

Health Literacy and Promoting Health Behaviors Locally and Globally

Yuping Mao, PhD.

Associate Professor

Department of Communication Studies

California State University Long Beach

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Beijing vs. rural areas in Sichuan--different local contexts in China

Wide range of income levels in metropolitan China: low, middle and high

Rural China: primarily low-income level

Health disparities within a diverse population across regions

Prebirth data in Beijing: social determinants (ethnicity, age, and education) of gestational diabetes

Infant data in Sichuan: factors influencing adherence of YYN (micronutrient powder package) in western rural China: comparing Han, Yi, Tibetan

Significant Contributions of both studies

Extend our knowledge of maternal health and child health in China

Strong sample: big size, rigorous sampling procedures

Reveal health disparities caused by social factors

Generate applied knowledge to inform future public health policies and health promotion programs

Literature drawn from different regions of China and other countries: local and global contexts of the important health topics

Professor Wang's research on GDM

Insightful key findings:

- No significant differences between Han and minority women
- Lower education level and older maternal age were associated with higher risk of GDM
- GDM was associated with decreased gestational age
- GDM's mediating effect: older women had higher risk of GDM and then decreased gestational age

Education Level and Health Literacy

- “Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course” (Sorensen et al., 2015, 2012).




Online Health Information vs. Information From Medical Practitioners

← → calorielking.com/us/en/foods/f/calories-in-fresh-or-dried-vegetables-oriental-radishes-daikon-boiled/1WIHdI0KQaG6kS

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Home > Foods > Average All Brands > Fresh or Dried Vegetables > Oriental Radishes (Daikon), boiled


 How many calories in **Oriental Radishes (Daikon), boiled**

25 Calories

1 ×





Quantity Serving

Fat	Carbs	Fiber	Protein
0.4 g	5 g	2.4 g	1 g

 **30% DISCOUNT**
2021 Edition Calorie Counter

Calorie Burn Time

How long would it take to burn off 25 Calories of Oriental Radishes (Daikon), boiled?

 Swimming 2 minutes	 Jogging 3 minutes
 Cycling 4 minutes	 Walking 7 minutes

Based on a 35 year old female who is 5'7" tall and weighs 144 lbs.



Nutrition Facts

Calories 25 (104 kJ)

% DV*

Total Fat 0.4 g 1%

Saturated Fat 0.1 g 1%

Polyunsaturated Fat 0.2 g

Monounsaturated Fat < 0.1 g

Cholesterol 0 mg 0%

Sodium 19 mg 1%

Total Carbohydrate 5 g 2%

Dietary Fiber 2.4 g 9%

Sugars 2.7 g

Protein 1 g

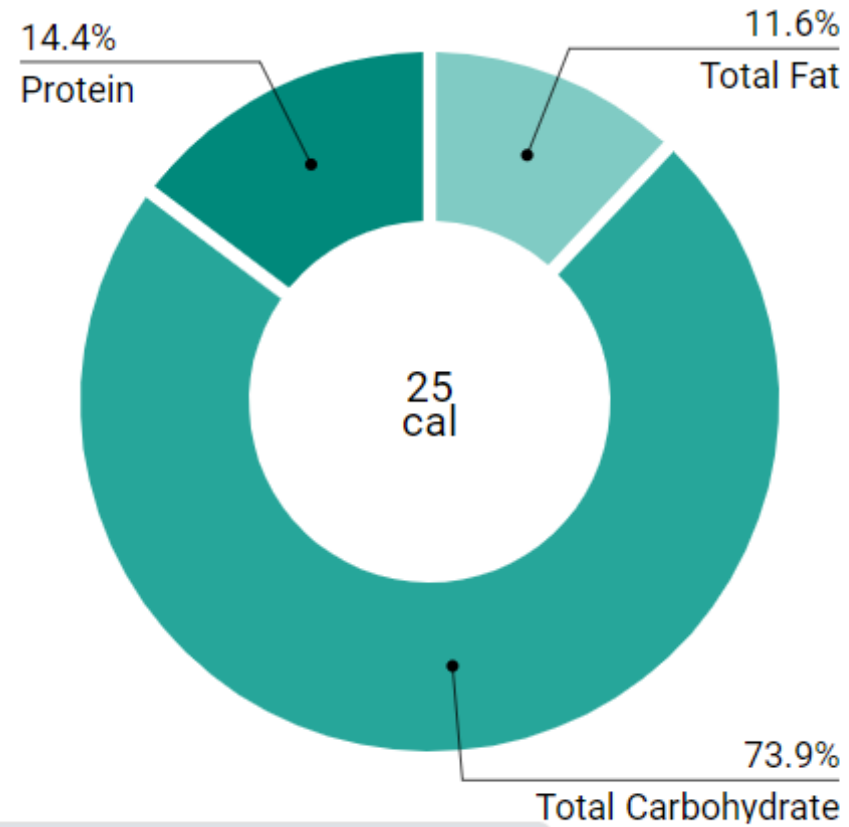
Calcium 25 mg

Potassium 419 mg

Alcohol 0 g

Calorie Breakdown

Where do the calories in Oriental Radishes (Daikon), boiled come from?



with-seasoned-beef/YA5wcaHGsk6K6_wRIfUoQw

Ethnicity vs. Cultural Practices

- Minorities living in autonomous region vs. migrant families living in mixed cultures for years or generations
- Acculturation into metropolitan areas with dominant Han culture:
 - Separation
 - Integration
 - Assimilation

Can ethnicity as a variable really capture people's health practices associated with culture?



Ethnic Differences in Professor Zhou's Research on MNP

- Han, Tibetan, and Yi live aggregately in rural Sichuan, China.
- Those groups are more likely to keep the cultural practices from the ethnic heritage.
- Factors to consider: Intergenerational learning? How does the new health knowledge and practices younger generation learn from big cities influence the tradition?
- Differences exist. It is important design specific health education programs to address diverse needs of various ethnic groups to reach positive health behaviors.



Findings of the Overall Population

In the Integrated Behavior Model, **salience of behavior** had the largest effect on YYB adherence behavior, followed by **behavioral intention**. Among the indirect variables that affect behavioral intention, **personal agency** has the greatest effect on it.



Personal agency is about caregiver self-efficacy and perceived control in feeding the infant YYB.

Salience of behavior: factors that remind people to consistently carry out a certain behavior. It was measured by one question on the frequency of doctor reminders (“How often do doctors talk to you or remind you about YYB?”).

Health literacy is “the personal, cognitive and social skills which determine the ability of individuals to gain access to, understand, and use information to promote and maintain good health” (Nutbeam, 2000)

Unique Findings in Yi Minority

- Yi minority's feeding behavior is more influenced by **environmental constraints** as well as **knowledge and skills**.
- Environmental constraints, which refers to conditions that make YYB adherence difficult or impossible, by asking the question, “Has YYB ever been out of stock?”
- Address **disparities in health literacy and health resource**.



Overall Comments

Health literacy is a very important concept that ties into both studies' key variables such as education, knowledge and skills, and personal agency.

Health campaign and education programs need to consider health literacy levels, multilingual health literacy and e-health information.

Ethnicity might not fully capture the ever-changing health practices individuals learn from other cultural communities and other social networks, especially internal immigrants and immigrant workers.

Some findings from China coincides with findings from other countries. It is important to share global knowledge on public health promotion.

It is also important to reduce local and regional health disparities by addressing unique local conditions and needs.

Thank You!

