

Promoting Functional Health Literacy of Village Health Volunteers by ADRA Training Model



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Introduction



- Thai people have suffered from preventable diseases
- lack of quality training and usually focusing on health-related contents rather than health literacy in the community.

Health Literacy



- Health Literacy has been defined as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments.

Functional health literacy



- Functional health literacy refers to individual level skills that move beyond readability. Functional health literacy includes skills necessary in the navigation of the complex health care system, includes prose, document and quantitative literacy and the ability to engage in the exchange of oral communication.

Functional health literacy



- transform to 5 domains.
- They are *Access (Ac)*, *Understanding (Un)*, *Assessment (As)*, *Utilization (Ut)* and *Communication (Co)*.
- Each of them were described and divided into 5 levels. In total, they are 25 indicators show frequency and quality of behaviors.

Functional health literacy



- *Access* (Ac) is the independent study of the health knowledge behavior
- *Understanding* (Un) is the understanding of health contents
- *Assessment* (As) is the analysis and recheck behavior
- *Utilization* (Ut) is the healthy practices
- *Communication* (Co) is the self risk identification

Method



Participants

- Twenty two participants were volunteers from Village Health Volunteers Group at Taysampao Village, NakhonSiThamarat Province.
- All Participants were women aged between 35 and 60 years who had been worked as Village Health Volunteers more than 1 year and participated throughout training activities.

Method



The Functional health Literacy Promotion Program

- The program consists of 6 sessions health education program.
- Each session is 2 hour and a weekly session under healthy living theme.
- They are Well Being, Exercise for Health, Un-Resistance, Stress and Release, Accident Preventable and Healthy Living.

Method



Training Model

- The ADRA (Anticipatory Set-Development-Review-Assignment) training model was used for main activity.
- The Anticipatory Set is an out session activity and like to in session icebreaking activity
- The Development is a activity for elaborate health skills or contents to encourage the audience to an awareness of healthy behavior.

Method



Training Model

- The Review is activities that focus on building stability health knowledge and behavior by reviewing behavioral expectations.
- The Assignment is an assignment for assessing the progress of learning

Method



Health Literacy Survey

- According to each of FHL were described and divided into 5 levels that are assign to 5 points; 1 – 5, respectively.
- The placement survey was conducted by structured interview as a base line data, followed by a 3 weekly survey.
- The data was presented in percentage of improvement compared with the previous survey.

Results



- The placement survey showed that Ut and Un fell into level 2, Ac, Co and As into level 1.

Ac	Ut	As	Ut	Co
1.5 ± 0.67	2.09 ± 0.29	1.09 ± 0.29	2.14 ± 0.35	1.23 ± 0.43

Results



- The progress report showed that all of FHL were significantly improved.

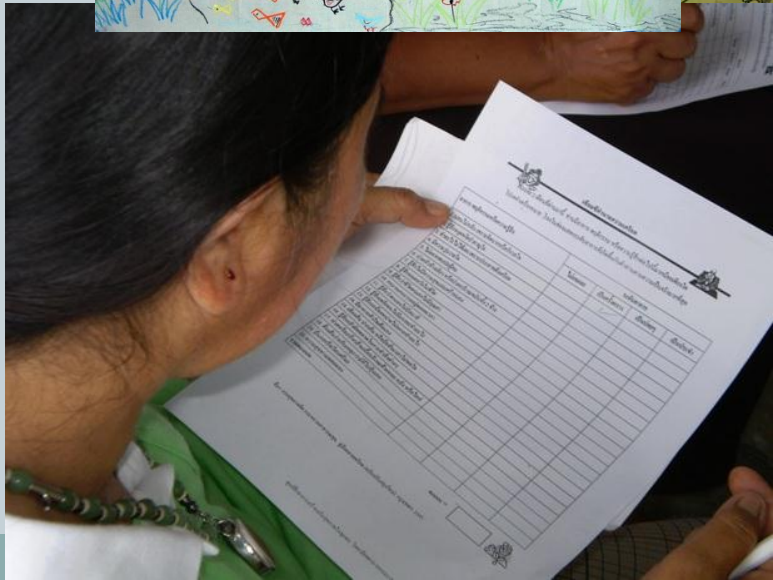
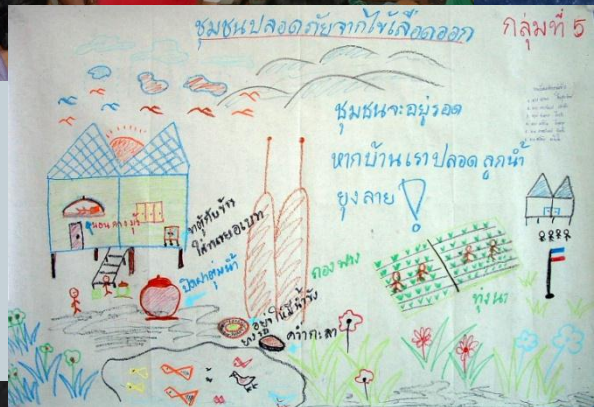
FHL	Placement	1 st	2 nd	3 rd
Ac	1.5 ± 0.67	2.18 ± 0.39	3.55 ± 0.51	4.45 ± 0.51
Ut	2.09 ± 0.29	2.14 ± 0.35	2.55 ± 0.80	3.64 ± 0.73
As	1.09 ± 0.29	1.41 ± 0.59	2.18 ± 0.39	3.18 ± 0.73
Ut	2.14 ± 0.35	2.55 ± 0.51	3.05 ± 0.84	3.77 ± 0.87
Co	1.23 ± 0.43	1.86 ± 0.64	2.41 ± 0.73	3.41 ± 0.73

		% increase		
FHL	Placement	1 st	2 nd	3 rd
Ac	1.5 ± 0.67	45.45	62.50	25.64
Ut	2.09 ± 0.29	2.17	19.15	42.86
As	1.09 ± 0.29	29.17	54.84	45.83
Ut	2.14 ± 0.35	19.15	19.64	23.88
Co	1.23 ± 0.43	51.85	29.27	41.51

Results



- Final survey revealed that Ac, Ut and Un were classified into level 4, As and Co were classified into level 3, respectively.
- The progress report showed that all of FHL were significantly improved.
- Ac was improved from 45.45, 62.50 and 25.64%.
- Un was improved from 2.17, 19.15 and 42.86%.
- As was improved from 29.17, 54.84 and 45.83%.
- Ut was improved from 19.15, 19.64 and 23.88%.
- Co was improved from 51.85, 29.27 and 41.51%.



Results



- The findings showed that the understanding of health-contents (Un) and healthy practices (Ut) were little improved.
- The analysis and recheck behavior (As) was moderately improved.
- The independent study of the health knowledge behavior (Ac) and self risk identification (Co) were substantially improved.

conclusion



- Functional Health Literacy of village health volunteers can be promoted through the ADRA training model.



Thank You

