

Grundtvig Learning Partnership

Health literacy and health education
fostering participation and improving women's and men's health

Aula Marotta

Istituto Superiore di Sanità

Viale Regina Elena, 299, 00161 Rome, Italy

Rome, 11-12 April 2013

Minutes of the 4th meeting

The fourth and final meeting of the Grundtvig Learning Partnership was held on April 11- 12 at the Istituto Superiore di Sanità, Rome.

Participants: see Annex I

Agenda Thursday, 11 April 2013	
9:30-10:00	<i>Arrival and coffee</i>
10:00-10:30	Welcome Objectives/expectations on 4 th meeting (Round table discussion)
10:30-11:30	Presentation of national trends and initiatives for improving health literacy: <ul style="list-style-type: none">• Istituto Superiore di Sanità• Women's Health Center Graz Discussion, challenges and comments
11:30-11:45	<i>Coffee break</i>
11:45-13:00	Presentation of national trends and initiatives for improving health literacy <ul style="list-style-type: none">• Danish Committee for Health Education• Careum Discussion, challenges and comments
13:00-14:00	<i>Lunch</i>
14:00-16:00	Contributions to a national and European strategy
16:00-19:00	<i>Visit to the Accademia Nazionale dei Lincei</i>
19:00-19:30	Walk to dinner location
19:30-21:30	<i>Dinner</i>

Agenda Friday, 12 April 2013	
9:00- 9:30	<i>Good morning, summary of Thursday discussion, open questions</i>
9:30-10:30	Jim Phillips: International/European and UK trends and strategies
10:30-10:45	<i>Coffee break</i>
10:45 -12:00	Possible further steps <ul style="list-style-type: none"> – Common goals – Future Project /Collaboration
12:00-13:00	Mini lab: <ul style="list-style-type: none"> – Making available the partnership's results – Disseminating the related information on the web
13:00-14:00	<i>Lunch break</i>
14:00-15:30	Round table discussion: <ul style="list-style-type: none"> – Planning the final report
15:30-16:00	<i>Coffee break</i>
16:00-16:45	Round table discussion: <ul style="list-style-type: none"> – Evaluation of the learning partnership / Feedback
16:45-17:00	Closing, comments and good byes

Thursday, 11 April 2013

Maurella Della Seta (ISS, Italy) welcomed everyone to the meeting and introduced health literacy through a short movie by Zjelco Felder (www.hls-eu.info), available at:

<http://www.youtube.com/watch?v=fzMA9TIPJUK>

This animated infographic shows the main outcome of the European Health Literacy Survey (HLS-EU), which formed part of the European Health Literacy Project from 2009-2012.

The project reached its objectives of measuring health literacy in Europe, establishing a European Network (Health Literacy Europe) and of creating advisory bodies on health literacy in eight European countries to manifest health literacy as a topic on the European health agenda.

The morning session on **Presentation of national trends and initiatives for improving health literacy** opened at 10:30. PowerPoint slides or a pdf format of the topics discussed are available on SugarSync common platform.

First, **Marco Giustini (ISS, Italy)** presented the status of advertising campaigns on road accidents in Italy in:

Institutional communication in public health as a pillar in the prevention of road traffic accidents

A discussion on health institutional campaigns and their cost-benefit ratio on population, and other related factors (e.g. positive framing of rules, broad approach of stakeholder involvement, elaborated measuring of campaign's results) ensued.

Next, **Stefan Spitzbart (Hauptverband der Österreichischen Sozialversicherungsträger, Austria)** presented an outline of Austrian situation, focusing on social security in:

Health Literacy in Austria

Health Care Reform, the Role of Social Security and the Impact for a Strategy on Health Literacy

Stephan Fousek (Austria) followed with his contribution on:

Health Literacy as an Austrian Health target

A number of questions were asked and extensive discussion ensued (e.g. the very broad and participatory process of developing health targets for the first time in Austria, the big advances in Austria over the last two years).

Danish national trends and initiatives for improving health literacy were presented by **Nicolaj Holm Faber** and **Rune Schmidt (Danish Committee for Health Education, Denmark)** in:

National trends and initiatives regarding health literacy

Denmark did a lot but not under the concept of HL yet. For the first time Denmark planned to measure the level of HL. A discussion ensued about the balance of empowerment, accessibility and readability of health information and the big difference within a national health system or a federal one.

Therese Stutz Steiger (Careum, Switzerland) and **Philippe Lehmann (Lausanne, Switzerland)** introduced Health Literacy in Switzerland in a presentation with **Jörg Haslbeck (Careum, Switzerland)** as co-author:

Health Literacy National Trends in Switzerland

A longer print version of the presentation was distributed at the meeting.

Marco Giustini introduced the next step, a SWOT analysis on advertising campaigns on four topics: Styles of life, Smoking, Sexual behaviour and Road behaviour.

A brief description of the method was also given.

What is SWOT analysis? The name says it: Strength, Weakness, Opportunity, Threat. A SWOT analysis aims to identify the key internal and external factors seen as important to achieving an objective. SWOT analysis groups key pieces of information into two main categories:

1. internal factors – the strengths and weaknesses internal to the organization
2. external factors – the opportunities and threats presented by the environment external to the organization

Participants formed four groups for discussing the topics. General results are as follows:

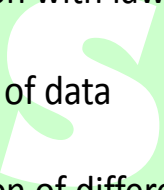

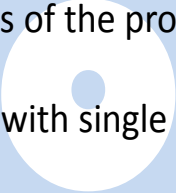
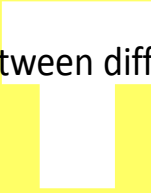
Styles of life

	Helpful to achieving the objective	Harmful to achieving the objective
Internal origin (attributes of the organization)	<ul style="list-style-type: none"> - Agree on what a healthy lifestyle means - School education campaigns on human anatomy - Less years with illness <p>S</p>	<ul style="list-style-type: none"> - Difficult to evaluate - How to reach low-income groups? - Health literacy - Choose recommendations - One day healthy/ the other something different <p>W</p>
External origin (attributes of the environment)	<ul style="list-style-type: none"> - Longer and healthier live is a value - Safe money/to reduce costs - To prevent obesity - Tax on unhealthy drink&food - To promote exercising <p>D</p>	<ul style="list-style-type: none"> - Economic crisis - Too much advertising on junk food - May lead to anorexia <p>T</p>

Sexual behaviour

	Helpful to achieving the objective	Harmful to achieving the objective
Internal origin (attributes of the organization)	<p>(leaflet)</p> <ul style="list-style-type: none"> - Relatively cheap - Reinforcement - It can be mailed - Summarize a lot of information - Paper longlasting <p>S</p> <ul style="list-style-type: none"> - Being an expert - Diverse team - Sex indication - Teaching in schools - Use condoms - Self-conditions 	<ul style="list-style-type: none"> - Excludes illiterate people - Reach only some people - No experience in campaigning - Decrease in birth rate <p>W</p>
External origin (attributes of the environment)	<ul style="list-style-type: none"> - Branding - You can bring with you - Multicultural - Cool/trendy topic - Saving money: <ul style="list-style-type: none"> e.g. unwanted pregnancies - HIV helps to bring it on the agenda → - Healthier people - Human right not to have babies <p>T</p>	<ul style="list-style-type: none"> - Too many leaflets - Overflow of information - Catholic ethic/Church - Social prejudices - Can do a harm as well

Road safety

	Helpful to achieving the objective	Harmful to achieving the objective
Internal origin (attributes of the organization)	<ul style="list-style-type: none">- Integrated approach- Reminders- Combination with law- Availability of data- Combination of different methods 	<ul style="list-style-type: none">- Competition with car industry- Low budget- Value of money 
External origin (attributes of the environment)	<ul style="list-style-type: none">- Combine with others- Healthy behaviour- Awareness of the problem- Terrifying with single case 	<ul style="list-style-type: none">- Difficult to evaluate because of multi-interventional approach- Lack of risk awareness- Conflict between different road users 

Smoking

	Helpful to achieving the objective	Harmful to achieving the objective
Internal origin (attributes of the organization)	<ul style="list-style-type: none"> - Repeat the message - Fear approach - Interactivity/alternatives - Easy to evaluate - Peer involvement - Laws/regulations - Money saving 	<ul style="list-style-type: none"> - Very expensive campaigns - Smoking culture in your own organisation - State lose money - Protest/reaction - The youngsters find it cool - Diseases - Stigma
External origin (attributes of the environment)	<ul style="list-style-type: none"> - Price of cigarettes is high - Strong national laws against smoking - Saving costs - Long-term benefits - Partnership with non-smoke industry - Public cost/benefit ratio 	<ul style="list-style-type: none"> - Taxing smoking ->contradiction - Limit to anti-smoking campaign - Smoking is a big addiction which is hard to cure - Pressure of tobacco industries - Difficult to hit target group - People from lower classes (social unbalance) - Higher taxation for everybody

Maurella Della Seta adjourned the session.

Participants left the ISS for the planned visit to the Accademia Nazionale dei Lincei and the social event.

Friday, 12 April 2013

After a recall of Thursday events, **Marco Giustini** presented advertising campaigns on road safety in Czechoslovakia and United Kingdom (<http://think.direct.gov.uk/>).

Danish representatives also showed national campaigns to reduce speed on the roads.

A discussion on different approaches ensued.

Jim Phillips (EPP CIC, United Kingdom) presented an extensive overview of health literacy and national integrated strategies, providing wide-ranging coverage of the subject.

The discussion touched on a number of related issues.

PowerPoint slides of *Health literacy* are available on SugarSync common platform.

Christine Hirtl (Women's Health Centre, Austria) chaired a session on possible further steps:

- Common goals
- Future Project/Collaboration

As regards Future Collaboration, participants were open to practical collaboration on a specific field, as already on between Danish and Swiss groups but not on a further common project on European level.

General discussion pointed out:

- Italy has experience in EU-projects
- New project when similar work
- Common actions: organizations
- Must be on the same level
- Ready to work on the same action
- Needs a more specific focus
- Resources are needed

Other forms of collaboration proposed were:

- Build collaboration on a national level
- Translation of Danish App
- Health portal

To evaluate the LP and point out the main results a mini lab was called by **Christine Hirtl**, participants formed three groups and discussed the following topics together:

- What are the results of the LP in terms of content?
- What are the results of the LP in terms of networking?
- Which ideas do you have to disseminate the results of the LP within your work, community, country?

Here follows general results:

What are the results of the LP in terms of content?

- HL is not a well-defined question. The LP allowed us to better explore the potentials and to better understand HL
- Different approaches to initiative on improving HL in each country
- Aware of common basis for this topic in Europe
- Common approach on Patients with chronic diseases, but doctor-patient relationship issues still missing in projects
- The findings from the EU HL studies
- More knowledge of different perceptions of HL
- Reflecting on different ways of dealing with HL
- Helps to learn more about the mindset of different countries (culture, etc)
- Learning about different measures for HL
- Different training styles used by countries, which gave ideas for program development: Thinking out of the box
- Examples of integrating HL into best practice
- Learning about trends and strategies depends on national structures of health care system, etc.
- Learn that the word of HL is different in each countries; we have to deal with different notions and different content
- Countries are not at the same level of dealing with HL, but all are in action.
- Different target groups: patient focus, healthcare pros, population focus, national campaigns → making integrated programs
- About integration: Importance of an integrated strategy: E.G. Austria and Denmark; different stakeholders can benefit from working together on raising hl
- E.G from Italy: good idea with cooperation with different population groups on guideline development

What are the results of the LP in terms of networking?

- Has fostered existing collaboration
- Has enabled/structured/resulted in networking
- Has established connections with international experts
- Learning from experiences from others in a structured way
- Group working relations depends on personal meetings
- Builds up national networks and working relations
- Prolong relations on national level
- Bring groups closer together
- Underlining the need for clearer focus for future LP and projects
- Helps you to reflect on certain issues like the gender perspective
- We worked alone between the meetings, only at the meetings
- Not yet cooperation between all participants

- Not ready to produce concrete projects together
- But we learned institutional landscape
- Possibilities to develop new contacts among the partners
- New awareness of patient needs because of participation by institutions in contact with patients
- Good discussions but no real networking
- The opportunity to disseminate the work done by partners, e.g. the mobile app My baby

Which ideas do you have to disseminate the results of the LP within your work, community, country?

- Each country should write a paper or article, etc. to be published (Italy in the newsletter of the institute and ANNALI of ISS, Austria in the journal of social security, CH newsletter of public health, DK ??)
- Interesting to publish in national medical journals to sensitize the medical professionals
- Use the results in LP in national processes
- Invite experts from this group to meetings on national basis, e.g. the Careum/ENOPE conference next year
- Not to create new instruments for dissemination, but to use existing channels
- No results to disseminate, the value is more personal to the LP group members
- LP itself is a result: The possibility of LP is a result to disseminate
- Presentations, personal conversations, internal meetings, website, posters, letters
- The result is more the learning process of the LP members, not a product, but the point of LP was to exchange ideas, and we did.

A round table discussion was chaired by **Christine Hirtl** on planning the final report.

Apart from the individual report each partner organization has to write to one's NA, we agreed on a report written in common to be published.

We discussed three possibilities

1. Write a report together to which every partner organization contributes
2. Each partnering country:
 - a) publishes an (online) article about their results on a national/EU level
 - b) sends an executive summary in English about the content [1 page] to
 - Women's Health Centre (to put on the website)
 - ISS

By July 30
3. Publishing a common article

Target group: people/organizations like us in other European countries

Participants decided to go on with possibility 2 that is each partnering country publishes an article and sends an executive summary in English to Women's Health Centre and ISS by July 30.

Italy in the newsletter of the institute and ANNALI of ISS, Austria in the journal of social security, CH newsletter of public health, DK to be defined.

Evaluation of the learning partnership / Feedback

1. The organization of the meeting (e.g. information received, agenda, venue, facilitation) was...

- very good (10)
- good (6)
- average
- to be improved (1)

Suggestions for improvements:

Perfect done

Very great hospitality!!! Thank you very much.

List of participants, table nameplates, badges for identification.

Titles of presentations should have been sent in advance.

2. The methods used (e.g. presentations, group work, etc.) during the meeting were...

- very good (5)
- good (9)
- average (3)
- to be improved

Methods I enjoyed

Mini lab (6)

Presentations (3)

Work group (2)

Jim Phillips (2)

The exchange about material strategies

Nothing new was added

Movies about National campaign

The SWOT work was good, interesting

Discussions

Methods I did not like

SWOT was very difficult in our group

SWOT activity was unclear and unnecessary

SWOT no clear task

SWOT analysis (2)

Working group a synthesis on the pm. (campaigns can be improved)

3. What I learned for me and my work

- Very much (4)
- Much (7)
- Not much (5)
- Nothing

One participant did not answer

Lessons learned

Cultural differences

Different structures of the health care systems and different potentials

Jim Phillips was very great and relevant

I felt like opening a window to Europe / Experiences of how other countries “work” with HL

New methods of learning / new approaches

It was very inspiring to hear about different strategies in the European countries / also very good the presentation of Jim Phillips / for me to like a vision were to go in Austria

Models from the 4 countries + UK + integrated processes with their differences

Strategies + methods for national implementation

4. My own contribution to a successful meeting was

- Very good (2)
- Fair (10)
- Could have been better (5)
- Not enough at all

Comments

Presentation about history of health literacy

Facilitation

Evaluation

Because I joined the partnership only on the 3rd meeting

Other

Thank you very much to Maurella and her team for the organization + the hospitality

That I like the opportunity to visit Rome

That the visit of the Villa was nice

That it was worth joining the partnership

Grazie ☺

Multo bene Rom

Thank you especially for hospitality in Rome

Learnt a lot for work and implementation in our country

Thank to all partners for the enthusiastic participation

Thank you for an interesting LP, with good discussion

It was difficult to say a lot, because it was my first time here and I am a volunteer master instructor, but I am so pleased to have had the opportunity to be here ☺

Thank you for being so open toward us
It was good talks between the participants
A great thank you