Population Health Literacy: are we Spinning Our Wheels in a Regressing World?

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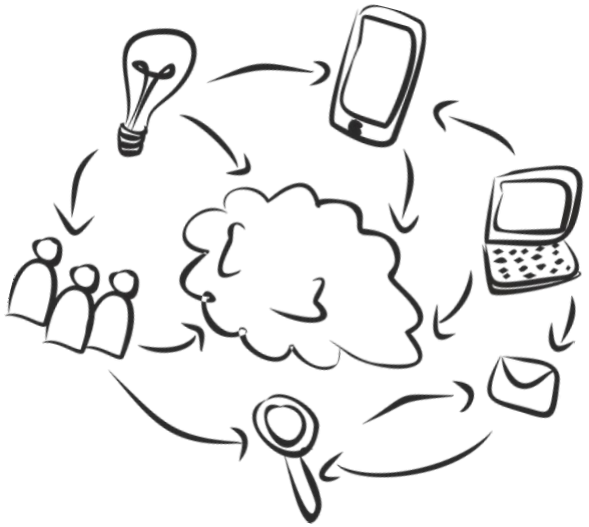
Overview

1. Population Health Literacy
2. An Information Behaviour perspective

   Our changing information world(s)

   Four concerns
3. Going Forward: three important factors in our changing information world(s).



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1. Population Health Literacy

- Progress towards population health literacy is recognised as a complex multifaceted challenge currently hindered by:
  - a focus on basic communicative and functional aspects[1-3].
  - limited understanding in the everyday context[4-6].
  - Limited insights into professional understanding and practices, particularly in non-clinical health promotion and education roles[7-8].
- Ongoing calls for broader socio-ecological perspectives of population health literacy that take account of the various factors influencing peoples health information behaviours[5,7,9].

Even in economically advanced countries in Europe, many children, adolescents and adults have limited health literacy skills[10].

Mcleroy et al.'s (1988)

2. An Information Behaviour Perspective

- Human Information behaviour (HIB) is concerned with:

  The totality of human behaviour in relation to sources and channels of information, including both active and passive information seeking, and information use[11,p.49].

- Whilst information literacy focuses on effective skills and behaviours and skills to achieve desirable goals, information behaviour encompasses understanding of both desirable and undesirable behaviours[12].

  Attention to both desired and actual behaviours.





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An Information Behaviour perspective: our changing information world(s)

… a number of interrelated challenges… contribute to the destabilisation of information – fragmentation, individualisation, emotionalisation, and the erosion of the collective basis for trust[13,p.5].

We live in a tidal wave of data. We don't have the social and informational structures in place yet to manage it… My suggestion is that this enormous information wave makes us anxious and angry[14,p.9].

…we are living through a credibility crisis in health communication – one shaped by platform capitalism, emotional visibility, and the absence of meaningful regulation[15].

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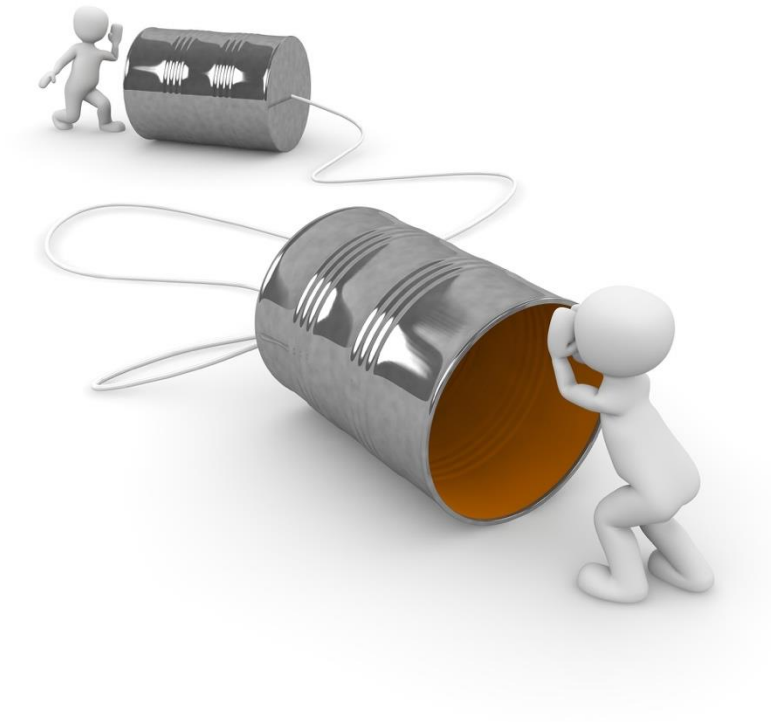
An Information Behaviour perspective: four concerns

- When I reflect on my own work, and the work of others, four concerns*:
  - Communication
  - Access
  - Critical Literacy
  - Cognition

*note. selected for discussion today and not intended as a comprehensive list of the challenges faced (I could also include concerns relating to trust, disposition etc.).



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Communication

- We cannot assume that people recognise a need for health information or will act on a need. Health communication thus has two important process-oriented functions, to be:
  1. informative (awareness, post-awareness)
  2. persuasive (change)
- However, ongoing concerns that much health communication is too reductionist and does not address complexity[16-19].
- Much also passive[17,19].
- There are ongoing calls for more in-depth understanding of health communication processes and issues including better understanding of individual differences in how people process health information[20-21], and the growing challenge of mis/disinformation[22-24].

> Health communication stands at a critical juncture, amidst rapid digital transformation, fragile public trust, and the expanding influence of AI[19,p.522].

WHO (2017)

Access

- Digital transformation of healthcare increasingly positioned by providers as a strategic priority, yet:
  - Digital divide remains a grand societal challenge[25] with 2.2 billion people (approximately one-quarter of the global population) offline[26].
- Important to recognised that technology alone does not bridge this divide[25]. For example:
  - Basic digital (functional) skills forecast to be the UK's largest skills gap by 2030[27].

If we do not address bias and access disparities in digital health, health gaps will widen and become more difficult to ameliorate[28,p.20].

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Critical Literacy

- Health literacy practices often focused on and/or limited to basic functional considerations[1-3], with limited attention to more advanced critical considerations important for population independence and empowerment including to address mis/disinformation[29].
  - Addressing mis/disinformation an urgent challenge, but one that "presents conceptual, empirical, and practical difficulties"[29,p.189] considered "notoriously difficult to combat"[30,p.1907].
- It is important to recognise mis/disinformation as a complex challenge influenced by issues of:
  - Access: people's ability to access and critically evaluate information.
  - Disposition: people's predispositions, beliefs and motivations influencing their behaviours.
- Without attention to both, any steps to address misinformation are at risk of being too reductionist and of limited effect. However, such holistic attention appears limited[31-33].

[critical literacy is] the neglected domain of health literacy, rarely achieving any focus or interventions that claim to be working towards this outcome[34,p.1].

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Cognition

- Our rapidly evolving information world is influencing how we process information (or not).
- Issues of load

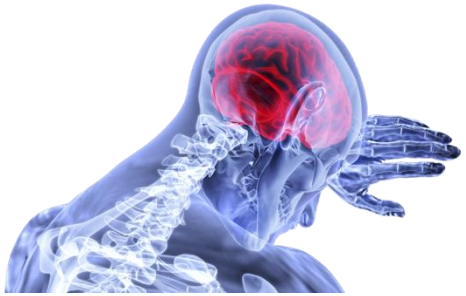
  We are now exposed daily to more information than we can process and this has substantial costs[35,p.402].

- Issues of attention

  [health misinformation] strategies exploit the nature that humans are cognitive misers and nudge the audience into information processing through the heuristic rather than systematic route, [often] making a snap judgment without engaging in elaborated and critical analysis[36,p.2138].

- Emergent AI technologies compounding these issues.

  The true challenge ahead is not mastering technology but safeguarding the depth of human thought in an age of synthetic cognition and artificial intelligence[37,p.6].



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Going forward: three important factors in our changing information world(s)

- Practical health literacy education
- Constructive health information pathways
- Interpersonal information intermediaries

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Practical Health Literacy Education

- There is a need to develop new practical approaches to health literacy education as traditional approaches have limited reach and impact, particularly in disadvantaged circumstances[38].
  - contextually appropriate (situated).
  - everyday-oriented.
  - encompassing critical literacy.
  - scalable.
  - effective communication and promotion channels.
- Implications for education programmes (*who, what, how*).

A greater awareness of the complexity of health information landscapes will lead to the creation of richer and more meaningful health and information literacy educational models and guidelines[39,p.2].

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Constructive Information Pathways

- Important to view health communication and education as a constructive incremental process that takes account of the variable cognitive and affective factors influencing people's information behaviours, not least when concerning sensitive and complex issues of health. Attention to[40]:
  - Thoughts
  - Feelings
  - Actions
- addresses common user experiences of uncertainty and anxiety.
- Implications for how we effectively structure and communicate health information (physical and digital).

> … an underlying problem [with information systems, is an] overemphasis on source and under emphasis on process. The user's holistic experience in information seeking is not being adequately accommodated[40,p.189].

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Interpersonal Information Intermediaries

- Health information intermediaries continue to have an important role, particularly in disadvantaged circumstances[41].
- Three key functions[41]:
  1. Information intermediaries facilitate information needs **recognition**, and considered purposeful action, that takes account of the problematic context.
  2. Information intermediaries are a key source of information in themselves, and a key **connection** to other sources not otherwise accessed.
  3. In situations of poor **comprehension**, information intermediaries tailor and personalise information for relevance, and communicate via incremental and recursive cycles that take account of individual learning needs.
- Implications for professional development and practices (and digital healthcare).

…holistic interpersonal approaches [to healthcare] remain important[41,p.128].

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Thank You

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