbrenner [10], the architect of the social ecological model for social sciences, focuses on the fact that individuals are influenced by interlocking external factors related to the physical and social environments. This environment is subdivided into five levels: the intimate microsystem that includes friends and family as well as neighborhood organizations and characteristics, a mesosystem that fosters interactions among various microsystems in the larger society, an exosystem that includes workplaces and institutions, a macrosystem that is shaped by social and cultural values, and a chronosystem that encompasses the dimension of time [11]. Many health promotion programs have adopted this model and championed the idea that health interventions must, at a minimum, address two or more of these levels to foster and support healthful action and change [12–14]. These programs, with

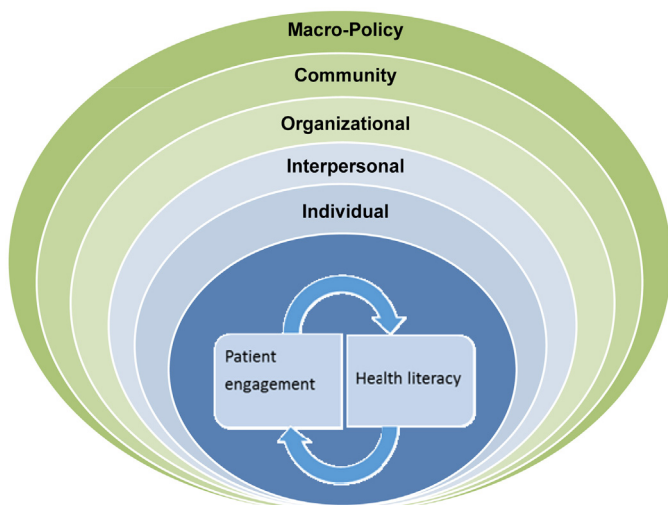


Fig. 1. Integrated relationship between health literacy and patient engagement.

a slight shift in vocabulary, suggest that public health programs continue to work with individuals but also acknowledge and address the interpersonal, organizational, community, and macro-policy levels [12] that interact to affect health and well-being [13,14]. The social ecological perspective implies that interventions targeting multiple levels of influence reinforce each other and consequently should yield greater and more sustainable effects than interventions targeting only one level of influence.

The social ecological model expands the lens of health literacy beyond the individual to look at the delivery of health information, the materials and tools provided to the public, the communication skills of public health and healthcare professionals, the attributes of health related institutions, and the health policies that influence the systems in which they work. As shown in Table 1, there are multiple factors that influence as well as potential interventions that may improve health literacy and patient engagement; these exist at each level of the social ecological model. A “health literacy social ecological model (HLSEM)” could lead to more sustainable changes over time by creating supportive environments for people as they access and seek to understand health information, interact with health professionals, and move through their community and organizational contexts. These supportive environments can encourage, foster, and sustain patient engagement, because authentic engagement relies on the ability of a patient to obtain, understand, use, and communicate basic health information.

## 3. Strategies emerging from a social ecological health literacy model

Although applying social ecological models in conjunction with multilevel interventions has demonstrated benefit, interventions typically still target only one or two levels of influence [15]. A lack of theoretical guidance about how to design multilevel interventions – especially how different levels can be combined to lead to stronger effects – may be impeding progress [16]. Weiner et al. [16] described five different strategies for combining intervention levels that are relevant to addressing health literacy and patient engagement. The application of these strategies could lead to testable models and interventions that develop and promote health literacy skills and help structure environments that support and sustain patient engagement. We use the summary of social ecological levels and exemplary determinants of low health literacy presented in Table 1 to illustrate the five multilevel strategies for addressing low health literacy: accumulation, amplification, facilitation, cascade, and convergence.

### 3.1. Accumulation strategy

The accumulation strategy posits that the impact of interventions at different levels accumulates to have an impact on a common pathway that is important for an outcome; in this case, improved health literacy and patient engagement, as shown in Fig. 2. The effect of each intervention strategy is not dependent on the other, and each makes a unique contribution to health literacy. The ecological process underlying this strategy is called pooled interdependence [17], meaning that the intervention effects independently pool together to contribute to an outcome. For example, the U.S. Centers for Disease Control and Prevention’s (CDC) *Act Against AIDS* (AAA) initiative (<http://www.cdc.gov/actagainstaids/>) aims to raise awareness and engage at-risk individuals and communities to take action to reduce HIV risk [18].

At the macro level, AAA achieves this goal by supporting a network of advocacy organizations that represent at-risk communities, including gay men, bisexual men and men who have sex with men, and transgender people, among other groups.

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