

# Il Laboratorio del Cittadino Competente (Laboratory for Citizen Empowerment)

Sistema Comunicazione e Marketing Sociale - AUSL Modena



Maria Monica Daglio

Bologna

24 settembre 2010

## Aim

**“Agire con per mettere in grado di”**

(Acting with to enable to)

Promoting health literacy and empowerment of the citizen, to foster his competences and knowledge, involving directly citizens (individuals, volunteer associations representatives, groups of patients) in a responsible and shared building of strategies for health.

## Methods

The setting of “Laboratory for Citizen Empowerment” is the Communication & Social Marketing Unit. It adopts a networking strategy to manage healthcare plans and matters. The Laboratory works in the field of health literacy and empowerment related to the experience of don Lorenzo Milani (School of Barbiana), Paulo Freire and EPICOM. The Laboratory practices the three levels of healthy literacy and empowerment from Nutbeam.

# ROOTS

## d. Lorenzo Milani

## Paulo Freire

## Community Epidemiology

Training *hic et nunc*

To know the words in order to describe the world

Seeking and knowing the sources

Collective writing

“Invention” of tools, verification and continuous corrections

Concern for context

Describing what people see and hear

Defining different levels of the issue

Listening and dialogue

Asking why a problem exists

Developing action plans to face the problem

It seeks for a relationship between community life and absence/presence of illness or health

In order to be present in the community, a manner to be, a proof of engagement

Dialogue is a fundamental tool

Concern for context

Improving data

Utilizing information to modify the reality

## **Collective writing** (School of Barbiana)

- Direct recourse to every information and cultural source.
- Scrupulous verification on news, strict review of terms in which news are published.
- Reading of texts in their original language as more as possible.
- Precise comparison between different versions and editions.

## Comparison

Comparison allows “invention” of tools required at every turn to reach the established purpose, to verify and to correct them continuously, and to abandon them.



## Laboratory Networking Framework

### Step 1 - Priority Setting

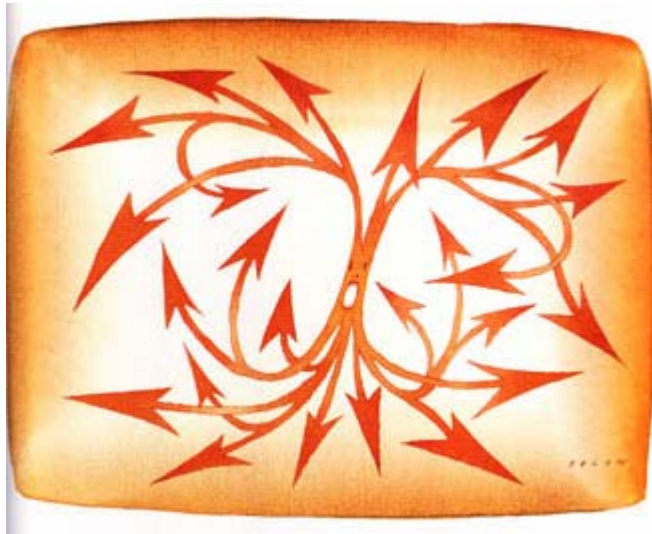


The networking unit (Laboratory) undergoes a priority setting to identify the topic, health workers and citizens' representatives required.

Alternatively, the Healthcare Authority identifies a topic within the means of a networking strategy.

## Laboratory Networking Framework

### Step 2 - Design



The Laboratory designs the project, the timetable and the target level of empowerment to reach at every step.

## Laboratory Networking Framework

### Step 3 - Task-force Appointment



The task-force on the specific topic is formed by methodologists, communicators, general practitioners, pharmacists, nurses, hospital doctors, citizens and patients representatives.

## Laboratory Networking Framework

### Step 4 - Tools' Production



1. Critical appraisal on the writing topic with the help of physicians and methodologists.
2. Group discussion on doubts, concerns and recommendations.
3. Identification of key points. Mainly the non-physicians identify the key messages for the general population, and also the most suitable style for the message itself.

4. Collective writing. Using the discussion output and the key points as a guide, the group writes the paragraphs collectively.
5. Comment on the final output. Analysis of sentence coherence, semantic conformity, the writing process and necessary adjustments.

## Laboratory Networking Framework

### Step 5 - Readability Assessment



The task-force computes the international readability indices adapted for the native language of the target people (e.g. Italian)

## Laboratory Networking Framework

### **Step 6 - Comprehensibility assessment**

A questionnaire submitted to an independent reading panel quite different from those who co-produce the tool.

The outcome measures to evaluate the comprehensibility of a tool are the simple knowledge rate and the cognitive delta, or knowledge delta. The former is rate of correct answers/measurements to each comprehensibility item. It is suitable for at once communication tools and incorporates easy computing from tables. The cognitive delta is the after-minus-before difference in the percentage of correct answers to each comprehensibility item. It is suitable for continuous communication tools/interventions.

## Laboratory Networking Framework

### **Step 7 - Dissemination & Multidisciplinary**

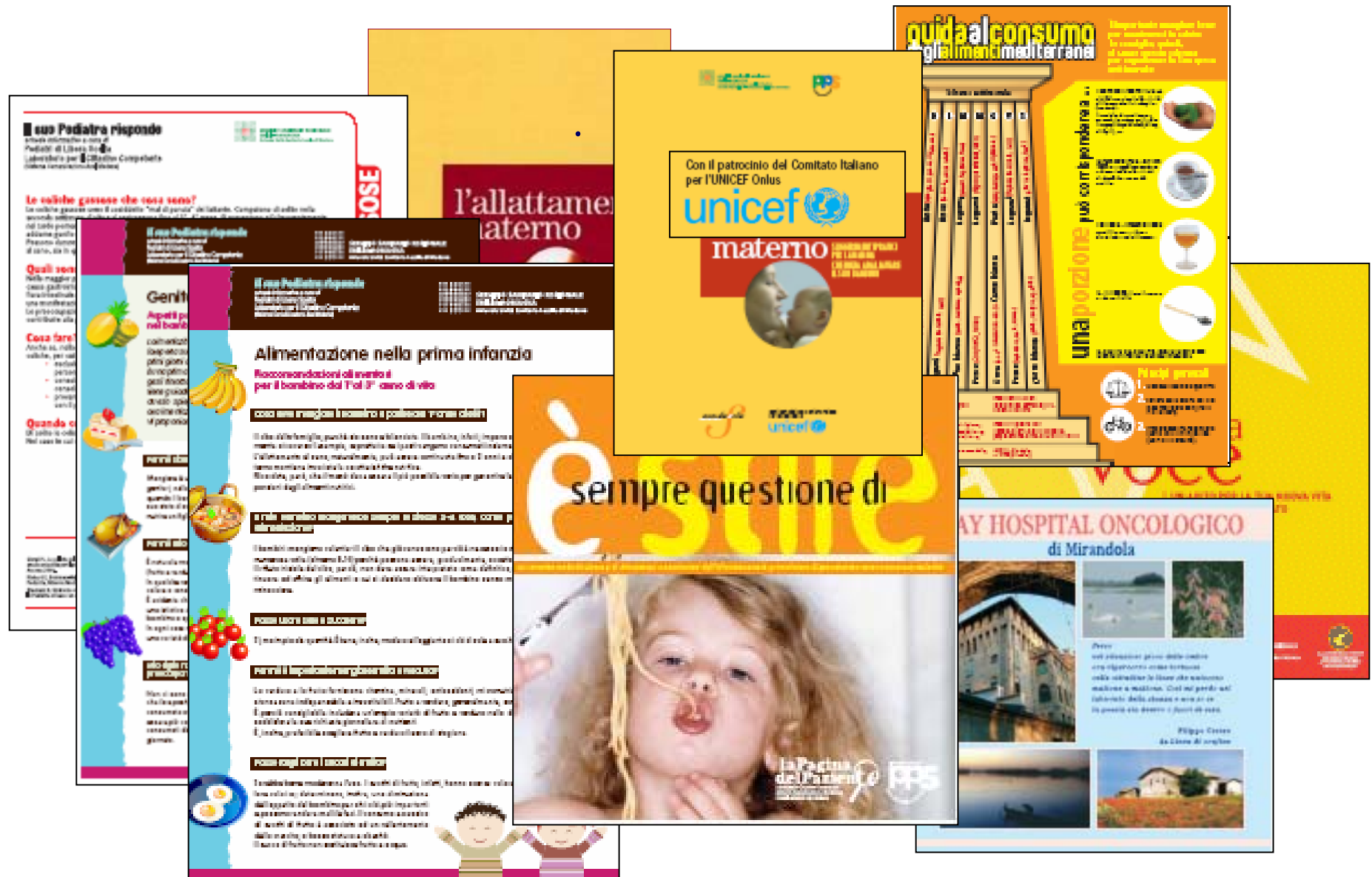
The final tool is disseminated to the general public through mass-media. The task-force reaches the target people through public multidisciplinary meetings.

## Laboratory Networking Framework

### Step 8 - Readability Assessment

The communication tools are used also by health operators in their daily work to improve the patient-doctor [or patient-nurse, patientmidwife, etc.] relationship. The health operators use the tools in order to empower the patient by (i) strengthening his compliance to therapy, (ii) allowing the patient to take home the key messages in a comprehensible brochure, (iii) avoiding the wrong use of drugs, and (iv) overcoming language barriers with migrants or illiterates.

# Easy to read examples:



# Comprehensibility Evaluation

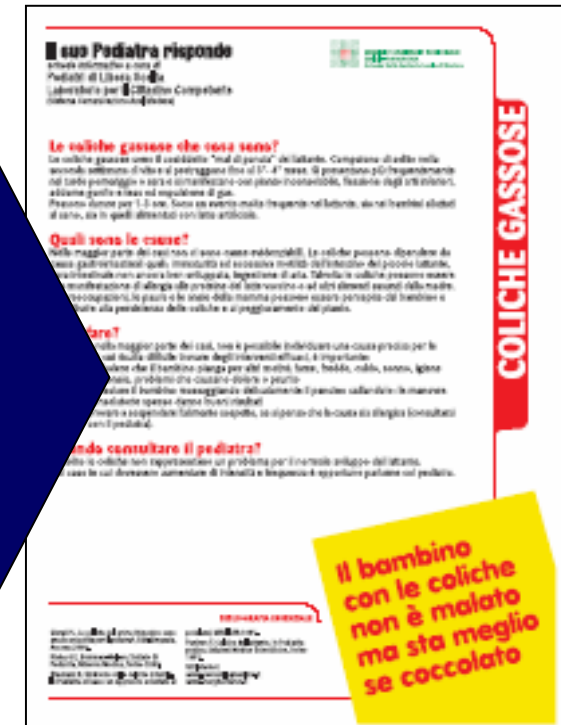
## Information leaflets for parents realized with pediatricians

Information leaflet on infant sickness

Parents = 457

Information leaflet on children's food

Parents = 380






# Formation example: workshop “Come comunicare per includere?” (How to communicate to enclose?)



Pensare la comunicazione integrata quale strumento chiave per la costruzione di alleanze con i diversi soggetti che collaborano alla promozione della salute non può essere pensata in tutte le parole che da questi interventi potrebbero risultare esclusi. Una riflessione sulla nostra pratica operativa.

 **Gianni Tognoni**  
Direttore "Comunicazione Integrata" e  
Regione Generale "Struttura  
Democratica Sanità del Popolo"

 **Mirco Faldini**  
Direttore Generale Azienda Sanitaria  
Modena

[www.aslmodena.it](http://www.aslmodena.it)



## Partners



Volunteers (Centro Servizi Volontariato, ARCI, Carcere Città, Caritas, Auser, migrants' associations, diabetics' associations, cancer patients' associations, etc.), Teachers, etc.

## Conclusions

**Sharing language:** the language must be adapted to interlocutors and to contexts, so as to become a cultural sharing and not just a distribution of information: in order to be a permanent, possibly growing process of collective comprehension and awareness rather than an update on the latest notions on health.