From the **European Health Literacy Survey** (HLS–EU) to a **European Action Network on the Measurement of Population and Organizational Health Literacy** (M–POHL) within WHO’s European Health Indicator Initiative (EHII)

**Jürgen M. Pelikan**

Professor em. sociology (University of Vienna), PhD

Director WHO–CC Health Promotion in Hospitals and Health Care at The Austrian Public Health Institute, Vienna, Austria

Panel: The making of policies for promoting health literacy – a global reflection

10th Annual Health Literacy Research Conference

Bethesda,
Since our session is on (health) policies, I will start with a **definition** on **health policy** by WHO

- Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society
  

- But the impact health policy has on practice may differ from country to country!
Measuring population & organizational health literacy is critical for health literacy policy – Europe took the lesson from the US

- Health literacy is a measurable & modifiable critical determinant of peoples health & of results of health care
- If health literacy is measured, results show that considerable proportions of general or patient populations have only limited health literacy
- Therefore, to stipulate national policy to invest in improving health literacy, data on the actual distribution of population health literacy are supportive
- This holds true for the countries who had early measurement and policy documents like USA, Canada or Australia
- In Europe a first health literacy population survey based on experiences of the USA was undertaken in Switzerland in 2006 and stipulated considerable debate on improving health literacy
- The Swiss example was decisive to convince the European Commission to invest in measuring population health literacy and support the Health Literacy Survey Europe (2009-2012)
- This was followed by WHO-Europe’s publication Health Literacy – The Solid Facts (2013), which also took up the concept of Health Literate Health Care Organizations developed in the US by IOM (2012)
- Based on and supported by these developments and documents the Action Network on Measuring Population and Organizational Health Literacy (M-POHL) was founded under the umbrella of WHO’s European Health Information Initiative (EHII).
The HLS-EU Consortium (2009-2012)....

• provided an integrated comprehensive model and definition of personal HL based on existing models and definitions
  – By that provided for Europe A Prescription to End Confusion
• developed an instrument to measure personal HL of populations (HLS-EU-Q47) and relevant determinants and consequences of health literacy (HLS-EU-Q86)
  – By that provided a comprehensive, perception based efficient instrument for surveys
• measured HL in 8 European countries (AT, BG, DE, EL, IE, NL, PL, ES) using probability samples of each 1000 EU citizens aged 15+ by personal interviews
• demonstrated by its results that HL matters also in European countries:
  – Considerable proportions (1/3 to 2/3) of EU citizens have limited HL
  – There is a social gradient of HL
  – HL is associated with healthy life styles (mainly physical exercise and BMI)
  – HL is associated with self-reported health
  – HL is associated with extent of use of health care services
• showed by benchmarking and comparisons between countries that there are general tendencies but considerable differences in extent of results by country
  – By that demonstrated that HL has to be measured in each country
The European Health Literacy Survey – HLS-EU (2009-2012)

Percentage Distributions of HL Levels for Countries & Total

> Levels of health literacy vary considerably by country!

“Health literacy is linked to literacy and it entails people’s knowledge, motivation and competences to access, understand, appraise and apply information to take decisions in everyday life in terms of healthcare, disease prevention and health promotion to maintain and improve quality of life during the life course.” (Sorensen et al., 2012)
Impacts of HLS-EU survey on policy...

- put health literacy on the health policy agenda in many European countries and in EU
- initiated Health Literacy Europe A Network for Advancing European Health Literacy (2010-)
- encouraged European countries to adopt policy documents, install specific infrastructures for HL and invest in specific measures to improve HL
  - E.g. AT (Health target no.3, platform HL, programs, specific measures), DE (national action plan, alliance, research money), CZ (Health 2020)
- encouraged WHO-Europe to invest in HL (e.g. Solid Facts (2013), M-POHL (2017), HEN Report (2018)) and also WHO-HQ (Shanghai Declaration 2016)
- stimulated follow-up population studies in Europe and Asia
  - in (WHO-)European countries (Albania, Belgium, Denmark, Czech Republic, Germany, Hungary, Israel, Italy, Kosovo, Malta, Norway, Portugal, Turkey, Switzerland)
  - in Asia (Indonesia, Japan, Kazakhstan, Malaysia, Myanmar, Taiwan, Vietnam) using HLS-EU methodology and instruments
http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf
Available also in German, Mandarin, Russian

Contents

A. Making the case for investing in strengthening health literacy
1. European Health Literacy Survey
2. Health literacy – a key determinant of health
   Example: noncommunicable diseases
3. Limited health literacy – an underestimated problem and equity challenge
   Example: migrants and minorities
4. Health literacy builds resilience among individuals and communities
5. Example: Netherlands Alliance for Health Literacy

B. Taking action to create and strengthen health literacy-friendly settings
5. Attributes of health-literate settings
6. Health literacy is a key attribute of a healthy city
7. Attributes of health literacy-friendly organizations
8. Educational settings
9. Marketplace and community settings
10. Workplace settings
11. Health care settings
   Example: adherence to medication
   Example: programmes for self-managing chronic disease
12. Media and communication
13. Social media and mobile health

C. Developing policies for health literacy at the local, national and European Region levels
The Solid Facts – Health Literacy

- used the model and definition of HLS-EU
- highlighted results of the HLS-EU survey
- took the IOM concept of the Health Literate Health Care Organization and developed concept of health literacy friendly organizations / settings
- applied besides health care it also to other settings (cities, communities, marketplaces, media & social media, schools, workplaces)
- sampled interventions & measures to improve HL in these settings
- provided recommendations for developing policies for HL at the local, national and European Region levels
- Recommended regular measurement of HL and also of the literacy friendliness of materials, organizations and environments.

Recommendations for ...

Regular measurement of HL

“The European Health Literacy Survey should be sustained, have dedicated funding, be applied to more countries and be conducted at regular intervals through the continued support of the European Union, the WHO and countries.” (p.71)

Also measuring organizational HL

“Existing measures of health literacy are still too oriented towards the individual and must be expanded to include the collective level (including communities) and to assess the literacy friendliness of materials, organizations and environments.” (p 71)
Understanding of Health Literacy as a relational concept has consequences for measurement and interventions

- Measure personal HL competences
- Measure situational HL demands and support
- Measure fit of HL competences to HL demands

**Personal Skills/Abilities**

**Health Literacy**

**Situational Demands/Complexity**

- Improve individual/population HL by offers for personal learning (education, training)
- Compensate for HL deficits of disadvantaged groups by specific compensatory measures
- Improve organizational HL by reducing situational demands & offering specific institutional support > develop health literate organizations/settings /systems

(Parker, 2009)
Defining, measuring & implementing organizational health literacy / health literate organizations

Milestones

2006 Rudd & Anderson
2009 Parker (dual character of HL)
2012 Brach et al 10 Attributes
2013 WHO The Solid Facts – Health Literacy
2015 Dietscher & Pelikan; Pelikan & Dietscher: Vienna Model of HLHCO
2016 Review: Palumbo
2017 Reviews: Brach; Megetto et al; Trezina et al: Health literacy responsiveness (Org-HLR) framework
2018 Reviews: Farmanova et al; Lloyd et al; Scholl et al;
Also included in national HL policy documents, e.g. Australia, New Zealand

IOM Concept of 10 Attributes of a Health Literate Health Care Organizations (Brach et al 2012)

“A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health.”

This graphic reflects the views of the authors of the Discussion Paper “Ten Attributes of Health Literate Health Care Organizations” and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.
Comprehensive personal & organisational health literacy – what organizations can do

Personal competences / abilities / skills

Health literacy

Situational demands / complexity

Health related information

Find

Understand

Appraise

Apply

Ask, investigate, use contacts, ...

Availability, accessibility

Language, Reading level, Images, Layout, ...

Availability of references, evidence

Applicability of content & individualized support (e.g. consultation)

Education (literacy, numeracy, language competence ...)

Life experience, judgment, ...

Practical & problem-solving abilities creativity ...

Ask, investigate, use contacts, ...

Availability, accessibility

Language, Reading level, Images, Layout, ...

Availability of references, evidence

Applicability of content & individualized support (e.g. consultation)

Pelikan Panel on HL, HARC 22-10-2018
Steps toward M-POHL
2011 HLS-EU project recomm.
2012- Presentations & advocacy at conferences etc.
2013 Recommendation for regular HL measurement by WHO’s Solid Facts – Health Literacy
2016-05 Letter to Ministers of Health of AT, CH, DE asking for their support
2017-02 Careum Dialogue commitment of WHO Europe to facilitate a HL measurement network within European Health Information Initiative (EHII)
2017-03 Suggestion to initiate M-POHL of Quintet countries to EHII
2017-05 Initiative of M-POHL by EHII (WHO-Europe)
2017-05 AT was requested to take the lead of M-POHL for initial two years
2017-09 Presentation at Regional Meeting WHO-Europe
2017-11 Confirmation of „Concept-Note“ on M-POHL by EHII
2017-11 Invitation to all EHII member states and HLS-EU participating countries to join M-POHL

Goals:
Regular measurement of population and organizational health literacy for evidence-informed health literacy policy
Follows example of good practice: WHO’s Health Behavior in School-aged Children (HBSC) network

Structure
Participants: One policy (PR) & one research expert (PI) per participating member state
Executive committee: delegates from AT, CH, DE
Plenary: So far delegates from 22 participating member states (AT, BE, BG, CH, CZ, DK, DE, EL, IE, IL, IT, KZ, LU, NL, NO, PL, PT, RU, ES, SE, TK, UK) and is open for further members.
National committees in each participating member state

Milestones
2018-02 Kick off meeting with Vienna Statement in Vienna / AT
2018-08 2nd meeting on Terms of Reference & Study Protocol for HLS19 in Berne / CH
2018-09 Technical Briefing at 68th session of the WHO Regional Committee for Europe in Rome / IT
2018-12 Constitution of HLS19 project consortium
2019-03 3rd meeting, finalization of HLS19 study protocol in Dublin /IR

Contact M-POHL chairs:
Christina Dietscher (AT; policy expert) Christina.dietscher@sozialministerium.at
Jürgen Pelikan (AT; research expert) Juergen.Pelikan@goeg.at

Website: https://m-pohl.net/
HLS19 – first project of M-POHL

- Comparative measurement of HL and specific aspects of HL (like digital HL, communication & navigation HL) and their determinants and consequences with adapted and further developed HLS-EU instruments.
- For general populations of inhabitants of countries aged 18+ in national probability samples.
- In as many WHO-Europe member states as possible.

**Organizational Structure of HLS19**

- **WHO-Euro EHII**
- **M-POHL Network Assembly**
- **HLS19 Member countries**
- **HLS19 Assembly** (PIs, PRs & ICC)
- **Observer Group HLS19** (M-POHL countries, WHO EURO, OECD, EC, ...)
- **Internat. Coordination Center HLS19** (ICC)
- **National Study Centers HLS19** (NSC 1, NSC 2, NSC 3, ...)
- **Data collection Organization HLS19**
- **MDG**
- **SDG**
- **PDG**
- **FGs**

Pelikan Panel on HL, HARC 22-10-2018
Main messages

1. Health literacy matters as a measurable & modifiable critical determinant of peoples health & of use and results of health care
2. Since health literacy is a relational, dynamic concept and differs between countries, regular measurement of population and organizational health literacy in every country is necessary to inform policies on improving health literacy
3. Strong links between research and policy of health literacy are advisable to make research relevant for health (literacy) policy and health (literacy) policy responsible for using research results
4. To make improvement of health literacy comprehensive and sustainable, institutionalization of health (literacy) policy and specific capacity building for health literacy is mandatory
5. Health literacy policy has to offer incentives to be implemented on the national, regional and local level
6. International recommendations and cooperation can stipulate, inform and support national health literacy policy development
Thank you so much for your kind attention!

Contact:

em. Prof. Jürgen M. Pelikan, Ph.D.
Director, CC HPH
Stubenring 6
1010 Vienna, Austria
T: +43 1 515 61–
F: +43 1 513 84 72
E: juergen.pelikan@goeg.at
www.goeg.at

http://www.health-literacy.eu