

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)

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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
http://www.who.int/topics/health_policy/en/
- 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)....

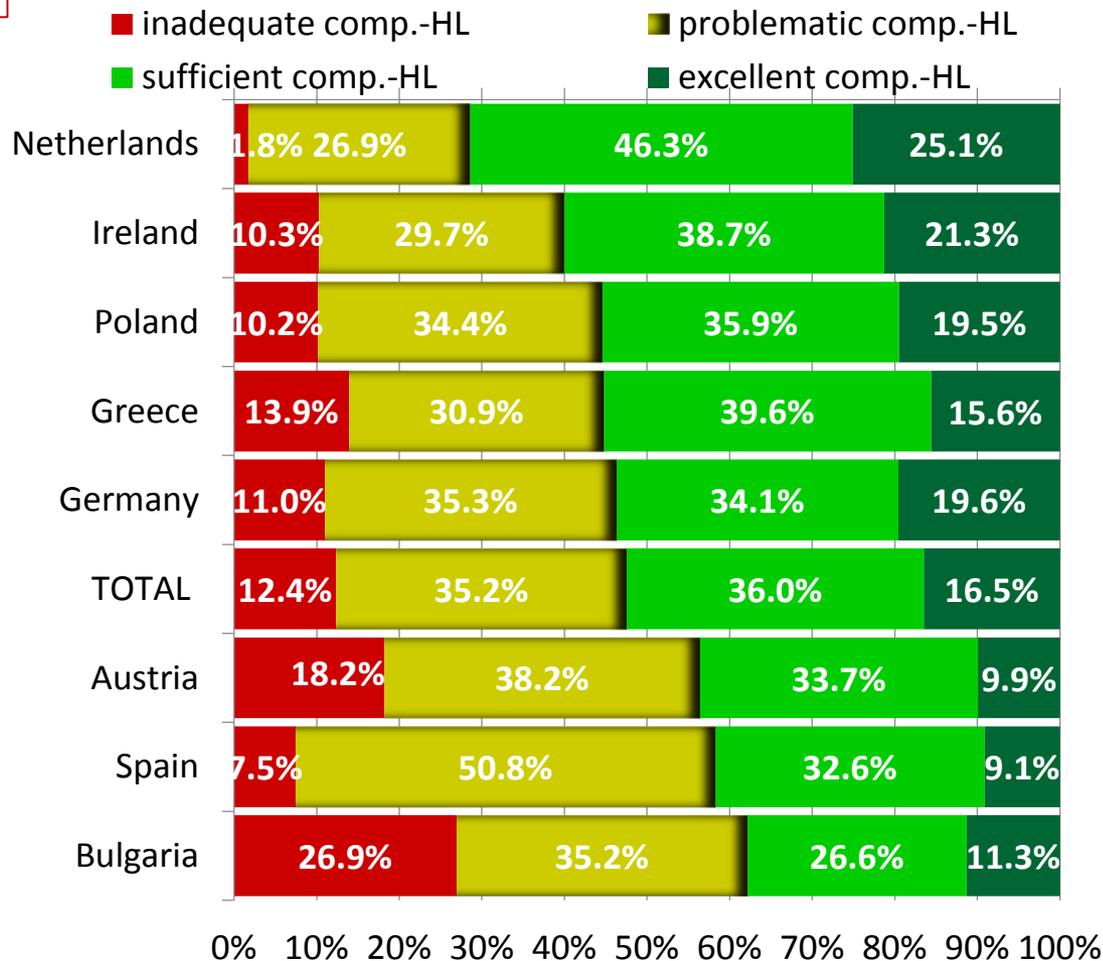
- provided an integrated comprehensive **model and definition of personal HL** based on existing models and definitions
 - By that provided for Europe **A Prescription to End Confusion**
- developed an **instrument to measure personal HL of populations (HLS-EU-Q47)** and relevant determinants and consequences 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
 - H 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)

“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)

Percentage Distributions of HL Levels for Countries & Total
> Levels of health literacy vary considerably by country!

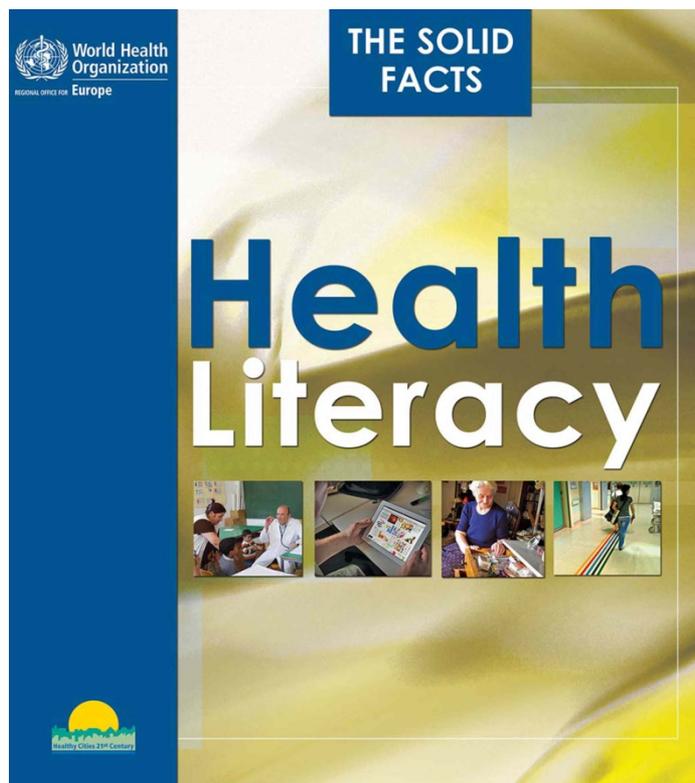
COMPARATIVE REPORT ON
 HEALTH LITERACY IN EIGHT
 EU MEMBER STATES
 (SECOND EXTENDED AND REVISED VERSION)



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-)
 - European HL Conferences Brussels (2011-12), Aarhus (2014-04), Brussels (2015-11), Dublin (2019-03)
- encouraged European countries [to adopt policy documents](#), install specific [infra-structures](#) 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

WHO's Health Literacy –The solid Facts (2013)



WHO Regional Office for Europe (2013): Health Literacy. The Solid Facts.

http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf

Available also in German, Mandarin, Russian

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WHO's Health Literacy –The solid Facts (2013)

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)

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.**

Understanding of Health Literacy as a relational concept has consequences for measurement and interventions

Measure personal HL competences

Measure fit of HL competences to HL demands

Measure situational HL demands and support

Personal Skills/Abilities

Health Literacy

Situational Demands/Complexity

(Parker, 2009)

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**

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;

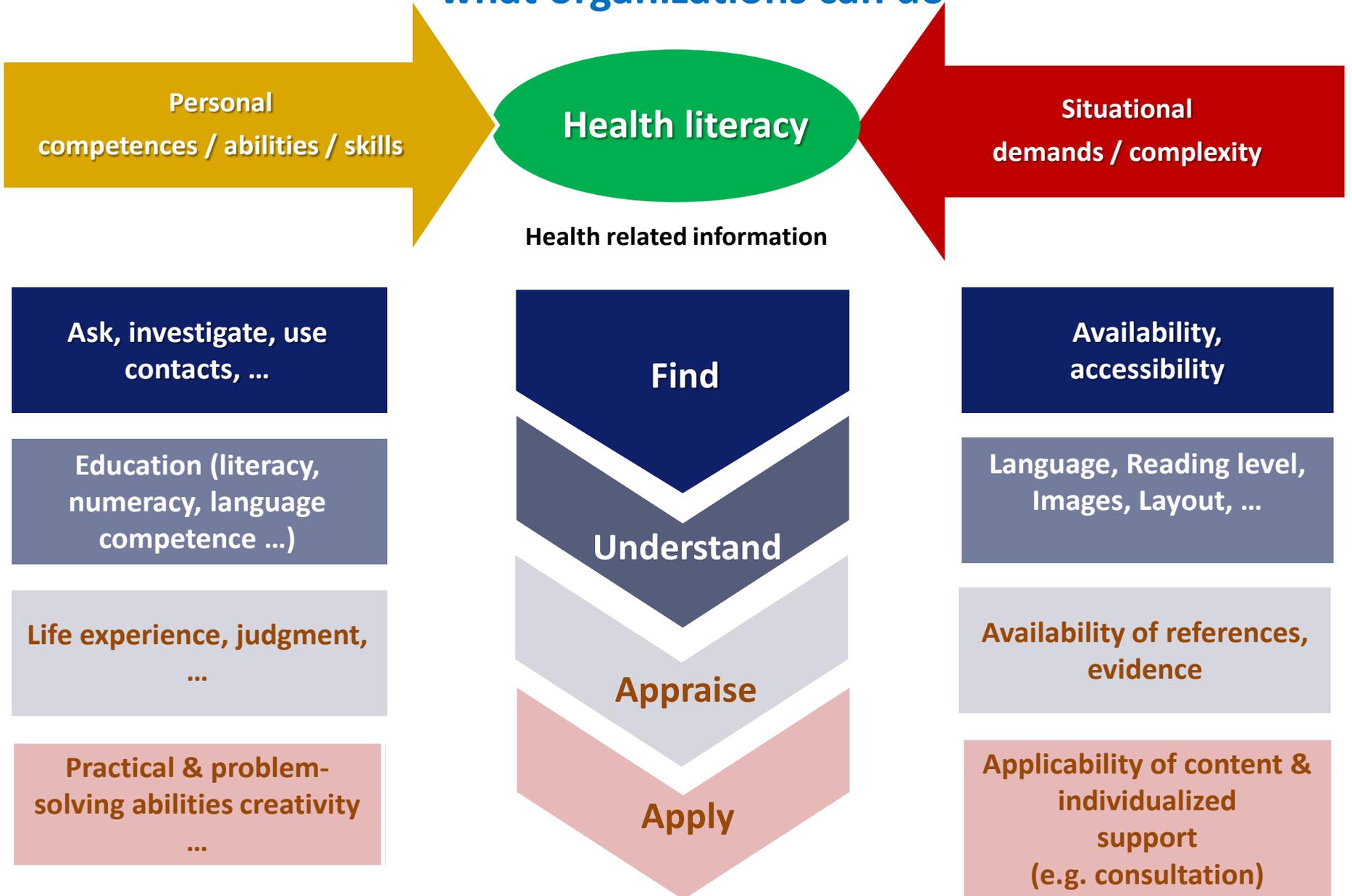
Also included in national HL policy documents, e.g. Australia, New Zealand

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.”



Comprehensive personal & organisational health literacy – what organizations can do



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 **Initiation 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**

EHII
European Health Information Initiative



M-POHL Network

EHII Action Network on Measuring Population and Organizational Health Literacy



M-POHL – adding value to national efforts by

- institutionalizing regular European population health literacy surveys;
- supporting the collection of data on organizational health literacy;
- providing data to support evidence-informed policy.

<https://m-pohl.net>

Federal Ministry
Republic of Austria
Labour, Social Affairs, Family
and Consumer Protection

HEALTH
TARGETS
AUSTRIA

Gesundheit Österreich
GmbH

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:

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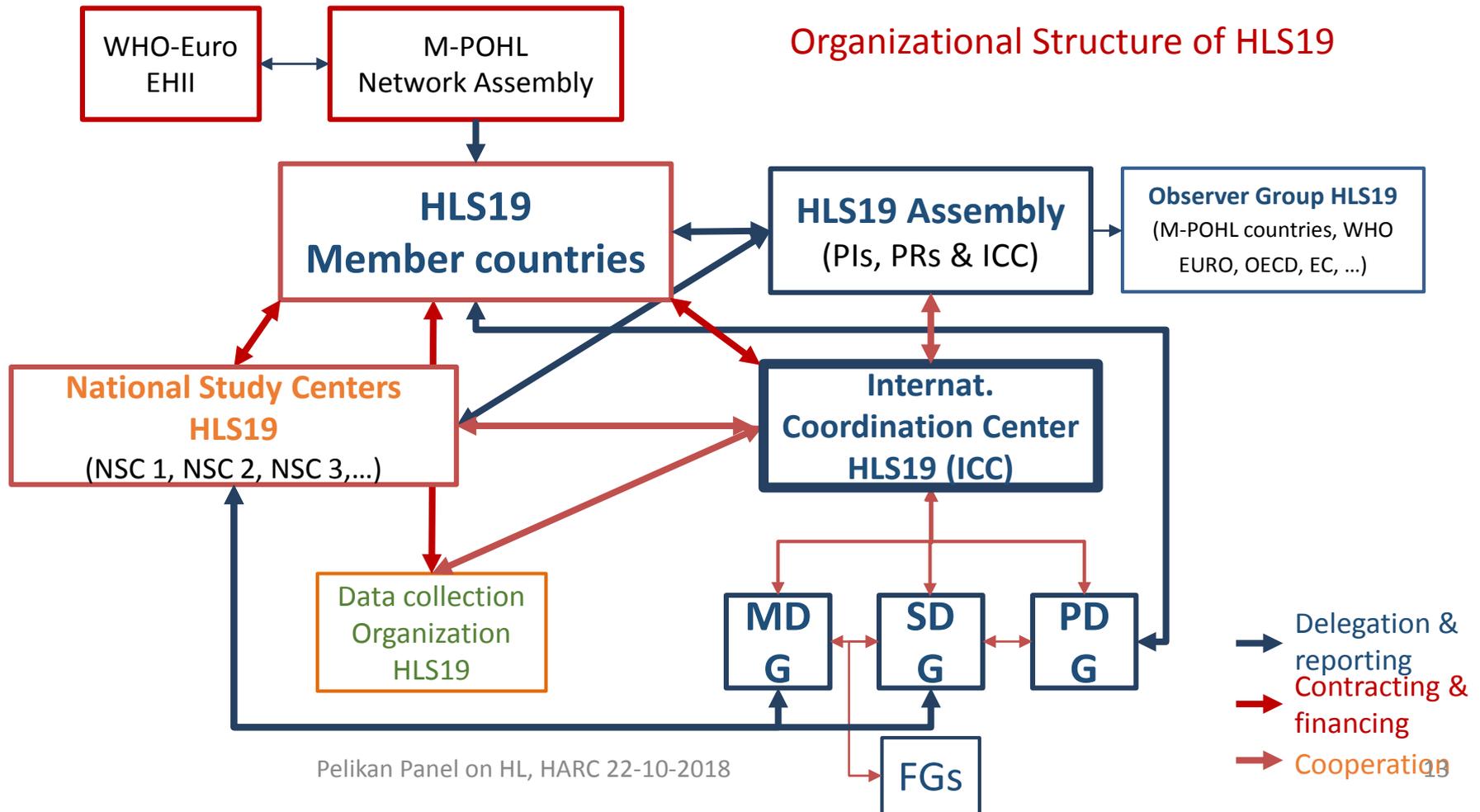
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HLS19 – first project of M-POHL

- 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
- Planned **data collection** (2019 / 2020), **analysis and reporting** (2020 / 2021)



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!

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