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Health literacy 2020: Taking stock of the past

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Expert Meeting to develop the WHO European Region Action Plan on Health Literacy
Copenhagen, 12-13 February 2020

Health Literacy

- Not a new concept …
  - To be ***literate*** = being "knowledgeable or educated in a particular field or fields"
  - Increased attention since the mid 20th century
    - The ability to identify, understand, interpret, create, communicate, compute and use printed and written materials associated with varying contexts (UNESCO)
    - Enlarged to a range of competences considered important to function in the 21st century
  - Application to the health sector since the 1970s

    Related to the growing emphasis on *informed decision making,* requiring a clear appreciation and understanding of the facts, implications, and future consequences of health related decisions
- An expanding concept
  - Expanding body of ***scientific research***
  - Expanding ***scope and meaning***
  - Expanding ***political interest***

Expanding research on Health Literacy

- First research articles on health literacy published in the late 1970s
- 10,982 publications on health literacy listed today
  - 80% published in the last 5 years
  - > 1500 new publications per year

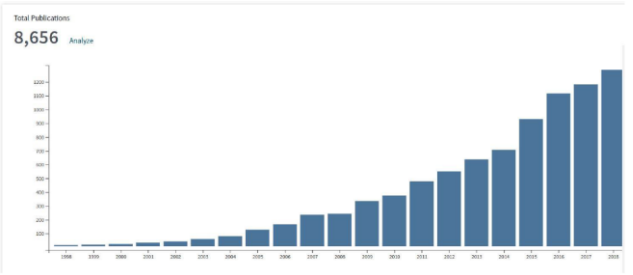


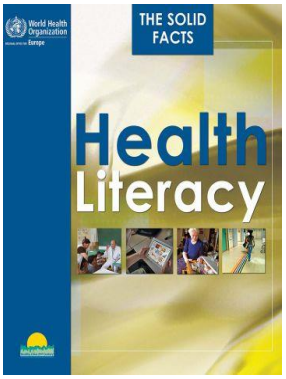
Chart from Thomson-Reuters *Web of Science* database. Accessed January 2019

Expanding scope and meaning of health literacy

- From medical to public health literacy
  - Initial emphasis on individual competencies in the context of health care (« ***medical health literacy***»)
  - Since the last decade enlarged to a broad set of competences that are also relevant for disease prevention and health promotion (« ***public health literacy***»)
- From purely functional to interactive and critical health literacy

  - ***Functional*** **HL**: the ability to handle words and numbers in a medical context
  - ***Interactive*** **HL:** communicative, social, and personal skills that are necessary to function in the health system
  - ***Critical*** **HL**: cognitive skills of information seeking, decision making, problem solving, critical thinking.

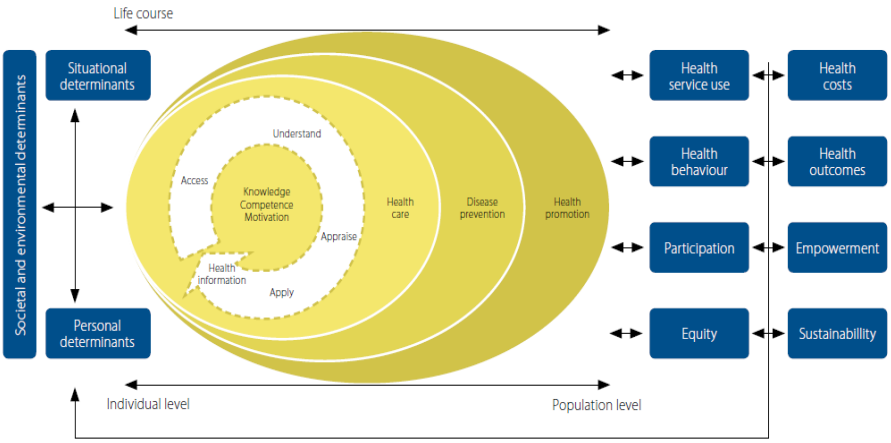
A multidimensional concept



« *A person's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course*»

Sørensen et al., Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health. 2012*;12:80

A Conceptual model of Health Literacy



Sørensen et al., Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 2012;12:80

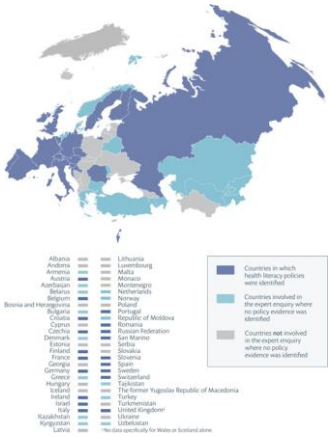
Health competencies

Domain	Type of information	Examples of skills and competencies
Disease care and management	**Information about medical subjects** Medical history forms, information brochures, medication leaflets	Recognize symptoms, follow medical instructions, calculate dosage of prescribed medicine
Functioning in the health care system	**Information about the health care system** Medical insurance forms, information about rights and responsabilities	Choice of a doctor or specialist, make an appointment, ask questions to health care professionals, take out medical insurance, complete medical insurance claims
Prevention and health protection	**Information about health risks** Health items in the media (TV, radio, newspapers, …), information about screening, health check results, health warnings.	Estimate one's own health risks, decide on participation in screening or vaccination programs, understand health warnings on dangerous products
Health promotion	**Information about health determinants** Articles in newspapers and magazines, internet sites, brochures, books	Buying and preparing healthy food, engage in healthy physical activity, quit smoking, develop and maintain social contact, engage in community life

Growing political recognition of Health Literacy

- UN
  - Considers HL important for the achievement of targets related to the Sustainable Development Goals
  - HL on the agenda of UNESCO
- WHO
  - HL was one of the three priorities of the 9th GCHP (Shanghai, 2016)
  - Improving health literacy is one of the priorities in the strategy document for the European Region « Health 2020 »
  - WHO Euro Resolution towards implementation of HL initiatives (2019)
  - Draft WHO Euro Roadmap for implementation of HL initiatives (2019)
- EU
  - ECDC Rapid evidence review of interventions for improving HL
  - HL in the « Health for Growth » programme (2014-2020)
  - Funding of HL projects in Health programme, FP7 and Horizon2020
- National level
  - Several countries around the globe recognize the importance of health literacy and put policies in place to address low HL

Existing policies and activities for Health Literacy in Europe



- 19 out of 53 Member States (36%) in the WHO Euro Region have or are developing health literacy policies at national and regional levels
- HL policies focus on different sectors and levels of society that are interdependent and include a wide range of activities
- Facilitators of successful implementation (e.g., cross-sectoral work, political leadership and strategies to overcome cultural barriers) are not integrated into HL
- The economic effects of 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

HL-NCD Network

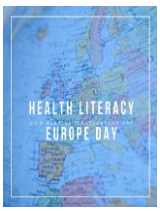
WHO Euro Action Network on Health Literacy for Prevention & Control of NCDs

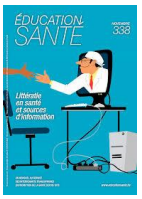
- Launched through an initiative of Portugal and the Russian Federation, who co-chair the Network Secretariat
- Goal: support the achievement of SDG Target 3.4

  in line with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 in the WHO European Region

- Objectives
  - Establish a Member States community of practice in health literacy for NCD prevention and control by:
    - sharing experience among Member States and stakeholders in promoting health literacy as a tool for NCD prevention and control
    - sharing good practices in the areas of development, implementation, monitoring and evaluation of national or regional health literacy-related projects
    - generating and disseminating evidence-based knowledge on the contribution of health literacy to the achievement of the SDGs and NCD-related targets across the life-course
  - Advocate for health literacy at national level by
    - promoting the development of national strategies and action plans on health literacy in NCDs and mental health through the life-course;
    - including health literacy in existing health promotion strategies/plans, and relevant actions to be undertaken, especially among vulnerable groups

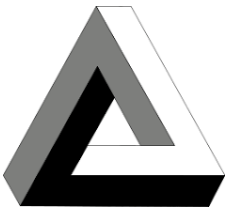
Increasing societal interest in Health Literacy





Why the interest in Health Literacy?

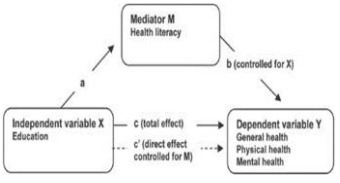
Relevant



Measurable

Modifiable

Relevance of Health Literacy



- A determinant of health care use and related costs
- A determinant of health outcomes (in health care, prevention and promotion)
- An outcome of health education (as a strategy of health promotion)
- A possible mediator of the relationship between SES/education level and health disparities

Health literacy as a determinant of health outcomes

- Outcomes of health care

  People with low health literacy have
  - less self care
  - more chronic disease
  - 1,5 times higher mortality (Baker et al., Arch Int Med, 2007)

- Outcomes of prevention

  People with low health literacy
  - have less healthy lifestyles
  - participate less in screening

- Costs of care

Health literacy and health care costs (Belgium)

Table 3 Regression coefficients of health literacy predicting healthcare costs using a two-part model

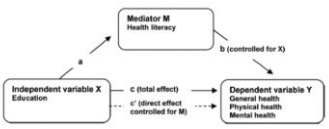
Costs related to the use of healthcare services	Predictive variable	Logistic regression (users/non-users) β	SE	χ^2	OR	Regression for users† β	SE	χ^2	IRR
Costs of hospitalisations									
GH	Limited HL	−0.04	0.05	0.35	0.96	0.08	0.03	6.49*	1.08
	Insufficient HL	0.04	0.07	0.75	1.04	0.17	0.04	13.76***	1.18
PH	Limited HL	0.16	0.18	0.81	1.18	0.50	0.26	3.58‡	1.65
	Insufficient HL	0.35	0.23	2.37	1.42	0.89	0.31	7.90**	2.44
ODC	Limited HL	0.05	0.04	1.10	1.05	0.02	0.04	0.32	1.02
	Insufficient HL	−0.09	0.06	1.80	0.91	−0.17	0.06	6.50*	0.84
ODSC	Limited HL	−0.05	0.05	1.18	0.94	0.03	0.02	1.27	1.03
	Insufficient HL	−0.01	0.07	0.16	0.99	0.03	0.04	0.66	1.03
Costs of doctor consultations									
GP	Limited HL	−0.03	0.26	0.16	0.96	0.01	0.01	0.68	1.01
	Insufficient HL	0.16	0.44	0.13	1.17	−0.01	0.02	0.13	0.99
SP	Limited HL	0.02	0.25	0.01	1.02	.03	.02	2.59	1.03
	Insufficient HL	−0.27	0.32	0.69	0.76	0.09	0.03	10.16**	1.10
GP	Limited HL	0.03	0.05	0.43	1.03	0.14	0.03	17.52***	1.15
	Insufficient HL	0.11	0.08	1.81	1.11	0.39	0.04	63.38***	1.47
Psychiatrist	Limited HL	0.12	0.06	3.59‡	1.13	0.09	0.08	1.44	1.10
	Insufficient HL	0.31	0.09	12.46***	1.36	0.28	0.11	6.57*	1.33
Costs of medication use									
	Limited HL	−1.12	0.49	5.06*	0.32	0.08	0.02	11.28**	1.08
	Insufficient HL	−0.56	0.81	0.48	0.57	−0.18	0.03	22.84***	0.83

All the regressions included the covariates sex, age, education level, body mass index and health behaviours (diet habits, physical activity, smoking habits and alcohol consumption). Sufficient HL is the reference group.

GH = General hospital; PH = psychiatric hospital; ODC = One Day Clinic; ODSC = One Day Surgical Clinic; GP = General Practitioner; SP = Specialist Practitioner.
IRR = incidence rate ratio defined as eβ, where β is the regression coefficient.

Vandenbosch et al (2016) JECH

Health literacy as a possible mediator between low SES and health



Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review

Coraline Stormacq[1,2,*], Stephan Van den Broucke[2], and Jacqueline Wosinski[2]

Low literacy may cause health disparities by

- reducing the accessibility to and the effectiveness of medical care received
- reducing the likelihood that individuals are adequately informed and activated with regard to healthy behaviors
- increasing a person's stress in addressing the challenges of navigating through daily life
- diminishing an individual's self-efficacy (i.e., the ability to exert control over one's life and surroundings)

Saha, *Journal of General Internal Medicine*, 2006, 21.8: 893-895.

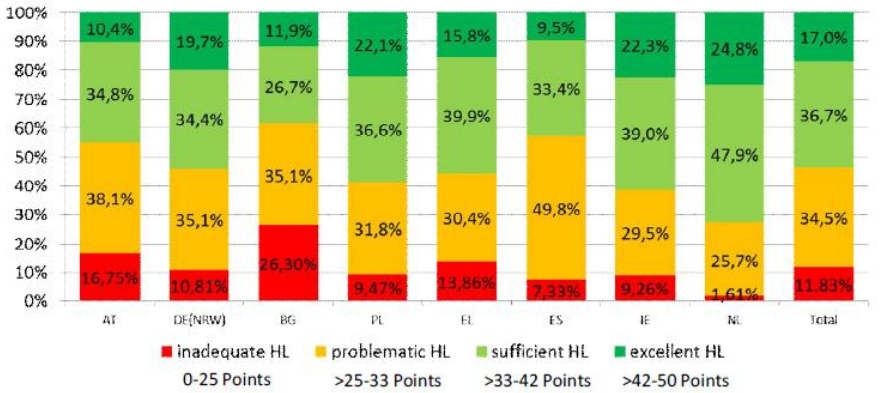
Measuring Health Literacy

- A large range of measures available
  198 instruments listed in the **Health Literacy Tool Shed** https://healthliteracy.bu.edu/
- Important differences in terms of type, objective and scope
  - Objective versus subjective measures
  - Objective and scope
    - HL screening 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
      HLS-EU
      HLS_{19}

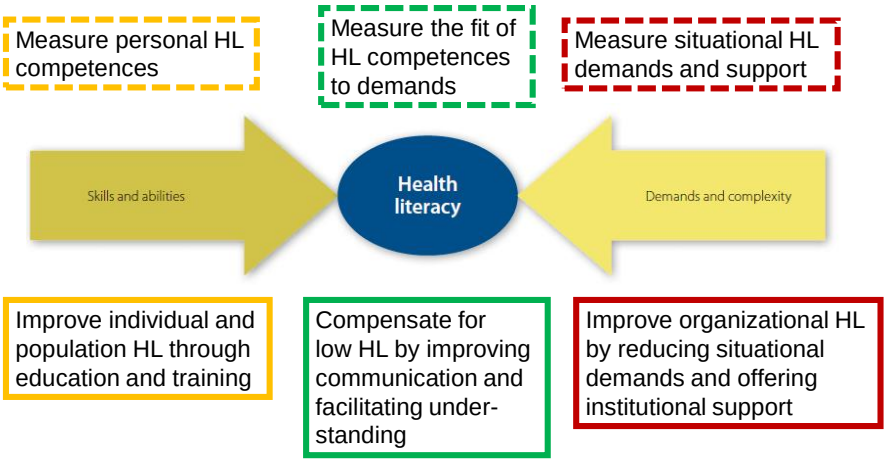
M-POHL
Action Network on Measuring Population and Organizational Health Literacy of EHII - WHO-Europe

Health Literacy in Europe (HLS-EU, 2012)

Percentages of different levels of the general HL-Index in the 8 participating countries and the total sample of HLS-EU



Addressing low health literacy



Improve individual and population HL

Education and training

- Integration of health in educational programmes, professional training, and adult education

Policy measures

- Stimulate community development
- Specific actions for elderly and disadvantaged groups or communities

Compensate for low HL by measures in the health sector

- Screening of low health literacy
- Adapt oral and written information in care and prevention by
  - balancing the depth of the information provided
  - checking comprehension
  - visual support of the communication
  - ensuring enough time for consultation
- Specific courses
  e.g, self-management for chronic patients
- Communication training
- Use of social media

Creating and strengthening health literacy-friendly settings

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

Future trends

- Health literacy as a quality indicator for services
- Development of Health Literate Systems
- Relationship of health literacy with other « literacies » (digital literacy, media literacy, …)
  - E-health : increasing reliance on ITC for health information offers both opportunities and challenges
  - Addressing DHL involves building digital skills and knowledge + designing health IT tools that are navigable for less health literate patients
- Collaboration to address health literacy
- Focus on building capacities to address health literacy
  - Training of health professionals to detect low health literacy and take compensatory measures
  - Strengthening organisational and polictical capacity to address low HL in the population

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

— Taylor Ellwood