irohla
innovative policies for healthy ageing

Healthy Ageing in Europe: Prioritizing Interventions to Improve Health Literacy

Julii Brainard, Charlotte Salter, Stephanie Howard-Wilsher & Yoon Loke, Norwich Medical School, UEA

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

www.irohla.eu

University of East Anglia

irohla
innovative policies for healthy ageing

BACKGROUND & OBJECTIVES

- Health Literacy (HL) poor or limited for 47% of total population
- European ageing population (by 2025, 20% will be age 65+)
- HL declines as we age, especially for over 60s, just when our health gets most complicated to manage

IROHLA objective: *To survey and quality grade HL interventions targeted at older adults, starting out with a comprehensive survey of programmes delivered by health professionals or in the health care setting*

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

University of East Anglia

Literature Search Eligibility Priorities:

- Must include older adults
- Actual evaluation of a realised intervention
- Dates = 2003-2013
- Westernised countries (somewhat compatible health systems)

Search terms, anywhere in text, one from each column

Topic…	What	To change	Target groups
health literacy, numeracy Self-management in health, health-information seeking on the internet. Healthy behav*, Health promot*, Prevent*, Reading, writing and calculation.	Strategies , Program* Campaigns, Interventions Activities, Examples Pract*	skills	older adults, seniors, pensioners, aging population, elderly, aged 50, family, community. Geriatric NOT (children or adolescents)

Topic…	What	To change…	Target groups
health literacy (removed "impact of" or "intervention on")	Strategies, Program*, Campaigns, Interven*, Activities, Examples, Innovat*, Practic*, Health promot* Prevent*	awareness, knowledge.	Health professionals AND older adults, seniors, pensioners, aging population, elderly, aged 50 older patients, geriatric caretakers, carers, NOT (children or adolescents)

Totals found and put thru screening

- Scientific literature -> 4689 unique
- Grey literature, Internet, experts, previous reviews and other databases, handsearching any of previous -> 2300
- Extra searches… Random finds (<10)

Plus 53 from a search on Ovid & Google scholar of:

“Ethnic minority” AND “health promotion” and (target age terms) and (Europe or European country name)

→ Almost 7000 to screen, of which 1097 were eligible…… **too many**!

Balance of European priorities

1) Evidence of success: actual sustained improvement in knowledge, behaviour or well-being
2) Vulnerable groups
3) Quality and reliability of results: in study design and possible statistical significance
4) Innovative designs or applications
5) Most important risk factors and diseases in Europe

Decision to choose interventions which…

Targeted the most vulnerable subgroups or relative innovation (including technological innovation)

Targeted high priority diseases or health risk factors

Vulnerable sub-groups:

- Ethnic minorities in the country where intervention took place
- Low socio-economic status, eg: low income, low educational attainment, high unemployment
- Other cultural minorities, such as gays or illegal drug users

Priority intervention topics: Top causes and risk factors for mortality & morbidity in Europe:

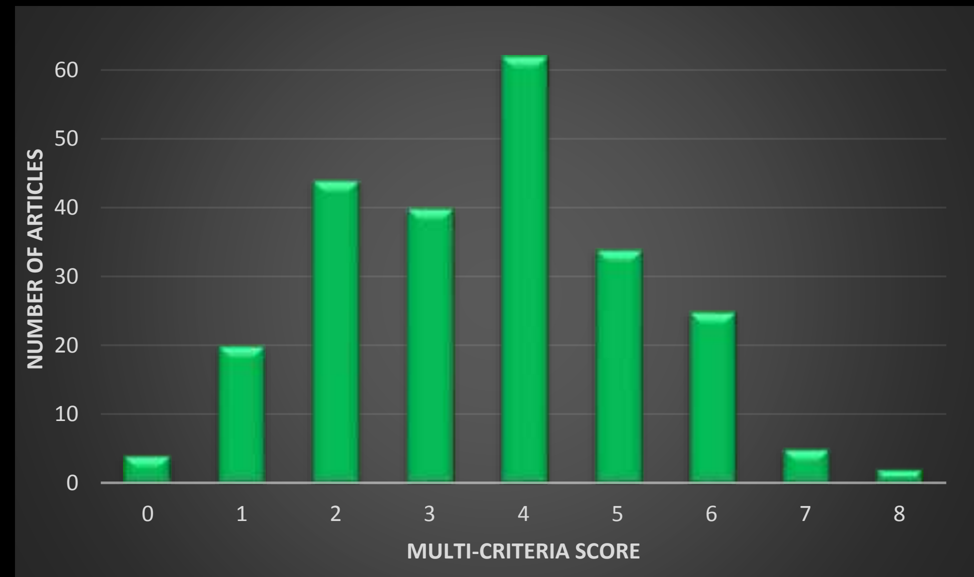
Chronic and primarily physical	Cardiovascular-related	Cancers	Risk Factors	Miscellaneous
Back pain, neck pain and/or musculoskeletal disorder/pain	Ischaemic HD (not including strokes or hypertension)	Breast cancer	High alcohol intake	Cirrhosis
COPD	Stroke (prevention or recovery)	Colorectal cancer	Hypertension	Dementia
Diabetes (Type II)		Lung cancer	(poor) Nutrition	Communications with health professionals
Hypertension			Obesity	Falls (including from osteoporosis & osteoarthritis)
Other chronic illness			(lack of) Physical Activity	General health status
			Smoking	Major Depressive Disorder
				Other mental illness

-> 233 studies, still too many

Multicriteria decision scoring aid questions

1. Is the intervention innovative?
2. Are the participants identified as older adults who have low literacy/HL, or who are from a community that is at high risk of low literacy/HL?
3. Has the intervention been tested on older adults with low socio-economic status or who are at high risk of low SES?
4. Health Literacy outcomes: Does the evaluation report positive impacts on at least one health literacy outcome?
5. Intermediate outcomes: Does the evaluation report positive impacts on at least one intermediate outcome?
6. Health outcomes: Does the evaluation report positive impacts on at least one measure of participant health or well-being?
7. Does the intervention show benefits or at least one positive outcome at six months post intervention or later?
8. Do the results come from a Randomized Clinical Trial?

Distribution of scores:



RESULTS and SELECTIONS

7 items scored 7+ on the MCSF

5 items had high breadth of intervention strategies

9 items had uncommon (innovative) strategies

Final total = 18 articles describing 15 intervention programmes

ATTRIBUTES of SELECTIONS

- USA (n=11), Canada (1), UK (n=2), Austria (1)
- Community outreach for health promotion, self-assertiveness, feedback to HPs, decision aids
- Topics = Diabetes, chronic illness, hypertension, healthy lifestyle, cardiovascular disease, communicating with health professionals
- 5 RCTs, 10 cohort studies
- Followup 20 minutes to 24 months later

SUBSEQUENT EVALUATION in IROHLA

- Cluster similar strategies together thematically
- Recommendations about which elements seem to be most successful and suitable for adaptation among older adults in EU countries

Clustering Evaluation Preliminary CONCLUSIONS

- Most interventions aimed exclusively at individuals (no social context: family, culture networks, neighbourhoods, etc.)
- Most programmes aimed to inform & educate
- Often combined with skills training
- Behavioural change the most common objective,

but often unclear how above will lead to BC

Cultural expectations do change

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

www.irohla.eu