

SHORT COMMUNICATION

Brief report on the International Union for Health Promotion and Education (IUHPE) position statement on health literacy: a practical vision for a health literate world

Diane Levin-Zamir¹, Don Nutbeam², Kristine Sorensen³, Gillian Rowlands⁴, Stephan Van den Broucke⁵, Jürgen Pelikan⁶ for the International Union for Health Promotion and Education Global Working Group on Health Literacy

¹ School of Public Health, University of Haifa and Department of Health Promotion and Education, and Clalit Health Services, Israel

² Sydney School of Public Health, University of Sydney, Sydney, Australia

³ Global Health Literacy Academy, Risskov, Denmark

⁴ Institute of Health and Society, University of Newcastle, Newcastle, United Kingdom

⁵ Université catholique de Louvain, Louvain-la-Neuve, Belgium

⁶ World Health Organization Collaborating Centre for Health Promotion in Hospitals and Health Care, Institute for Public Health Austria, Vienna, Austria

Corresponding author: Diane Levin-Zamir (email: diamos@zahav.net.il)

ABSTRACT

The *IUHPE Position Statement on Health Literacy* provides an overview of the evidence and debate on health literacy. Developed by the IUHPE Global Working Group on Health Literacy (GWG-HL), it provides a basis for advocacy among stakeholders and partners in health promotion. This article aims to inform policy-makers, practitioners and researchers about the Position Statement so that they can use it to advocate for health literacy research, policy and practice. The Position Statement includes background information on the

concept and definition of health literacy, and describes its importance as a modifiable determinant of health. It calls for global action to improve health literacy in populations; offers action points in policy, practice and research; and advocates for a systems approach to health literacy underpinned by global, national, regional and local policies. This article summarizes the development process, highlights the Position Statement's main points and reports on current dissemination and implementation activities.

Keywords: HEALTH LITERACY, HEALTH ADVOCACY, HEALTH LITERACY POLICY, DIGITAL HEALTH LITERACY

INTRODUCTION

Since the late 1990s, health literacy has gained increasing attention from policy-makers, practitioners and researchers. Several countries now have national strategies and action plans to improve health literacy and some see health literacy as an important contributor to broader strategic goals, including the United Nations Sustainable Development Goals (1).

Health literacy has been defined in a multitude of ways (2). The *IUHPE Position Statement on Health Literacy: a Practical Vision for a Health Literate World* defines health literacy as “the combination of personal competencies and situational resources needed for people to access, understand, appraise and use information and services to make decisions about health. It

includes the capacity to communicate, assert and act upon these decisions”. This definition thus reflects the fact that health literacy is the balance between individual capacities and the complexity of services, organizations and systems not only within the health system but also across society. It has become clear that in order for organizations and systems to make health literacy a priority, it is important for public health systems and health-care organizations to advocate for health literacy to be included in relevant policies, health-care practice and research (3). Towards this end, the Global Working Group - Health Literacy (GWG-HL) of the IUHPE¹ accepted the challenge of developing a position statement on health literacy (4). The objective of this

¹ For more information at www.iuhpe.org/index.php/en/global-working-groups-gwgs/gwg-on-health-literacy.

short communication is to inform about the Position Statement, describe its development process, summarize the key action points mentioned and provide an update about its dissemination and implementation, while emphasizing the practical use of the document as an advocacy tool.

WHAT THE IUHPE POSITION STATEMENT ON HEALTH LITERACY SOUGHT TO ACHIEVE

The purpose of the Position Statement was to provide a resource that can be used to communicate the main messages in advocating for health literacy promotion through policy, research and practice. The Position Statement was based on three assumptions, acknowledging that (i) limited health literacy is a proven risk to the quality and outcome of health care, to improving population health and to achieving health equity (5, 6); (ii) health literacy can be improved and is a measurable outcome of health education and promotion interventions at individual (7), community, organizational and systems levels (8, 9); and (iii) health literacy is an asset that can support a wide range of health actions to improve health and well-being and to prevent and better manage ill health (10).

PROCESS AND METHODS

Development of the Position Statement was driven by the GWG-HL, which was formally established in 2010 to initiate and support action, policy and research on health literacy. In an initial phase, the GWG-HL was asked by IUHPE to particularly address the contribution of health literacy to reducing disparities in the promotion of health and well-being, to fostering sustainable development and to the pursuit of equity within and between countries in a global context (11). The members of the GWG-HL are a diverse group of experts on health literacy from all continents who share a commitment to optimize the potential of health literacy to contribute to health promotion, disease prevention and the best health-care outcomes.

Development of the Position Statement was a participatory process involving numerous consultations, with the first among the GWG-HL members. Debate and deliberations were conducted regarding format, content, scope and language. Subsequent stages included consultation with additional stakeholders within the IUHPE and beyond, including partners from the Asian Health Literacy Association (12), Health Literacy Europe (13), the International Network of Health Promoting Hospitals and Health Services (HPH) (14)

and participants of the Health Literacy Annual Research Conference (United States of America) (15). As the concept of health literacy is continuously evolving (10), a similar dynamic drove the development of the Position Statement. This formative process took place over the 2015–2018 period.

RESULTS

The results of the process were achieved through active debate and subsequent consensus building among all parties. It was ratified by the IUHPE Executive Board and subsequently released for publication in December 2018.

The Position Statement includes a detailed background section on the conceptualization of health literacy. The core elements are contained in the following seven action items. In addition, a short, summary version was produced in English, French, Spanish and will soon be published in German (11).

HEALTH LITERACY ACTION ITEMS

The IUHPE *Position Statement on Health Literacy* advocates for concrete actions to address health literacy at all levels – in policy, practice and research. These are briefly outlined as follows:

1. **Promote a systems approach to health literacy at global, international, national, local and organizational levels by ensuring the inclusion of health literacy in policies and strategies for health promotion and addressing the social determinants of health.** This section of the Position Statement acknowledges the important documents and policies initiated by WHO, among them *Health literacy. The solid facts* (16) and *The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development* (17). In addition, health literacy was one of the main themes of WHO's 7th Global Conference on Health Promotion, held in Nairobi, Kenya, in 2009 (18).
2. **Recognize that health literacy is content and context specific across the lifespan.** Promoting health literacy throughout the lifespan entails effective action that is age and culturally appropriate and is linked to life events, among other considerations.
3. **Acknowledge that health literacy is modifiable and responds to appropriate interventions.** Investing in improved health literacy leads to improved skills and capabilities that enable individuals, communities and organizations to engage in a range of health-enhancing actions, ranging from influencing personal behaviours to organization management (4) and social actions for

health. The results are improved health outcomes through a wide range of options and opportunities for health promotion, particularly in an increasingly digital world.

4. **Emphasize that health literacy intervention is a people/community-based process for empowerment.** Interventions for health literacy should be seen as a vehicle for citizen and community empowerment (19). Civil society can explore and develop the potential of health literacy interventions not only to enable individual change but also to strengthen collective action for health.
5. **Contribute to the growing evidence base through funding, producing and promoting research on health literacy.** Investment of resources in research on health literacy is critical, especially as new challenges emerge such as the need to explore the contribution of digital health literacy to health outcomes (20), and the contribution of organizational health literacy to the results of health-care and other services.
6. **Build capacity and share knowledge, applying an intersectoral approach, including workforce development strategies.** Health literacy should be embedded into the basic curriculum and continuing education for health and other relevant professions. Furthermore, building capacity for intersectoral action on health literacy needs to be strengthened (21).
7. **Identify and engage relevant stakeholders for collaborative health literacy action, research and policy.** Synergies and partnerships among relevant stakeholders are essential for effective action in health literacy. This means active involvement of stakeholders from health, education, the media and numerous other sectors.

DISSEMINATION OF THE POSITION STATEMENT

To date, the *IUHPE Position Statement on Health Literacy* has been presented at global and regional conferences on health literacy and health promotion in New Zealand, Norway, Taiwan and the United States. It was published in its final form in a special issue of the journal, *Global Health Promotion* (3), in December 2018. A bilingual interactive webcast (in English and French) presenting the rationale for the Position Statement in addition to the seven action points (outlined above) was conducted in March 2019, initiated by IUHPE headquarters.

IMPLEMENTATION AND CONCLUSIONS

In order to plan and promote implementation of the action points delineated in the Position Statement by IUHPE and other partnering stakeholders, a pre-conference was held by the GWG-HL in Rotorua, New Zealand, in April 2019, just prior to the 23rd World Conference on Health Education and Promotion. Recommendations were discussed and compiled in four main areas: capacity building, research, intervention and policy development.

Finally, it is important to acknowledge that the concept and understanding of health literacy is ever-changing. As a consequence, a decision was taken to consider the *IUHPE Position Statement on Health Literacy* a living document to allow for periodic updates, particularly regarding the national action plans that continue to develop throughout the world and the emerging evidence of the contribution that health literacy measurement makes to advancing knowledge pertaining to the needs of populations and the organizations that serve them.

In conclusion, the Position Statement is available and easily accessible for use (3) among policy-makers, practitioners and researchers in their advocacy efforts for promoting health literacy through sustainable action.

Acknowledgements: The authors wish to thank all members of the GWP-HL, who actively contributed to the *IUHPE Position Statement on Health Literacy*, as well as the diligent and devoted staff members of IUHPE headquarters for their professional support in producing and disseminating the document.

Sources of funding: None declared.

Conflicts of interest: None declared.

Disclaimer: The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

REFERENCES²

1. Sustainable Development Goals [website]. New York: United Nations Development Programme; 2016 (<http://www.undp.org>).

² All references were accessed on 7 August 2019.

- org/content/undp/en/home/sustainable-development-goals.html).
2. Sorensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*. 2012;12(80):13. doi: 10.1186/1471-2458-12-80.
 3. IUHPE Position statement on health literacy: a practical vision for a health literate world. *Glob Health Promot*. 2018;25(4):79–88. doi:10.1177/1757975918814421.
 4. Brach C, Keller D, Hernandez LM, Baur C, Parker R, Dreyer B et al. Ten attributes of health literate health care organizations. Washington (DC): Institute of Medicine of the National Academies; 2012.
 5. Paasche-Orlow MK, Wolf MS. The causal pathways linking health literacy to health outcomes. *Am J Health Behav*. 2007;31(suppl 1):S19–26. doi: 0.5555/ajhb.2007.31.supp.S19.
 6. Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med*. 2011;155(2):97–107. doi: 10.7326/0003-4819-155-2-201107190-00005.
 7. Pelikan JM, Ganahl K. Measuring health literacy in general populations: primary findings from the HLS-EU Consortium's health literacy assessment effort. *Stud Health Technol Inform*. 2017;240:34–59.
 8. Edwards M, Wood F, Davies M, Edwards A. "Distributed health literacy": longitudinal qualitative analysis of the roles of health literacy mediators and social networks of people living with a long-term health condition. *Health Expect*. 2015;18(5):1180–93. doi: 10.1111/hex.12093.
 9. Trezona A, Dodson S, Osborne RH. Development of the organisational health literacy responsiveness (Org-HLR) framework in collaboration with health and social services professionals. *BMC Health Serv Res*. 2017;17(1):513. doi: 10.1186/s12913-017-2465-z.
 10. Nutbeam D. The evolving concept of health literacy. *Soc Sci Med*. 2008;67(12):2072–8. doi: 10.1016/j.socscimed.2008.09.050.
 11. International Union for Health Promotion and Education (IUHPE). Beating NCDs equitably - ten system requirements for health promotion and the primary prevention of NCDs [website]. Paris: IUHPE; 2018 (<https://www.iuhpe.org/index.php/en/iuhpe-at-a-glance/iuhpe-official-statements>).
 12. Asian Health Literacy Association [website]. London: Asian Health Literacy Association; 2019 (<https://www.ahla-asia.org/>).
 13. Health Literacy Europe [website]. Aarhus: Global Health Literacy Academy; 2019 (<https://www.healthliteracyeurope.net>).
 14. HPH International Network of Health Promoting Hospitals and Health Services [website]. Frederiksberg: International HPH Network; 2019 (<https://www.hphnet.org>).
 15. Health Literacy Annual Research Conference [website]. Boston (MA): Boston University Medical Campus; 2019 (<http://www.bumc.bu.edu/healthliteracyconference>).
 16. Kickbusch I, Pelikan JM, Apfel F, Tsouros A. editors. Health literacy. The solid facts. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf).
 17. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Geneva: WHO; 2016 (<http://www.who.int/entity/healthpromotion/conferences/9gchp/shanghai-declaration.pdf>).
 18. Track 2: Health literacy and health behaviour. 7th Global Conference on Health Promotion: track themes. Geneva: World Health Organization; 2019 (<https://www.who.int/healthpromotion/conferences/7gchp/track2/en>).
 19. Roediger A, Immonen-Charalambous K, Kujawa M, Sørensen K. Nothing about me without me: why an EU health literacy strategy embracing the role of citizens and patients is needed. *Arch Public Health*. 2019;77(1):17. doi: 10.1186/s13690-019-0342-4.
 20. Levin-Zamir D, Bertschi I. Media health literacy, eHealth literacy, and the role of the social environment in context. *Int J Environ Res Public Health*. 2018;15(8):E1643. doi: 10.3390/ijerph15081643.
 21. Van Den Broucke S. Capacity building for health literacy. *Eur J Public Health*. 2018;28(suppl 4): 213–649. doi: 10.1093/eurpub/cky213.649. ■