UCLouvain

Capacity Building for Health Literacy

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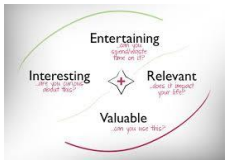
Why the interest in Health Literacy?



Relevant

Measurable

Modifiable

Addressing low health literacy

Improve individual and population HL through education and training

Compensate for low HL by improving communication and facilitating under-standing

Improve organizational HL by reducing situational demands and offering institutional support

Addressing low health literacy

- A shared responsibility of
  - the health sector
  - civil society
  - policy makers
- Requires sufficient capacity

What is the current capacity to address health literacy?

Would ideally involve *capacity mapping*

- The systematic, objective assessment of existing capacities as a basis for capacity development
- Does not evaluate the actual ***performance*** of a system, but the system's ***ability*** to fulfill its specific functions within a set of resource constraints
- To be distinguished from assessing ***competencies***

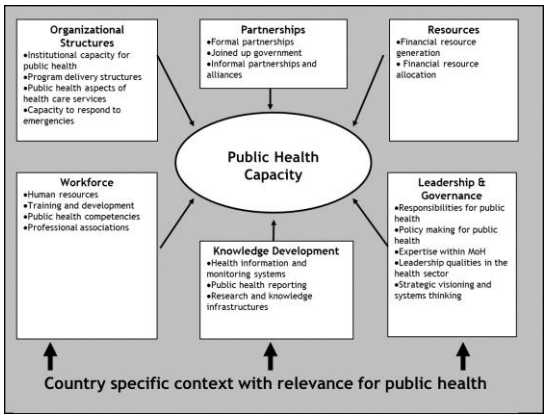
  are concerned with the identification and description of the knowledge and skills required of health professionals, not with health systems
- Involves the use of pre-defined indicators based on a conceptual framework

Public health capacities

- Capacity for public health

  The ability of public health systems to adapt to change, innovate and solve problems
- Capacity to improve health literacy

  The ability of health systems to increase health literacy and to respond to problems of low health literacy



Aluttis, Van den Broucke, Chiotan et al. (2014). *Journal of Public Health Research*, 3(1).

Systems requirements to address health literacy

- Political commitment and policies
  - Establishment of high level political commitment to HL
  - Development of national action plans

→ *Governance*

- Enablers
  - Leadership for HL
  - Strengthening competences of HL workforce
  - Strengthening of institutions
  - Allocation of financial resources for HL
  - Establishment of cross-sector collaboration and parterships

→ *Building capacity*

- Delivery & implementation
  - Ensuring the implementation of plans
  - Evidence generation on interventions and their effects

→ *Quality assurance*

Political commitment for health literacy

Governance & resources

- UN

  Considers HL important for the achievement of targets related to the Sustainable Development Goals

- WHO
  - Improving health literacy is one of the priorities in the strategy document for the European Region « Health 2020 »
  - Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development recognizes health literacy as a critical determinant of health and commits to investing in its development

- OECD

  Working Paper on Health Literacy for People-centered care

- EU

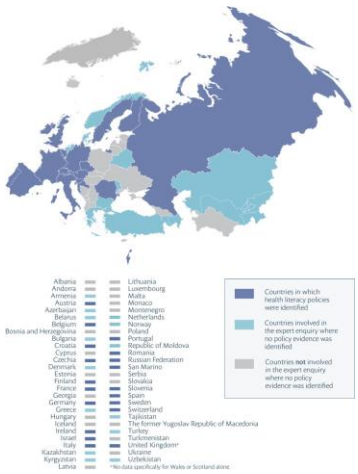
  HL is an item for attention in the EU Health Programme « Health for Growth » (2014-2020)

- National level

  Several countries in Europe and around the globe recognize the importance of health literacy and put policies in place to address low HL

Political commitment for health literacy

Policies to improve health literacy in the WHO European Region

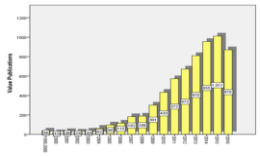


- 19 of the 53 MS of the WHO Euro Region (36%) have existing and/or developing health literacy policies at national or regional levels
- HL policies focus on a number of interlinked sectors and societal levels and include a wide range of activities
- Facilitators of successful implementation (e.g., intersectoral working, political leadership and strategies to overcome cultural barriers) are not integrated into HL policies
- The economic effects arising from the policies are not documented

Rowlands et al. (2018) What is the evidence on existing policies and linked activities and their effectiveness for improving health literacy at national, regional and organizational levels in the WHO European Region? Copenhagen: WHO Europe,

Capacity building for health literacy

Knowledge Development



- Exponentially growing body of HL research
  - First research articles on health literacy published in the late 1970s
  - More than 8400 Pubmed-listed publications on HL today
    - 70% published in the last five years
    - > 1000 new publications each year
    - More than 3573 have “health literacy” as a major MeSH term
  - + 8000 publications in Scopus
  - 135 0600 records on Google Scholar

    9000 in 2017 alone

- Focus of research
  - Mainly descriptive research drawing on existing definitions and conceptualizations of HL to investigate its level, impact on health, and its role in health inequalities
  - Less than 10% intervention research

Knowledge development for health literacy

Measuring Health Literacy

- A large range of measures available

  185 instruments listed in the **Health Literacy Tool Shed**

https://healthliteracy.bu.edu/

- Difference between «objective» and «subjective» measures
- Important differences in terms of objectives & target groups
  - HL screening or measuring in a clinical context: Rapid Estimate of Adult Literacy in Medicine (**REALM**), Test of Functional Health Literacy (**TOFHLA**), Newest Vital Sign (**NVS**)
  - Population surveys: National Assessment of Adult Literacy survey (**NAAL**), Health Literacy Questionnaire (HLQ), European Health Literacy Survey (HLS-EU-Q)
  - Measures of specific HL (mental health, diabetes, food, …)

Capacity building for health literacy

Workforce Development

- Training of health professionals in recognizing and dealing with low health literacy
  - in professional education
  - in continuing education
- Development of Health Literacy Curricula

  Principles laid down in the ***Calgary Charter on Health Literacy***
- State of the art (2018 review)
  - Significant *heterogeneity* in instructional methods and instruments
  - Instructional approaches range from single didactic to clinical and community placement interventions
  - The most successful interventions are those that offer numerous training sessions and integrate knowledge and skill acquisition within real-world settings with patients or community members

Health Literacy training for Health Professionals in Europe

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Short communication

Developing and pilot testing a comprehensive health literacy communication training for health professionals in three European countries

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ABSTRACT

Objective: Skills to address different health literacy problems are lacking among health professionals. We sought to develop and pilot test a comprehensive health literacy communication training for various health professionals in Ireland, Italy and the Netherlands.
Methods: Thirty health professionals participated in the study. A literature review focused on evidence-informed training-components. Focus group discussions (FGDs) explored perspectives from seventeen professionals on a prototype-program, and feedback from thirteen professionals following pilot-training. Pre-post questionnaires assessed self-rated health literacy communication skills.
Results: The literature review yielded five training-components to address functional, interactive and critical health literacy: health literacy education, gathering and providing information, shared decision-making, enabling self-management, and supporting behaviour change. In FGDs, professionals endorsed the prototype-program and reported that the pilot-training increased knowledge and patient-centred communication skills in addressing health literacy, as shown by self-rated pre-post questionnaires.
Conclusion: A comprehensive training for health professionals in three European countries enhances perceived skills to address functional, interactive and critical health literacy.
Practice implications: This training has potential for wider application in education and practice in Europe.

- Comprehensive health literacy communication training for various health professionals in Ireland, Italy and the Netherlands
- Addresses functional, interactive and critical health literacy through 5 training components
  - health literacy education
  - gathering and providing information,
  - shared decision-making,
  - enabling self-management
  - supporting behaviour change
- Potential for wider application in education and practice in Europe

Development of Health Literacy toolkits

- Practical tools for practitioners to measure / screen low health literacy and improve communication
  - Typically contain a suite of resources that can help to raise awareness of health literacy and upskill the health care and wider public health workforce
  - Provide examples of session plans to adapt and deliver similar workshop
  - Showcase case studies
  - Sometimes combine ICT-based elements with face-to-face elements

Towards Performance standards for HL training of Health Professionals

Journal of Health Communication, 18:82–102, 2013
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Health Literacy Practices and Educational Competencies for Health Professionals: A Consensus Study

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Health care professionals often lack adequate knowledge about health literacy and the skills needed to address low health literacy among patients and their caregivers. Many promising practices for mitigating the effects of low health literacy are not used consistently. Improving health literacy training for health care professionals has received increasing emphasis in recent years. The development and evaluation of curricula for health professionals has been limited by the lack of agreed-upon educational competencies in this area. This study aimed to identify a set of health literacy educational competencies and target behaviors, or practices, relevant to the training of all health care professionals. The authors conducted a thorough literature review to identify a comprehensive list of potential health literacy competencies and practices, which they categorized into 1 or more educational domains (i.e., knowledge, skills, attitudes) or a practice domain. The authors stated each item in operationalized language following Bloom's Taxonomy. The authors then used a modified Delphi method to identify consensus among a group of 23 health professions education experts representing 11 fields in the health professions. Participants rated their level of agreement as to whether a competency or practice was both appropriate and important for all health professions students. A predetermined threshold of 70% agreement was used to define consensus. After 4 rounds of ratings and modifications, consensus agreement was reached on 62 out of 64 potential educational competencies (24 knowledge items, 27 skill items, and 11 attitude items), and 32 out of 33 potential practices. This study is the first known attempt to develop consensus on a list of health literacy practices and to translate recommended health literacy practices into an agreed-upon

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SAGE

Developing a Competency-Based Pan-European Accreditation Framework for Health Promotion

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Abstract

Background. The CompHP Pan-European Accreditation Framework for Health Promotion was developed as part of the CompHP Project that aimed to develop competency-based standards and an accreditation system for health promotion practice, education, and training in Europe. *Method.* A phased, multiple-method approach was employed to facilitate consensus building with key stakeholders in health promotion across Europe. Consultation processes included focus and discussion groups at European and country levels, an online survey, a web-based consultation, and testing in academic and practice settings. Successive drafts of the Framework (a total of five) were revised based on the feedback from each consultation stage. *Findings.* A total of 405 participants from 29 of the 34 target countries contributed to the consultation process. The overall response to the Framework was positive, with negative feedback focusing mainly on the barriers that may impact on its implementation. *Conclusions.* The CompHP Pan-European Accreditation Framework for Health Promotion provides an agreed system to promote quality assurance and competence for health promotion practice and education in Europe. The Framework, which builds on the CompHP Core Competencies and Professionals Standards, outlines the systems and processes for the accreditation of health promotion practitioners and health promotion education and training by accrediting organizations at national and European levels.

Keywords

accreditation, health promotion, quality assurance, workforce development

Capacity building for health literacy

Leadership on Health Literacy

- ***Champions***
  - *Change agents* who can develop strategies and direct the actions from a health literacy point of view
  - *Characteristics* : management buy-in, pioneer spirit, endurance and persistence, confidence that health literacy is for the public good, resilience (Sorensen, 2018)

- Highly visible ***projects*** provide additional leadership
  - *HLS-EU*
  - *IROHLA* : addressing health literacy needs of the ageing population
  - *DIABETES LITERACY :* looked into the moderating role of health literacy in increase the effectiveness of diabetes self-management education
  - *IC-HEALTH :* improve the digital health literacy of European citizens

Capacity building for health literacy

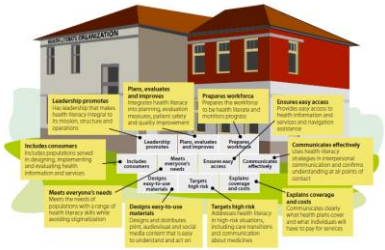
Organisational Capacity

- "Centers of excellence" provide institutional capacity and structures for HL programme delivery

  Interdisciplinary organizations that embrace health literacy as an investment area for improving quality of care, user-friendliness and inclusion

  – Health Literacy Hubs (Australia)
  – Global Health Literacy Academy
  – IZK

- Development of *Health Literate Organisations*



Quality assurance for delivery & implementation

Partnerships for Health Literacy

- Examples of partnerships at national level
  – National Alliance for Health Literacy (Netherlands)
  – Reseau Français pour la Littératie en santé (ReFLiS)
  – Multistakeholder Collaboration (Ireland)
  – Allianz für Gesundheitskompetenz
- Examples of partnerships at international level
  – Health Literacy Europe
  – IUHPE Global Working Group on Health Literacy
  – IHLA

Quality assurance for delivery & implementation

Delivery, implementation & monitoring of HL in the population

- Review-level evidence on effective strategies for improving HL remains scarce
  - Most activities for which effects are reported are focused on building skills in individuals, less on communities
  - There is currently little evidence of activities and effectiveness in the areas of the lived environment, the media and digital/e-health literacy

- Monitoring of population HL through M-POHL (WHO Action Network on Measuring Population and Organizational Health Literacy)
  - institutionalize regular, high-quality internationally comparative surveys of population HL across Europe
  - support the collection of data on organizational health literacy
  - provide data to support evidence-informed (policy) decisions to improve health literacy

The status of HL capacity in Europe

- General awareness of the need to develop comprehensive strategies to address health literacy
- Several countries have established policy plans to address health literacy
- Research on HL is proliferating
- Training programs, curricula and tools enabling health professionals to recognize and deal with low health literacy have proliferated
- Performance standards for HL training of Health Professionals begin to emerge
- Champions, visible projects, and centers of excellence in HL provide leadership and organizational capacity to act on HL
- Partnerships at national and international level combine forces and know-how

The status of HL capacity in Europe

- Large differences remain between countries in terms of available capacity for health literacy
- Despite awareness of the need to address health literacy, policies are often poorly defined
- Most centers or agencies for health literacy have a limited remit and also focus on other, often ad hoc and issue-based programs
- Financial resources allocated to health literacy are insufficient and unlikely to increase in times of decreased public spending
- Legal and organizational mechanisms to support health literacy and partnerships between sectors remain underdeveloped.
- Despite the proliferation of research and training in health literacy, the transfer into practice needs to be improved
- More intervention research is needed

"Literacy isn't just about reading, writing, and comprehension. It's about culture, professionalism, and social outlook."

— Taylor Ellwood

Danke für Ihre Aufmerksamkeit!

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