

Measuring Population Health Literacy by HLS_{24/25}

Why after HLS₁₉ measuring population health literacy again by HLS_{24/25}?

HLS₁₉ provided WHO member countries with a compact, valid, and psychometrically well-functioning measure for monitoring regularly comprehensive, general health literacy (HL) in adult populations, the HLS₁₉-Q12. The application of this measure in 17 countries of the WHO-Europe region showed general cross-cutting trends and differences across countries: a considerable proportion of residents with low HL, a social gradient of HL and relevant health related consequences associated with HL. Furthermore, following the international trend of internal differentiation of HL, HLS₁₉ also developed, validated, and applied specific instruments for measuring four relevant specific aspects of HL, (1) digital HL, (2) communicative HL (with physicians in health care services), (3) navigational HL, and (4) vaccination HL. Results on general HL and the four specific HLs are available as a comparative International Report, as factsheets, national reports, and specific publications in international peer-reviewed journals (see <https://m-pohl.net/Results>). Based on the results, participating countries have started to plan, develop, and implement interventions to deal with low HL and improve HL.

The HLS_{24/25} will allow countries that already participated in HLS₁₉ to comparatively monitor their general HL and partly their specific HLs and further countries to initiate measuring adult population HL in their county. All participating countries will have the opportunity to improve measurement of the four specific HLs, to develop specific instruments for further relevant aspects of HL, e.g., mental, or nutritional HL, and to enclose further relevant co-variables, i.e., determinants or consequences or mediators or moderators of HL, in the next round of international measurement. Countries being able to already join the study in 2023, or to a lesser extent when joining latest in early 2024, will be able to participate in planning the study and in drafting the study design and developing instruments. Countries joining later in 2024 or at the beginning of 2025 will at least get the final study design and instruments and be involved in international data analyses and reporting. All countries will get support for translating instruments from generic English versions into their national languages, for pretesting instruments, for cleaning of collected data, and be involved in developing scales and indices, as well as in international data analyses and drafting the next International Report and follow-up articles in peer reviewed scientific journals. Furthermore, the ICC will support countries in national data analyses. After a certain cooling off period, the international data set will be available for all participating countries. In accordance with national teams, use of instruments outside HLS_{24/25} will be administered internationally by the International Coordination Center (ICC).

Workplan of HLS_{24/25}

Since many interventions to improve HL take time to show systematic effects for populations, a five-year interval for the next survey wave is proposed. This would allow enough time for the preparation phase, for more flexibility of the timing of data collection in participating countries and for the use of results for policy implementation measures. The workplan foresees that besides measuring general HL also specific types of HL should be measured, as performed in HLS₁₉. Different additional areas of interests have been discussed, e.g., mental HL, nutrition HL and may be decided on. Based on the data of HLS_{24/25} recommendations for policy, practice and research will be provided in the International Report. The timeline is shown in Figure 1.

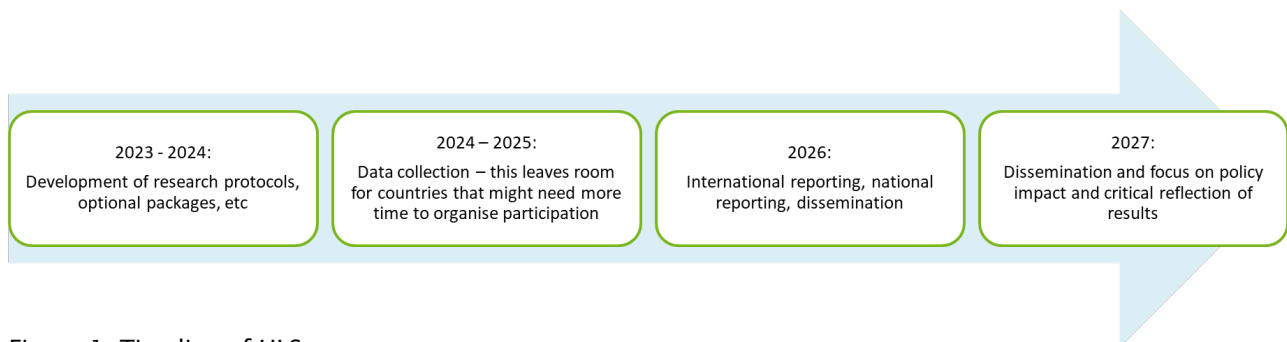


Figure 1: Timeline of HLS_{24/25}

Funding of HLS_{24/25}

To support participating countries and to ensure project quality, the ICC will provide the international coordination, administration, and scientific support, which includes leading the development of HLS_{24/25} research protocols, overseeing data collection, executing international data analysis, and coordinating international reporting and editing. To enable the work of the ICC, the HLS_{24/25} participating countries will share the costs of the ICC according to their GDP. A first draft with estimations for the international support of the ICC, rather for the lowest possible expected fee per country, under the condition of many countries participating was distributed in July 2022.

In addition to the project fee, each HLS_{24/25} participating country will need to ensure funds for the following national activities:

1. necessary translations (adaptions) of the survey instrument from English into national language(s),
2. national data collection,
3. any national analysis of data, publication, and dissemination of national results,
4. (possible) travel costs for participation of national policy representatives and principal investigators in the meetings of the HLS_{24/25} Assemblies (at the moment only online meetings are planned, but this may change depending on the Corona and political and economic situation),
5. any contributions to the international development of HLS_{24/25}; especially active participation in working groups or hosting meetings.

Typically, national participation in HLS_{24/25} will be commissioned by a MoH or other public policy body and national data collection will be administered by a national agency contracted by the commissioning institution. Financing of the HLS_{24/25} activities needs to be in line with WHO funding rules. This applies to all actors involved in the project. In case of the involvement of none-state actors, they will have to meet the funding criteria outlined in the Framework of Engagement with Non-State Actors (FENSA) (see https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf).