Health literacy policies – how can they be developed and implemented?

A guide for policy and decision makers

M-POHL
Action Network on **M**easuring **P**opulation and **O**rganizational **H**ealth **L**iteracy of WHO-Europe

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WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL)

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Executive summary

Health literacy has become a global priority for promoting health, preventing disease and improving the quality and outcomes of healthcare. In Europe and beyond, there is political recognition of health literacy being an important factor for good health and well-being. As health literacy is considered critical to achieving health and as limited health literacy is still a widespread phenomenon [1], the topic is steadily attracting more attention among policy and decision makers.

To support awareness raising, improve commitment and implement effective policies to increase health literacy, this policy guide was initiated by the World Health Organization (WHO) Action Network on Measuring Population and Organizational Health Literacy (M-POHL) [2]. It addresses decision makers in health policy and administration but may also inspire researchers and other relevant stakeholders working in the field of health literacy.

The guide is based on an adapted version of the Public Health Action Cycle, a framework that differentiates between five phases, as described below:

1. Situation analysis and initial awareness raising,
2. Agenda setting,
3. Policy development,
4. Implementation and
5. Evaluation and monitoring.

1. Situation analysis and initial awareness raising: In the sense of there being "no therapy without proper diagnosis", it is firstly necessary for political actors to investigate, acknowledge and communicate basic information on health literacy in their country. This includes identifying the level of population health literacy and of vulnerable groups as well as the degree of implementation of organizational and professional health literacy. Specific challenges need to be identified by surveys and assessments as do the resources and capacities available for interventions. The first internationally comparative survey of population health literacy in Europe, the European Health Literacy Survey (HLS-EU, 2011) with eight participating EU countries and many more countries that conducted health literacy population surveys on their own, is one example of how to generate data that provide information, help raise awareness and inspire many policies and activities to improve health literacy. The second comparative study was conducted by M-POHL in 2019 with 17 countries participating [1]. Health administration has an important role in commissioning data generation ranging from surveys and involving stakeholders in workshops to analysing policies, legal matters, funding mechanisms and organizational structures and processes.

2. Agenda setting: Once there is a clear picture of the general level of health literacy and the policy environment in a country, a sense of urgency and importance needs to be established with the main stakeholders by discussing which issues, populations or sectors require special attention. To place health literacy on the political agenda, by prioritizing it and taking action, stakeholder involvement is essential, while creating a powerful coalition of all partners (including citizens). The establishment of networks and alliances also has an important part to play when putting health literacy on the (national) agenda for many relevant stakeholders.

3. Policy development: In this step, objectives are set, costs are identified and an adequate policy approach is chosen. Some countries choose to develop a specific national health literacy action plan. Depending on the national context, another option is to integrate health literacy into existing or emerging policies, leading to a "Health Literacy in All Policies" approach. In other cases, a broader reform process (for example, reforming the social security system or health services) can be an entry point to focusing on health literacy.

4. Implementation: There are several examples of successful steps taken to put policy into practice – on a macro, meso and micro level. Health policy and administration usually act on the macro level of society, shaping the characteristics of health systems mostly through legal regulations and setting the criteria for the provision of funding. Regarding health literacy, such regulation on the macro level should enable the meso level – the level of healthcare organizations, educational organizations, workplaces and local communities – to design their structures and processes in a health literacy friendly way. This, in turn, will lead to better health-related information and communication on the micro level – the level of individual interaction – so that people can make better decisions for their health.

5. Evaluation and monitoring: To strengthen the evaluation and monitoring of health literacy policies and programmes, adequate evaluation and monitoring processes need to be established with regard to relevant aspects of the interventions taken. Regular surveys of population health literacy, ideally as part of international networks like M-POHL, can provide valuable information for adapting activities or choosing new interventions for better health literacy.

The processes described above may vary depending on the national context and some actions may need to be adapted for a tailored approach.

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Foreword

M-POHL, the World Health Organization (WHO) Action Network on Measuring Population and Organizational Health Literacy, was established in 2018 and has 23 participating member countries and five observer countries from the WHO European Region as well as observers from Asia (as of 2023).

The main objectives of M-POHL are to provide high-quality data on population and organizational health literacy and to develop policy recommendations based on the data generated.

In 2023, the development of this guide was initiated as the first project on evidence-based policies and practices by M-POHL, the WHO Regional Office for Europe and the Austrian Public Health Institute with financial support from the Swiss Federal Office of Public Health.

The guide was drafted by members of the Evidence Based Policy and Practice Working Group (EVPOP) of the M-POHL network led and coordinated by the Austrian National Public Health Institute.

Contents

1. Introduction

There is a growing body of evidence that adequate health literacy is critical to maintaining or improving health and quality of life. Therefore, health literacy is steadily attracting more attention among policy and decision makers. Initially introduced in the 1970s, the development of health literacy has since been proven to be relevant for the quality and outcomes of healthcare, disease prevention and health promotion. Supported by supranational organizations such as the WHO or the European Union, governments across the world have begun to work systematically on developing and implementing action plans, strategies and policies to improve the health literacy of their citizens and the health literacy friendliness/responsiveness of health organizations. WHO Europe in particular considers health literacy to be part of their flagship initiative Behavioural and Cultural Insights (BCI) prioritizing health literacy as a critical determinant of health, health behaviours and equity alongside other major factors that influence health behaviours.

To meet growing demand from decision makers, this policy guide was initiated to support policy/decision makers and administrators when implementing effective policies and actions to improve the health literacy of the population on a national level. It is a product of the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL) which was initiated by the Swiss Federal Office of Public Health together with WHO Europe and the Austrian National Public Health Institute (Gesundheit Österreich) [2].

1.1 What is health literacy?

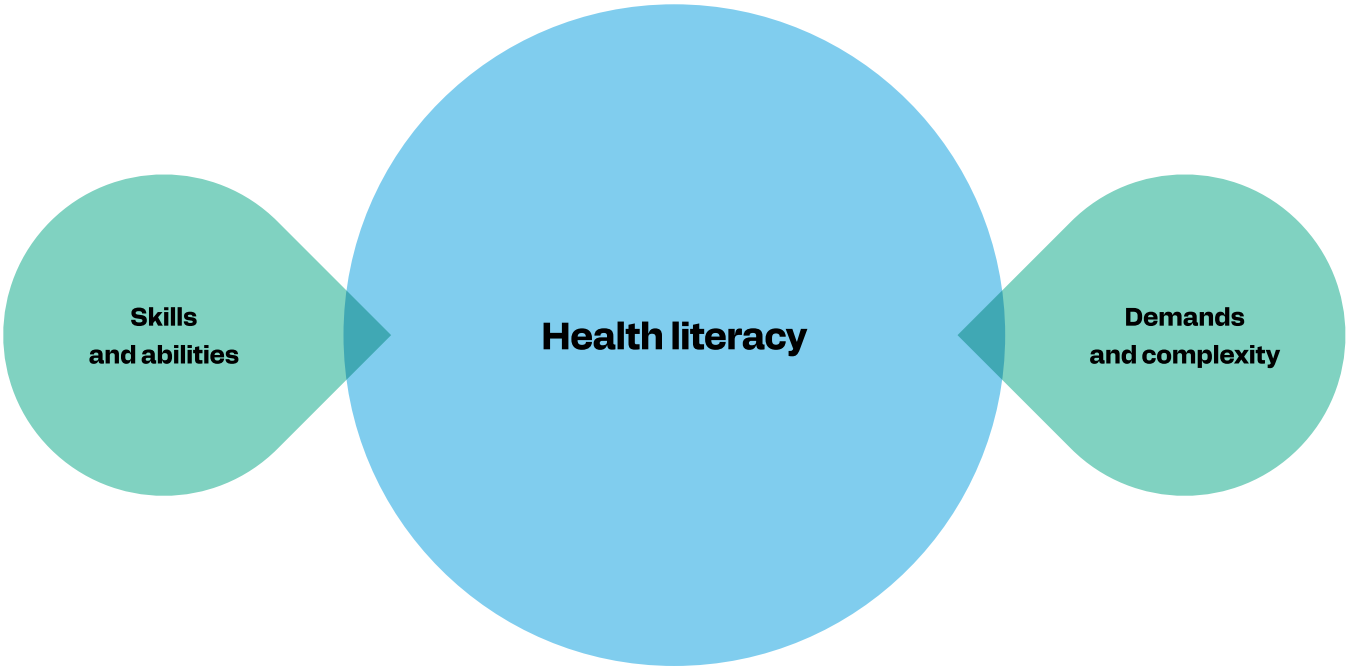
Health literacy empowers people to manage health and well-being in everyday life. It is a multi-dimensional concept in which overlapping definitions of health literacy vary in different ways and specific types of health literacy are used in diverse contexts. The definition most commonly used in Europe was developed in 2012 by the European Health Literacy Survey consortium (HLS-EU) as a basis for measuring the health literacy of populations:

> **"Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course."** [3]

Health literacy is developed with the support of others, like health professionals, family members, caregivers, colleagues, etc. Thus, health literacy is not only an individual responsibility, as pointedly described by Parker:

> **"Health literacy is a multidimensional, complex and heterogeneous concept and must be understood as being relational, because it is based on the personal competencies and abilities of every individual human being, but also depends upon the challenges and complexity of the health information available as well as systems, organizations and living environments in which these persons are situated and make decisions."** [4]

Figure 1.1: Health literacy as a relational concept



Source: Adapted figure based on Parker [4]

Along these lines, the WHO currently defines health literacy as follows:

> **"Health literacy represents the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them."** [5]

Based on an understanding of health literacy as a relational concept, health literacy can be improved by strengthening personal skills and abilities but also by adapting the demands and complexity of healthcare systems and organizations/settings so that they meet the skills and abilities of the populations and people they serve and improve health outcomes. This led to concepts of health literate organizations being developed. Organizational health literacy originated in the USA. The Institute of Medicine of the United States National Academy of Sciences compiled a set of ten attributes for health providers and managers on how to become a health literate organization [6]. Health literate health organizations make it easier for people to navigate, understand and use information and services to take care of their health. In the following years this concept was further developed as health literacy friendly or health literacy responsive organizations [7, 8]. Those concepts are used almost synonymously.

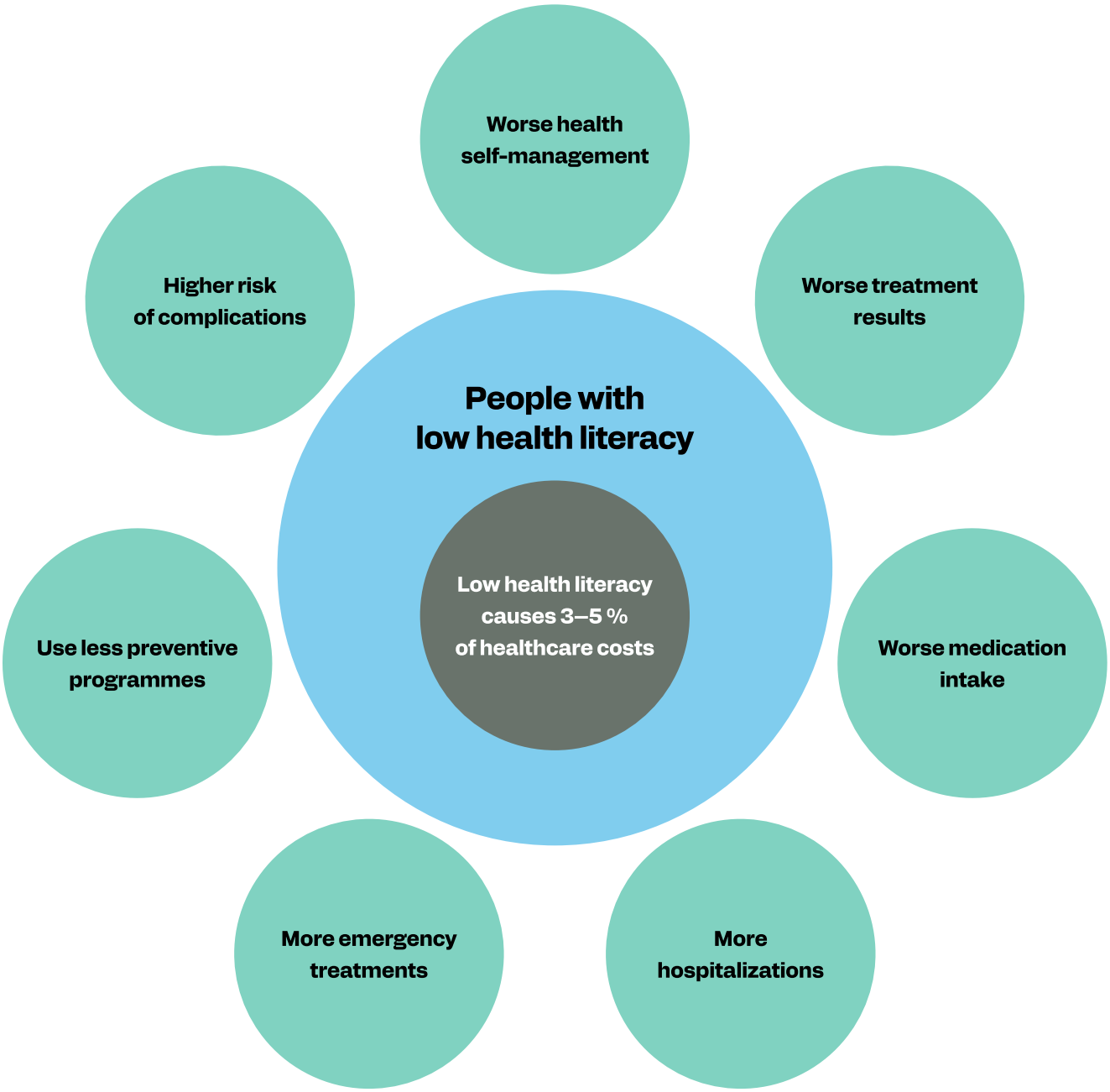
1.2 Why strengthen health literacy?

Health literacy is one of the important determinants of health behaviour, health and equity. However, limited health literacy has proven to be a widespread public health challenge in most European countries. Levels of health literacy vary within and between countries: Research shows that health literacy is unevenly distributed across sociodemographic groups in societies. Across the countries that participated in the second comparative health literacy population survey in 17 European countries (HLS_{19}), between 25 % and 72 % of the respondents had limited health literacy. In other words they reported having considerable difficulties completing tasks related to the management of health-related information and communication [1]. The relationship between health literacy and health outcomes is well documented [9–11]. Limited health literacy has been associated with less healthy choices, riskier health behaviour, poorer health status and worse self-management as well as higher healthcare costs and inappropriate use of health services.

Therefore, measures to strengthen health literacy aim to improve self-management behaviour in the fields of health promotion, prevention and healthcare as well as healthcare utilization behaviour system and cooperation with health care professionals in the management of acute and chronic diseases.

This does not only mean that large groups of populations across Europe have limited chances to live in good health but also that they profit suboptimally from the healthcare services available. Investments in health literacy, therefore, are not only beneficial for individuals but also contribute to more effective healthcare spending. Currently, 3–5 % of healthcare costs are attributed to limited health literacy [10].

Figure 1.2: Consequences of limited health literacy



Source: Figure based on [10, 11]

The economic perspective becomes even more important in the light of ongoing social and demographic developments and challenges [12], including

- increases in life expectancy and in the proportion of older population groups,
- increases in chronic diseases that require continuous self-management,
- increasing social inequities including the cultural diversification of society,

- changes in expectations of and towards patients from passive service recipients to active participants and cooperation partners with numerous demands and options of involvement, choices and rights,
- increasingly complex healthcare systems,
- a rapid increase in health information available on digital platforms as well as an increase in false or misleading information (an "infodemic") and
- growing or increasing distrust in public health policies and, therefore, an increased need for reliable and understandable health information and resources.

1.3 International mandates and guiding documents as a call for action

Health literacy has become a global policy priority for the advancement of health promotion, disease prevention and the use, quality and outcomes of healthcare. Political statements and resources at a European and global level (intergovernmental organizations and non-governmental organizations) address and recognize health literacy as an important factor influencing health and well-being (in chronological order):

- **The EU Strategy Together for Health** [13] included health literacy as one of the key starting points for the development of citizens' empowerment.

- **The United Nations ECOSOC (Economic and Social Council) Ministerial Declaration on Health Literacy of 2009** included the following call to action: "We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard, call for the development of appropriate action plans to promote health literacy." [14]

- **Nairobi Call to Action for Closing the Implementation Gap in Health Promotion** [15]: To advance the health literacy and health behaviour agenda, policy is needed to generate actions that support empowerment, information and communication technologies as well as to build and apply the evidence base, e. g. by developing systems to monitor, evaluate, document and disseminate health literacy.

- **Health Literacy – The Solid Facts** – WHO Regional Office for Europe [16] makes the case for policy action to strengthen health literacy especially on an organizational and systemic level.

- **WHO Shanghai Declaration** [17] calls for the development, implementation and monitoring of intersectoral strategies at national and local levels to strengthen health literacy in all populations.

- **Montevideo Roadmap 2018–2030 on NCDs as a Sustainable Development Priority** [18]: Health literacy has the potential to reduce the prevalence and impact of Non-Communicable Diseases (NCDs).

- **WHO Declaration of Astana on Primary Health Care** [19] encourages the improvement of health literacy through reliable information: "We will promote health literacy and work to satisfy the expectations of individuals and communities for reliable information about health. We will support people in acquiring the knowledge, skills and resources needed to maintain their health or the health of those for whom they care, guided by health professionals."

- **Health Literacy for People-Centred Care: Where Do OECD Countries Stand?** [20]: Health literacy is currently being addressed by OECD (Organization for Economic Co-operation and Development) Member States and has been highlighted by the OECD in its recent "skills outlook" [21].

- **International Union of Health Promotion and Education** (IUHPE 2018, revised 2023): The Position Statement on Health Literacy: a practical vision for a health literate world points to the need to support health literacy policy, practice and research at a global level [22, 23].

- **Adelaide Statement II on Health in All Policies** [24]: Education improves health literacy, which, in turn, influences health through behaviour changes that impact children, their families and wider communities.

- **WHO European Roadmap for Implementation of Health Literacy Initiatives throughout the Life Course** [25].

- **WHO Regional Office for Europe Flagship Initiative Behavioural and Cultural Insights:** Health literacy is seen as one of the pillars of this initiative [26–28].

- **Geneva Charter for Well-Being** [29]: Developing health literacy is seen as a priority throughout the life course and should start in early child development and education. This includes the necessity for international collaboration to sustainably improve health literacy.

- As a call to European-wide action, the **Council of Europe in Strasbourg** launched a Guide to Health Literacy contributing to building trust and equitable access to healthcare [30].

In addition, health literacy is embedded in broader international frameworks for the improvement of health, such as Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), Primary Health Care (PHC), Social Determinants of Health (SDoH), Non-Communicable Diseases Prevention and Control (NCDs) and Behavioural and Cultural Insights (BCI), etc.

1.4 About this guide and how to use it

The vision and mission of M-POHL is to enhance health literacy in the WHO European Region and beyond by ensuring the availability and use of high-quality and internationally comparative data to support evidence-informed political decisions and targeted practice interventions [31]. While data are provided by M-POHL's measurement projects on population health literacy and organizational health literacy, this guide contributes to supporting evidence-informed policies and practice. This can be of interest to experts and practitioners who have data on challenges relating to the health literacy levels of population groups and who wish to develop or adjust their policies, services and communications accordingly.

Thus, this guide

- shares insights from currently existing health literacy policies, strategies and action plans as well as expert experiences and opinions that aim to inspire the development of national health literacy policies and actions in Europe and beyond. It brings together insights from (1) existing literature on action plans and interventions, including an expert snowballing search within M-POHL and among other partners, (2) experience and good practices collected from M-POHL's members and other countries and (3) feedback collected in webinars with policy and decision makers from M-POHL's members and other countries and
- supports policy and decision makers as well as public administrators in reflecting, initiating, developing and implementing effective measures to improve the health literacy of the population and the health literacy friendliness of health organizations and interventions.

Limitations:

- While research and good practice are presented from many countries, the policy guide is not exhaustive.
- In many areas there are still research gaps and a lack of evidence, especially in the fields of health literacy policy monitoring and evaluation, health literacy policy impact, EU health literacy policy coordination and harmonization mechanisms. Thus, not all the case examples included have been evaluated for impact.

Notes on this guide and how to use it:

- The structure of the guide follows an adapted version of the Public Health Action Cycle (Figure 2.1) model, assisting step-by-step action on health literacy policy development.
- A checklist for self-assessment is provided which supports reflection on the state of policies in a country (see Chapter 8). The results give important indications for areas of intervention and improvement.
- Throughout the document, each step of the Public Health Action Cycle is illustrated by examples of good practice.
- The Appendix provides further examples, links and literature on specific topics and models.

2.

The important role of health policy and public administration for health literacy

1. Why is health literacy action on a policy and public administration level needed?

Although health literacy is gaining awareness on the policy agenda in many European countries, efforts are often not coordinated in a national or regional policy, strategy or action plan. This increases the risk of programmes and activities being fragmented, uncoordinated and unsustainable, which can result in less effective use of means and less exchange of knowledge and "best practice" [32].

Different approaches to health literacy action

As with any other topic that requires systematic interventions, health literacy needs steering and coordination mechanisms to enable and consolidate relevant action. As a health topic, health literacy is primarily the responsibility of the health sector so that health policy and administration have an important role in creating health literacy friendly/responsive health systems. As national health literacy approaches are influenced by and should reflect contextual factors such as the political governance structures and processes of a country and its health system, the actions taken can vary in design and scope [33]. Top-down and bottom-up approaches are exemplified below:

- **Top-down approaches from public authorities:** A broadly observed approach is that public authorities implement a working group with various stakeholders that support the development and implementation of health literacy plans/strategies/policies/programmes. These groups can be permanent, temporary or ad hoc. Examples of countries with top-down approaches include Australia, Austria, Portugal and Scotland (UK). Such approaches have the potential to be systematic, comprehensive and sustainable but they also have the risk of being inflexible and can be disrupted by political change.

- **Bottom-up approaches from civil society or non-governmental actors:** These approaches occur when the development and implementation of plans or programmes is, for example, driven by a non-governmental organization (NGO) or a research institution. Examples of countries with a bottom-up approach include Ireland and the Netherlands. The advantage of such approaches is that they can flexibly and independently take up new developments but they are usually limited in time and resources so cannot guarantee sustainability.

In practice, a combination of both approaches can often be observed: Initial bottom-up activities eventually receive support from public authorities later in the process. Ideally, the combination of both results in capacities for national action plans and programmes. For example, in Germany, there was a bottom-up approach. An independent civil society initiative involving experts from academia, politics, health care and social organizations was formed to advocate an improvement in the population's health literacy. The Minister of Health was the "patron" and supporter of the initiative. Another example is Ireland when, in 2021, the government published a ten-year Adult Literacy for Life Strategy that uses a cross-government, cross-society

and cross-economy approach to ensure that everyone has the necessary literacy, numeracy and digital literacy to fully participate in society and realize their potential.

An international comparison of national policies and action plans identified that governments can decide to take a conceptually driven, high-level approach (usually based on theory-informed international standards such as the Health in All Policies (HiAP) concept), take a pragmatic approach (for example, using the opportunity of health sector reform to introduce a focus on health literacy) or choose not to install a policy plan at all [34].

2. What governance levels to address: national, regional or local?

Depending on a country's political structures and processes, it can be more appropriate to focus on the national, regional or local level. This can occur independently or in an integrated and coordinated way. If the latter, there is a good chance of the different levels supporting each other, facilitating a systems approach to health literacy [35]. Chapter 1 listed some relevant intergovernmental policies that can be referred to in national, regional or local planning.

3. What forms can health literacy policy and action take?

Depending on the national context and level of formality, actions can differ:

- Informal commitment from politicians, for example in a public talk.
- Formalized documents such as policy frameworks, strategic plans or action plans, more or less negotiated with various stakeholders.
- Capacity building, including the integration of health literacy in budgeting, installing steering and coordination structures and implementing projects and programmes.
- Ensuring sustainability and accountability through legal regulations.

4. What sectors of society are of relevance for health literacy actions and which sector should lead?

Health literacy is of concern for all sectors of society, for the health sector as well as for other sectors, including education, labour, media and food production, for example [36]. The health sector is the one affected most by low levels of health literacy because health literacy impacts both the utilization of health services and their outcomes. Therefore, national uptake of health literacy is typically carried out via the health sector. Other sectors are affected too, however. For example, health – and indirectly health literacy – is a determinant of the learning outcomes of pupils and students and the effectiveness of the workforce. In addition, since health literacy is developed throughout the life course, sectors like education or media contribute strongly to its formation. Specifically, the education sector is essential in strengthening health literacy at a young age, ensuring equity and facilitating a greater level

of implementation [37]. It has been argued that health literacy strategies need to begin early in the life course to maximize the chances of developing good health behaviour and outcomes [Borzekowski 2009, Kickbusch et al. 2013 cited in 37]. So, while the strongest interest in health literacy usually comes from the health sector, the contributions of other sectors are essential as well. Steering mechanisms or working groups, therefore, are typically led by the health sector but should involve representatives from other sectors. Although this guide focuses on health systems, a few examples from the education sector are given too.

5. Which level should health literacy action focus on?

Health policy and administration usually act on the macro level of society, shaping characteristics of healthcare systems mostly through legal regulations and setting criteria for the provision of funding. Regarding health literacy, such regulation on the macro level should enable the meso level – the level of healthcare organizations, educational organizations, workplaces and local communities – to design their structures and processes so that they support health literacy. This, in turn, will lead to better health-related actions, including information and communication, on the micro level – the level of individual interaction within these organizations and local communities – so that people can make better decisions for their health.

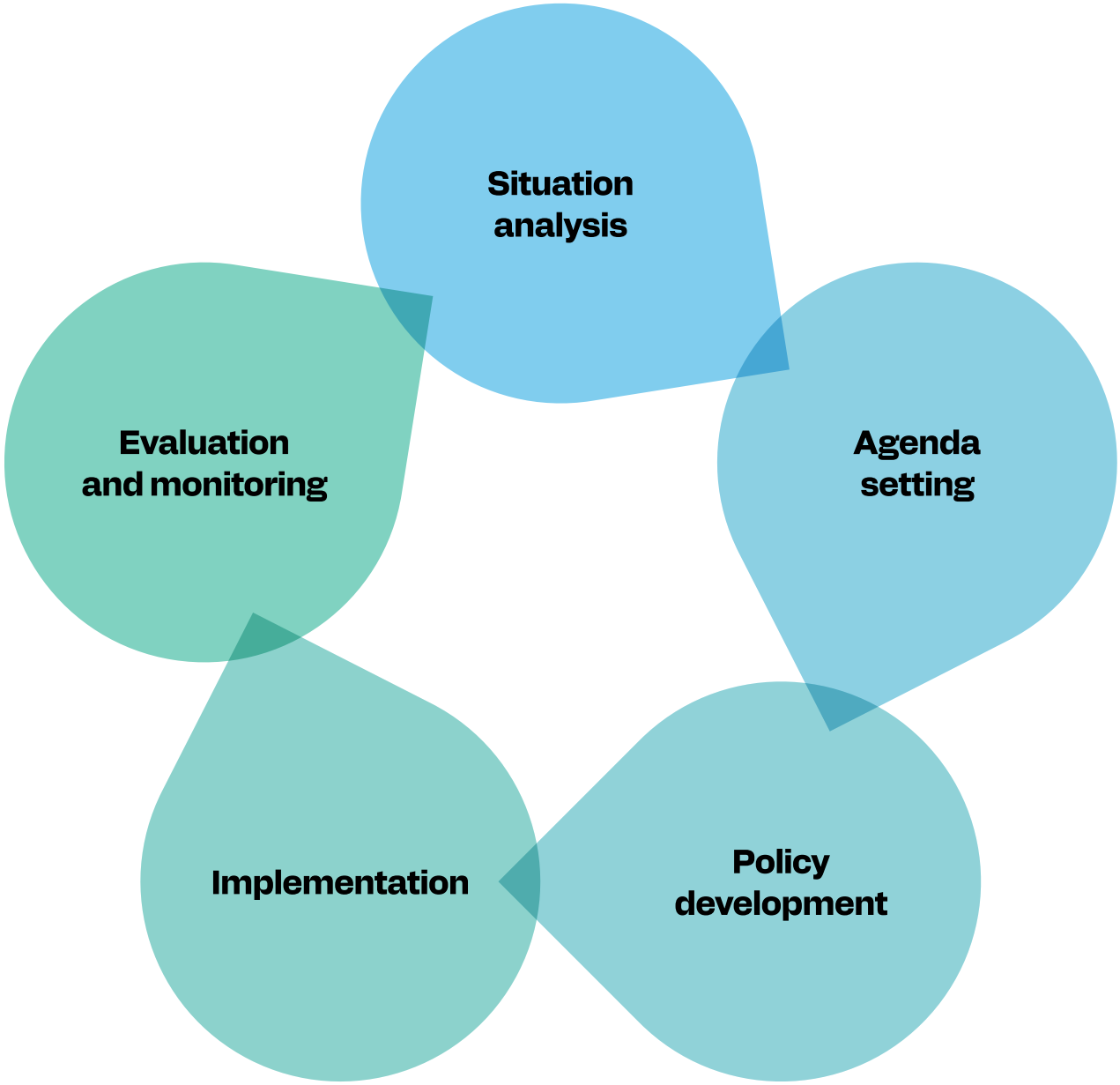
The Public Health Action Cycle

Most of the national examples of health literacy actions can be explained with the use of the Public Health Action Cycle [38–40]. Therefore, this policy guide follows the logical phases of the Public Health Action Cycle:

1. Situation analysis,
2. Agenda setting,
3. Policy development,
4. Implementation and
5. Evaluation and monitoring.

The cycle and the sequence of its phases can vary depending on the national context.

Figure 2.1: Public Health Action Cycle



Source: Adapted figure based on [38, 40, 41]

For recommended literature on the role of health policy and the administration of health literacy, see Appendix 10.1.

3.

Situation analysis

The first step to engage in is to assess the status quo in your country. A situation analysis explores relevant aspects and identify needs for action in the following areas:

- Analysing the level of population health literacy (of the general population and/or specific population groups).
- Analysing determinants of health literacy on a population level drawn from national or global data sources (e. g. Eurostat).
- Analysing health behaviour on a population level with a specific focus on vulnerable communities using appropriate survey methods and frameworks to reach these groups.
- Assessing organizational health literacy (especially in clinical and community healthcare settings).
- Mapping regulations, capacities, structures and processes on a national (and/or regional and local) level that could support action on health literacy.
- Stakeholder analyses.

The role of health policy and administration in this step of the Public Health Action Cycle is to commission relevant surveys and analyses. Because of its relevance, health literacy measurement is also increasingly being applied on a supranational level. For example, health literacy was suggested as a useful metric for Health Systems Performance Assessment in the European Commission's report by the EU Expert Group on Health Systems Performance Assessment [42]. Additionally, the WHO is currently paving the way for a global health literacy survey.

3.1 Analysing levels of population health literacy

In Europe, many policies and activities have been inspired by the first European Health Literacy Survey (HLS-EU) conducted in 2011. The study found that an average of 47 % of citizens in the eight participating countries had limited health literacy. After the HLS-EU, other countries in Europe and other regions conducted population surveys on health literacy to collect and analyse data with similar results [43].

The survey not only created broad awareness of problematic health literacy being a relevant issue for large population groups but also helped to identify specific health literacy needs/priorities to be addressed by targeted interventions. For example, the results indicated that health literacy was significantly lower for disadvantaged/vulnerable subpopulations than for the total population as it was shown to be directly related to an individual's socioeconomic status, especially their level of education, financial situation, social support and employment status. These general findings were confirmed by the European Health Literacy Population Survey 2019–2021 (HLS_{19}) carried out by M-POHL [44].

However, although certain patterns in population health literacy seem to be universal, the surveys also revealed considerable differences between and within countries. Therefore, it is recommended that each interested country create its own national or regional database as a basis for identifying the specific national needs for interventions, including defining target groups and specific health areas for action. In Europe, the M-POHL network is continuing the work of the HLS-EU and offers standardized measurement tools for general and specific health literacies (including organizational, communication, vaccination, navigation and digital health literacy) and support to interested countries (https://m-pohl.net/). These can be supplemented by qualitative research to gain a comprehensive picture if deemed relevant.

3.2 Assessments of organizational health literacy

The health literacy of people largely depends on the fit between their abilities and the demands of the health services and organizations where they seek help. This is why health literate or health literacy friendly/responsive organizations are becoming an increasingly important field of research and intervention. Over the last fifteen years, an increasing number of concepts and tools for health literate organizations have become available, mostly focusing on aspects such as

- navigation support,
- training of personnel,
- use of tools and techniques to help people better understand information and
- quality of communication and quality of the information material provided.

Measurement of these criteria is usually by self-assessment within an organization or group of organizations. While most organizational health literacy concepts and tools refer to healthcare settings, there are also some for other settings such as communities, schools and extracurricular youth work settings [45]. The data can be used for

organizational learning but also to inform health policy about the need for adapting legal and financial frameworks to better support health literacy [compare e. g. 46].

Within M-POHL, further assessment tools that build on extensive research are being jointly developed. They address especially hospitals and primary healthcare settings (see Appendix 10.5.2).

3.3 Mapping regulations, capacities, structures and processes

It is relevant to assess how legal and financial regulations, existing guidelines and standard operating procedures impact health literacy action, whether existing capacities can be used to steer and coordinate action, whether new capacities are needed and what structures and processes need to be addressed to achieve change. For example, if a national action plan is under development or if a new reform process is about to start, it may be a good strategy to seek synergies and build health literacy into the reform.

So far, there are no standardized tools for this part of the situation analysis as each country is different with regard to the structure of its health system and the degree to which health literacy is already on the public policy agenda. The checklist provided in Chapter 8 may serve as a starting point.

3.4 Stakeholder analysis

For the next step in the Public Health Action Cycle – agenda setting – it is important to identify those stakeholders whose buy-in will be needed for decisions to support the planning and implementation of action to improve health literacy. The analysis should comprise health policy and administration but also health insurance organizations, healthcare practice and relevant actors in other sectors such as education, among others.

4. Agenda setting

Better health literacy requires profound change on many levels. As one important precondition, health literacy needs to be placed on the agendas of relevant decision makers. However, creating awareness can be challenging as many topics compete for the attention of politicians and decision makers. Based on the experience of numerous countries, the following points may be helpful.

4.1 Creating a sense of importance and urgency – from data to buy-in

The process of engaging with policy representatives may vary depending on the context and political organization and functioning of individual countries. An analysis of the situation, as outlined in Chapter 3, provides the necessary body of evidence to develop a country-specific call for action that can then be used in advocacy and brought to the attention of relevant stakeholders. Alongside conferences, workshops or media interventions, communication strategies may also cover targeted stakeholder communication including lobbying strategies. To obtain buy-in from stakeholders, the messages communicated should not only include data but also potential solutions and suggestions for action to be taken. Involving policy representatives at the situation analysis stage can facilitate further actions. Reviewing existing guidance from and commitments taken in international organizations, such as the WHO, as well as participating in related meetings could provide insights and assets for further actions at a national level (see Section 1.3 for more information).

Selected example: Austria

In Austria, the findings of the HLS-EU were widely communicated in Austrian expert communities and presented with urgency to senior decision makers in the Austrian health system. The study results indicated that health literacy in Austria was one of the lowest in Europe. This was the basis for including health literacy in the process of developing national health targets for Austria. Actually, it was stated that it is most urgent and should be addressed as the highest priority of all ten health targets. So the first step is to "create a sense of urgency" [47] – as indicated by this example for Austria.

Selected example: The Netherlands

In the Netherlands, the Dutch Health Literacy Alliance was established as a spin-off from the HLS-EU study to bridge the health literacy gaps identified in the results.

Selected example: Germany

In Germany, the National Action Plan Health Literacy was developed immediately following the publication of the first studies on the health literacy of the population, which showed worse results than expected.

Selected example: Portugal

Health literacy surveys in Portugal informed the development of a national action plan, which has been renewed for a second cycle.

Selected example: Slovenia and Belgium

Slovenia and Belgium are in the early stages of this process. The Ministry of Health in Slovenia hosted its first health literacy conference presenting the HLS_{19} results with a wide range of stakeholders present and the Health Nest in Belgium did the same in Brussels in June 2023.

To initiate change, health literacy "champions" are important drivers for raising awareness and implementing health literacy as part of health policy making locally, regionally, nationally and internationally. Sørensen [35] defines a health literacy champion as:

"a person or an organization who enthusiastically and relentlessly defends and fights for the cause of health literacy to the benefit of people and societies at large."

However, their impact depends highly on support from their leadership. Moreover, engaging with patients/citizens is considered essential in delivering a successful outcome to health policy reforms as citizens' involvement sheds a broad light on their needs and makes it possible to reach decision makers.

4.2 Networks, alliances and coalitions as facilitators

To take the health literacy agenda forward and to retain momentum, experts recommend establishing multi-sector alliances or networks [48, 49]. In a few countries, national health literacy platforms, alliances, networks, associations or working groups already exist, sometimes even networks and associations alongside each other. They can be governmental only or act as partnerships between public agencies and private organizations as well as NGOs. They can have a focus on research and/or policy and/or practice.

National alliances, platforms and networks exist, for example, in Austria, the Czech Republic, Denmark, Germany, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the UK. For an overview of national platforms, alliances and networks, see Appendix 10.3.1 or https://www.healthliteracyeurope.net/.

The development of networks and alliances is an organic and individual process in each country, differing in scope and focus. However, these structures have an important part to play in terms of health literacy improvement as they often serve as a platform where insights from research and practice on health literacy improvement can result in joint ideas for projects and policy initiatives.

Their roles and tasks include

- putting health literacy on the (national) agenda,
- facilitating knowledge transfer and development concerning health literacy policy, research, education and practice,
- linking policy and practice,
- advocacy and lobbying,
- awareness building,
- initiating and fostering expert exchanges and
- coordinating health literacy activities.

Results on the impact of these alliances are preliminary but positive. For example, the second independent evaluation of the Austrian Health Literacy Alliance in 2022 revealed that this instrument is an important mediator linking policy, practice and research. The evaluation also outlined the importance of a coordination structure to keep the Alliance active [50].

International coalitions

It is recommended to strengthen collaboration not only between organizations at a local or national level but also on an international level. This could help share good practices more widely and contribute to strengthening the capacity of public health systems to address challenges regarding health literacy.

On a European level, Health Literacy Europe or the WHO Action Network (https://m-pohl.net/) should be mentioned. An example of a cross-national network is the Health Literacy Network for the Nordic Health Authorities (https://nordicwelfare.org/pub/Health_Literacy/health-literacy-in-the-nordic-region.html). Moreover, a new section on health literacy was launched by the European Public Health Association in 2023. For an overview of international coalitions, see Appendix 10.3.2.

4.3 Raising awareness and advocacy

Continuously raising awareness and advocacy for health literacy within broader expert communities and relevant stakeholders groups (e. g. health professionals, teachers, etc.) is the most frequently mentioned goal across action plans and policies as it can be considered a common denominator of any policy or activity aiming at improving health literacy within a country [51].

Examples of good practice to raise awareness are often driven by networks/alliances and include

- newsletters outlining projects, ongoing research projects, recent publications, national developments and relevant programmes,
- websites providing resources like health literacy tools and support, which support networking,
- health literacy awards, which convey an understanding of quality for health literacy measures, inspiring actions and making projects visible. So far, Austria, Ireland and Switzerland have used awards to raise awareness. On a European level, the Institute for Healthcare Advancement (IHA) also recognizes those who have achieved remarkable health literacy advancements with the IHA health literacy award,
- targeted stakeholder communication,
- conferences, webinars, etc. initiated by Alliances, networks or coalitions.

Opportunity: Health Literacy Month

The Health Literacy Month (October) was founded in 1999 by Helen Osborn from Health Literacy Out Loud and aims to raise awareness about the importance of health literacy; it also supports efforts to improve limited health literacy. Many countries "celebrate" Health Literacy Month by organizing special activities. For example, the Austrian Health Literacy Alliance hosts its annual conference in October accompanied by public relations activities such as press releases, newsletters and mailings. Careum (CH) generates attention with social media posts on health literacy and its importance. The Norwegian network HELINOR also hosts its annual health literacy conference in October (https://www.healthliteracymonth.org/hlm/hlm-home).

Expert exchange

Interdisciplinary expert exchange and the development of professional competencies also help to advance the field of health literacy. There are several examples of networking and expert exchange activities to draw on, both on a national and cross-national/international level. They differ in purpose, format, frequency and length. Common events are annual conferences and expert exchanges or webinars/forums on a regular basis. They gather stakeholders from policy, research, education and practice but also address patients, students or interest groups.

The aim of these events and initiatives is

- to bring stakeholders together to identify common interests and potential areas of cooperation,
- to develop practical solutions to increase health literacy,
- to foster knowledge transfer and learning,
- to create communities of practice and
- to take the health literacy research agenda forward.

For an overview of expert exchange events, see Appendix 10.3.3.

5.

Developing policies and strategies

In this phase of the Public Health Action Cycle, aims and objectives are set and strategies and action plans are developed and negotiated. To choose the most appropriate instruments, it is recommended [34] that policy makers and public administrators

- analyse the structure of their public administration, government and health system,
- search for local "pockets of excellence" or good practices,
- develop a well-planned, substantiated health literacy approach that best fits the political organization of their country, including its structure and the context of its health system.

Common elements when choosing and developing a policy or intervention include establishing a clear purpose or mission, measurable goals and objectives and actionable strategies [Keleheer 2016 cited in 33]. The following sections summarize current options implemented in different countries. They vary greatly but the experience gained can either inspire other countries or show what does not work under certain conditions in terms of transferability or scalability.

5.1 Comprehensive national health literacy action plans and strategies

A common driver for the design of a national health literacy action plan or strategy is the recognition of a need for coordination and a systematic approach in this field. A national action plan or strategy underlines the political importance of health literacy, fosters greater visibility, involves a range of different stakeholders and departments and clarifies responsibilities for the implementation of measures. It aims for a strategic and sustainable development of actions to strengthen health literacy in the country, possibly paying extra attention to specific risk groups.

It is recommended to learn from the strengths and weaknesses related to the process of developing, implementing and evaluating health literacy action plans and strategies in other countries. Based on the literature [34, 49, 51–55] and experiences, the following recommendations and steps can be summarized:

- **Defining health literacy:** Define health literacy for your action plan that serves your purpose. As a good start, use the definitions provided in Chapter 1.
- **Consulting and involving stakeholders and experts:** This is necessary in all stages of developing and implementing the national action plan, e. g. from local government, education, health professions, academia, the media and civil society.
- **Relying on evidence:** Plans such as those from Australia, Austria and Scotland (UK) refer to a large body of international scientific papers related to the recommended interventions.
- **Integrating "pockets of excellence":** A health literacy plan does not replace initiatives ("pockets of excellence") that are ongoing but can complement, support and further these by providing a wider policy framework.
- **Ensuring sustainable funding:** It is crucial to ensure appropriate financial resources and other resources when implementing and maintaining the national action plan on health literacy [49]. This can be provided publicly by the authorities while initiatives from NGOs often rely on private resources [34].
- **Incorporating facilitators of successful implementation into health literacy policy:** These include intersectoral working processes, political leadership and strategies to overcome cultural barriers.

Selected example: Germany – National Action Plan on Health Literacy

The development of the National Action Plan on Health Literacy was triggered by the results of the first German study on health literacy, which showed that low levels of health literacy affected more than half of the population. In response, a group of experts from academia, policy and practitioners worked together to develop the action plan on how to strengthen health literacy. The plan focuses on four areas of action, presenting 15 specific recommendations to strengthen health literacy in Germany following five key principles and is accompanied by an implementation strategy [12]. The National Action Plan on Health Literacy has put health literacy on the health agenda in the German policy landscape.

Selected example: Norway – National Strategy for Health Literacy

The National Strategy to increase health literacy in the population (https://www.regjeringen.no/contentassets/97bb7d5c2dbf46be91c9d-f38a4c94183/strategi-helsekompetanse-uu.pdf) has facilitated the incorporation of health literacy as a concept in all planning, development, implementation and evaluation of health and care services as well as public health work at all service and administrative levels. It has also strengthened the focus of regional health authorities on health literacy research and the development of organizational health literacy strategies.

For further examples of national action plans and strategies, see Appendix 10.4.1.

5.2 Integrating health literacy in other policies

Health literacy is central to many policy areas. In a specific national context, it might be more appropriate to integrate health literacy into existing or emerging policies. However, in doing so, there is a risk of not being a high priority and thus might not be brought into implementation.

In some countries, health literacy is integrated in general health policies for example (China, France and Ireland) or in other public health policies including

- non-communicable diseases (Israel, Spain, Switzerland),
- health promotion (Israel, the Netherlands, Switzerland),
- digital health (Italy, Norway),
- addiction prevention (Switzerland),
- cultural appropriateness (Israel),
- national cancer control plans (NCCPs) (Austria, Belgium, Germany, Portugal and Scotland (UK)).

A country's specific strategic areas may be an effective entry point if related to health literacy-related data and suggested activities based on evidence.

Selected example: Norway

Health literacy is one of the main achievement goals in the white paper National Health and Hospital Plan 2020–2023.

Health literacy and digital health literacy are essential achievement goals in the white paper on public health 2023-2027 (National Strategy for Equalizing Social Inequalities in Health https://www.regjeringen.no/no/dokumenter/meld.-st.-15-20222023/id2969572/).

Health literacy and digital health literacy are among the main achievement goals in the National Strategy for e-health 2023–2030.

Health literacy is a main goal or learning outcome in the National Curriculum Regulations for Norwegian Health and Welfare Education (RETHOS).

For further examples of strategies referring to health literacy, see Appendix 10.4.2.

5.3 Using windows of opportunity

As mentioned in Chapter 4, to initiate change towards a more health literate system, it often depends on other momentums or the right opportunities.

National reform processes

In some countries, a wider reform process was an entry point to focusing on health literacy. This was the case for Austria, Portugal and Scotland (UK). In Austria, the HLS-EU data became available at a time when a broad development process of intersectoral, determinant-oriented national health targets was in progress and the healthcare system in Austria was about to be reformed. Health target number 3 aimed to enhance health literacy in the population. The Portuguese health literacy plan was built in line with a health services reform that aimed to place the citizen in the centre of the health system. In Scotland (UK), a health literacy action plan was created with the 2020 Vision for Health and Social Care (2011), a reform of the social security system.

Integrating health literacy in other policies

References to how other public health strategies can be used to foster health literacy have already been given (see Section 5.2).

Mainstreaming/agenda surfing

Current trends and tendencies are often an opportunity to underline the importance of health literacy. The most recent example is the COVID-19 pandemic, which was accompanied by an infodemic. To cope with much false and misleading information, it was soon realized that health literacy is essential. The increase in digital technologies is also transforming the healthcare system, underlining the importance of health literacy and at the same time challenging the health literacy skills of the population. Similarly, climate change goes hand in hand with health, or rather planetary health literacy [56], and thus provides another important opportunity to focus on health literacy.

5.4 Developing specific health literacy policies

Health literacy improvement comprises a broad spectrum of possible sectors, areas and measures. In a specific political context, it can be more appropriate and successful to develop policies for specific aspects of health literacy that focus on certain areas and measures where a general health literacy policy would not be helpful.

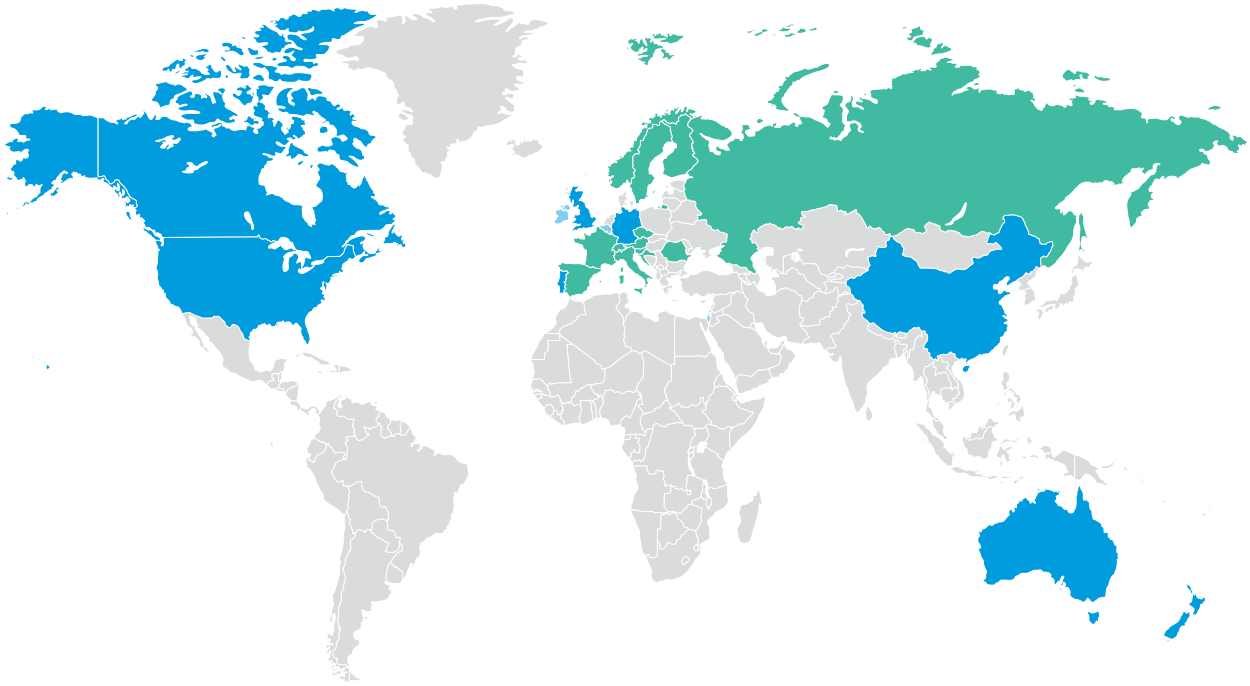
Selected example: Austria

In 2015, a national strategy was developed for improving the quality of personal, patient-centred communication in healthcare. It included a policy on personal and written or audio-visual communication and information and a manual for evidence-based, independent, understandable and gender-sensitive health information.

Selected example: Norway

The mandate of the Norwegian cross-sector collaboration programme "DigiUng" between the Norwegian Directorate of Health, the Directorate for Children, Youth and Family Affairs and the Directorate of E-Health to develop and support health literacy among young people was to coordinate health-promoting, cross-sector digital interventions for young people aged 13 to 20 in one place, ung.no, which is the public information channel for young people in Norway. The programme aims to facilitate easy access to informative content, asking anonymous questions to a nationwide interdisciplinary panel of experts, finding the closest help services, using certified apps and other digital self-help tools, chatting with a wide-ranging group of volunteer organizations, making appointments with healthcare providers and carrying out virtual consultations.

Figure 5.1: Countries with national action plans/strategies to promote health literacy (as of 2019)



Countries with national action plans

China (2008/2014), USA (2010), Wales (2010), Singapore (2010), Canada (2012), Australia (2014), Scotland (UK) (2014/2017), England (2015), New Zealand (2015), Germany (2018), Portugal (2019)

Countries with national strategies

Austria, Croatia, Czech Republic, Finland, France, Italy, Norway, Romania, Russia, Slovenia, Spain, Sweden, Switzerland

Countries with national action plans in development

Belgium, Ireland, Israel, Northern Ireland

Source: [57, 58]

6.

Implementation

Improving health literacy requires interventions in various sectors and on different levels and differs according to national aims and goals. Therefore, there is no "one size fits all" strategy for its implementation. The actions described in the following are not to be seen as standalone interventions. In many cases they are interwoven and even more effective when combined. In addition, measures on health literacy should not be confined to medical staff within the health sector. Pharmacists, community health centres, public health authorities, sports associations, municipal educational and training opportunities and social workers, etc. can also be great allies when strengthening health literacy [16]. In addition, actors from other sectors, such as education, media or the commercial sector, are critical too. Note that implementation is just as important during times of health crises as it is within periods that have been pre-planned [59].

In this chapter you will find some country-specific examples of national implementation actions on a macro, meso and micro level which have proven to be successful, focussing on high-impact measures. The WHO Guide to tailoring health programmes using behavioural and cultural insights can provide inspiration for specific activities to support the development of interventions [60].

6.1 Capacity building

At the macro level, addressing health literacy involves creating general framework conditions. Examples of macro level interventions include embedding health literacy into government legislation, policies and plans, standards or funding mechanisms. Another important area of capacity building is measures to improve human resources capacities, for example by including health literacy in curricula for healthcare professions and public health experts or developing evidence-based communication training for all healthcare providers. The main actors involved in macro level interventions are government representatives [34].

6.1.1 National coordination

The implementation of strategies, action plans or policies requires adequate resources. To support health literacy issues and to communicate them, experts recommend establishing multi-sector alliances or networks [48, 49]. Their roles and tasks were outlined in Section 4.2. At this point, their role as coordinators or steering bodies is highlighted by presenting the Austrian Health Literacy Alliance as an example.

Selected example: The Austrian Health Literacy Alliance

In 2011, the Austrian Ministry of Health set ten new health targets for the next 20 years. One of them was dedicated to enhancing health literacy within the population. The working group on this national health target had identified a coordination structure as being crucial for achieving a critical and lasting impact. As a consequence, the Health Literacy Alliance was established as the national health literacy steering body to support and coordinate activities in relation to this target. A "core team" was established as a decision-making body consisting of members of the federal government, federal states, social security institutions and HiAP partners. The Alliance also organizes an annual national health literacy conference and encourages the implementation of health literacy measures by a membership process for organizations performing health literacy interventions. The achievements of the Alliance include the integration of health literacy into the public agenda and the government programme for 2017–2022 as well as in the health reform 2024–2028.

6.1.2 Building frameworks for health literacy skills

Healthcare professionals are in regular contact with patients and their relatives and are important contacts for health questions and issues. They therefore play an essential role in accommodating patients with different levels of health literacy and strengthening their health literacy. Studies indicate that healthcare professionals lack adequate knowledge about health literacy and the necessary skills to promote health literacy among their patients [61–64]. Health literacy can be improved by providing, conveying and explaining information, effective communication and structured patient education. This requires the inclusion of health literacy in the educational curricula of higher education and post-graduate training within a wide range of disciplines. In practice, this means paying attention to the knowledge, skills and attitudes of healthcare professionals, especially when dealing with people in vulnerable situations and those with limited levels of health literacy. In all these activities it is important to be aware that certain population groups might be disproportionately affected due to discrimination or stereotypical perceptions.

In terms of the development of health literacy skills in the healthcare workforce, it is recommended to

- systematically train health literacy and health promotion skills as part of the professional competencies of all healthcare providers and social workers,
- systematically train communication, conversation and empowerment skills as part of the professional competencies of all (future) healthcare providers and social workers, considering that time spent in communication is a time of care and cure,
- implement these professional skills in basic training curricula, further education and training,
- provide supporting tools [65].

6.1.3 Legislation, regulation and funding

To ensure sustainability in the pursuit of better health literacy, it helps to embed health literacy on a macro level into government legislation, policies and plans as well as into funding mechanisms. Examples include laws that regulate the competencies of healthcare organizations and professionals, school curricula, curricula for the education of healthcare professionals, the inclusion of health literacy criteria in quality and accreditation schemes, tying funding to these criteria and national health literacy reporting at regular intervals. When looking for suitable opportunities to embed health literacy, it is recommendable to be pragmatic and flexible. Especially when new processes are initiated (for example, when a new national quality scheme is established), it should be explored how health literacy can be built in.

Selected example: Austria

15a agreement: This agreement between the Austrian state and the federal states defines the joint priorities of the Ministry of Health, social insurance and federal states for a defined period. The priorities are negotiated every 4–5 years. Health literacy first became a topic in 2013 and has now been extended as a priority area for the next period 2024–2028.

Selected example: Germany

Paragraph § 20k was added to the Fifth Book of the German Social Code (SGB V), obliging health insurance organizations to promote the digital health literacy of their members.

Selected example: Norway

Regulations on national guidelines for health and welfare education have included health literacy as one of the mandatory learning outcomes.

As already pointed out, the increase in digital technologies is transforming health-care systems and people's access to information. Therefore, specific regulations regarding digital tools, the quality of apps/websites and their quality of information are recommended.

Selected example: Australia

Digital Health Content Regulation is addressed by the regulator Therapeutic Goods Administration (TGA); further regulations are produced by the Australian Commission on Safety and Quality in Health Care.

Selected example: England

England has several legislator bodies in place to regulate good health information: the Medicines and Healthcare products Regulatory Agency (MHRA), the National Institute for Health and Care Excellence (NICE) and the NHS. The NHS has produced a framework for evaluating health apps focusing on apps which are only used for educational purposes and only provide information. The NHS has also published a content style guide (https://service-manual.nhs.uk/content).

6.2 Health literate organizations and settings

> **"Health is created and lived by people within the settings of their everyday life: where they learn, work, play and love."** [66]

As people spend a good deal of their time in organizations and settings, they provide opportunities for reaching people where they naturally are to positively influence their health and health literacy. Health literacy can be integrated into existing organizational structures and processes in organizations. In this guide the focus is on the healthcare sector. However, settings such as schools, the workplace, marketplace or community settings also need to be considered as people make decisions about their health in different settings and need health information in these contexts as well [67].

Health literate healthcare organizations

The main actors on the meso level are various healthcare institutions like hospitals and primary care health organizations, community health organizations, private practices, health insurance funds, professional organizations and patient organizations. Based on the Ten Attributes of Health Literate Health Care Organizations [6], the Vienna Concept of Health Literate Healthcare Organizations has been developed, a comprehensive model with standards and indicators for self-assessment of organizational health literacy in health care organizations, and validated in a feasibility study [68].

Health literate schools

It is known that an individual's level of health literacy directly affects their capacity to follow healthcare recommendations and communicate health messages to other people. Therefore, educational interventions play a central role in promoting and strengthening health literacy. In addition, it is recommended to develop functional, interactive and critical health literacy skills by strengthening digital competencies, media competencies and the ability to recognize fake news.

Selected example: HeLit-Schools

In Germany, there is an elaborate model, the HeLit-Schools, adapting the "health literate organization approach" to school settings. The concept comprises eight dimensions, addressing aspects of organizational health literacy development including the organizational level (organizational policies and structures enabling health literacy development), the personal level (promoting student health literacy and in school staff), the classroom and education level (materials and principles for classroom learning) as well as networking and cooperating with relevant actors (parents) [69].

For further reading on health literate schools/health literacy in the educational setting, see Appendix 10.5.2.

6.2.1 How to support health literate organizations on a macro level

On a macro level, a variety of tools are available to support the implementation of health literacy in organizations (for example, assessment tools, guides, etc.). To be successful, it is also important to have support from health policy (macro level). Health policy should include organizational health literacy in national health targets or action plans and integrate organizational health literacy standards or indicators into healthcare accreditation systems [70].

Selected example: Finland

Finland has adopted health literacy as a compulsory part of the education system. The new curriculum was informed by health literacy standards which were incorporated to strengthen the overall understanding of health. For example, classes 7–9 focus on broad phenomena that correspond to real-life health literacy concerns. They were identified as (1) individual growth and development, (2) key resources for health and (3) the contribution of the community and society to health [71].

6.2.2 How to support health literate organizations on a meso level

Self-assessment

Self-assessment is a method that originally stems from organizational and quality development and has proven to be suitable for evaluating and developing an organization's health literacy. Based on an analysis of the current situation, strengths, weaknesses and potential for improvement are identified. Suitable further measures can then be planned. Most existing self-assessment tools were developed for healthcare settings such as hospitals, but also for pharmacies and primary care. Iin German-speaking countries, self-assessment tools have been developed and published for open youth organizations, communities, schools and the workplace setting as well [45].

Selected example: Self-assessment in healthcare organizations in M-POHL

The Vienna Health Literate Organization (V-HLO) self-assessment tool is a questionnaire for the quality managers of healthcare organizations [68]. Its objective is to determine the strengths and weaknesses of the organization in terms of health literacy. The tool is suitable for conducting a needs assessment to help hospitals raise awareness and formulate targeted actions to further strengthen their health literacy responsiveness. Building on the V-HLO, an international working group developed an international version, the "International Self-Assessment Tool for Organizational Health Literacy (Responsiveness) of Hospitals (SAT-OHL-Hos)", adapting it to different healthcare contexts using recent publications and feedback received from representatives of different national healthcare systems [72].

M-POHL initiated a project (timeline 2023–2027) that aims to promote and facilitate the self-assessment of organizational health literacy in hospitals and primary health care services/integrated services by developing, providing and disseminating organizational health literacy self-assessment tools. The SAT-OHL-Hos and a newly developed "International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC)" will be used for this purpose (https://m-pohl.net/). The SAT-OHL-Hos questionnaire has been translated into a number of languages and has already been piloted in Norway and Germany among other countries. For an overview of OHL tools and instruments, see Appendix 10.5.3.

Accreditation programmes and certification processes

The use of accreditation has many benefits for organizations such as quality control, highlighting successes, participating in a network, benchmarking, identifying possible developments and public relations.

Selected example: Health literate open youth work centres

In Austria, standards for health literate open youth work centres were developed, along with an accreditation programme. The accreditation process includes a self-assessment of the standards and an audit. Open youth work centres from all over Austria can apply to get certified on one of three levels: bronze, silver and gold. The certificate is valid for three years [73, 74].

For further examples of accreditation, see Appendix 10.5.4.

6.3 Individual interaction

On a micro level, actions focus on the interaction between patients and the healthcare system. Examples include staff training, on-site training or the provision of teaching materials for health literacy [34].

6.3.1 Training health literacy skills

Large-scale intervention: Communication skills training programmes for healthcare professionals

Communication training programmes for healthcare professionals are one of the most frequently used interventions associated with positive health-related outcomes [75]. Patient-centred and compassionate communication may have a positive impact on physiological and psychological health outcomes, health behaviour, healthcare quality, patient satisfaction, healthcare costs and healthcare provider quality [76]. Interventions to promote patient-centred care within clinical consultations such as communication skills training may significantly increase the patient-centredness of care [77]. Skills for communicating with patients in a patient-centred way can be taught and learned using structured communication models such as the Calgary-Cambridge Guides [78] and experiential learner-centred didactics [79–83]. Countries that have initiated large scale organization- or country-wide

communication skills training programmes building on such models include Australia, Austria, Denmark and Ireland [75, 84].

Training materials are an effective way to build and increase the knowledge and competency of the health workforce.

Selected example: Health Literacy Handbook

Health Literacy Handbook (Northern NSW, Australia): for health professionals and for all staff working in health to upgrade their knowledge, motivation and competency. The book offers a guide on health literacy strategies for health professionals and aims towards the emancipation of patients' enablement to make their best health decisions.

For further information on staff training and training materials, see Appendix 10.5.4.

6.3.2 Strengthening citizen involvement

In order to improve the population's health and organizational health literacy more effectively, greater patient engagement at all levels of the healthcare system is needed. Citizens and "individuals with lived experience" should be involved in developing political, policy and legal frameworks for the improvement of health literacy [26].

Citizen and patient involvement can be established on different levels [85]:

- Shared decision making on the micro level: Involvement of citizens in making good decisions regarding their own health treatment, prevention or health promotion. The focus is on empowering citizens and patients to become active and make good decisions for themselves.

Selected example: Ask Me 3®

Ask Me 3® is an educational programme that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.

- Collective decision making on the meso and/or macro level: Participation of citizens in collective decision making at organizational and policy levels, which can be carried out either by individual citizens or population groups (e. g. self-help organizations).

Selected example: Switzerland

SELF is a network platform to advocate for self-management promotion in the Swiss health service. It is coordinated by the Swiss Federal Office of Public Health (FOPH) and incorporates councils of affected people and their relatives in discussions and decision-making processes through their expertise. The goal of SELF is to identify needs and develop innovative approaches to further establish self-management in the Swiss health service.

The involvement of citizen in policy processes is still rare but there are some approaches to stimulate developments in this field. For examples and further reading on citizen involvement, see Appendix 10.5.5.

7.

Evaluation and monitoring

When taking action on health literacy, it is important to check whether defined milestones and aims are reached or whether amendments to strategies and plans are needed. This is why the literature emphasizes the need to strengthen the evaluation and monitoring of health literacy policies and programmes [86, 87]. It is useful to distinguish between evaluation and monitoring.

Evaluation assesses the feasibility, implementation quality and outcomes of specific interventions with a defined starting and ending point. In terms of methods and design, evaluations need to be tailored to the specificities of the interventions they observe. So far, only a few countries evaluate their health literacy actions comprehensively and nationwide. However, some evaluations of individual interventions are available [51]. For those thinking about starting an evaluation, it can be recommended to include an evaluation of processes and structures in the evaluation strategy rather than relying on outcome evaluation alone [49].

Monitoring, on the other hand, entails continuous observation and measurement of relevant indicators in order to detect the need for new action. One way to monitor developments in health literacy is through regular population surveys [52, 88]. Survey tools like those developed by M-POHL can help not only to identify the health literacy developments and needs of the population over time but also aspects of the healthcare system that represent specific health literacy challenges and therefore need improvement [89, 90]. An increasing number of countries are using health literacy surveys not only for an initial situation analysis (see Chapter 3) but also for monitoring purposes and to support the introduction and continuous development of strategies and interventions to improve health literacy on a national level. These include national action plans, alliances for health and the implementation of a variety of interventions in different settings and areas of life [33]. These health literacy monitoring systems can also be enhanced by including or connecting them to other indicators such as health, health equity and health behaviour on a population level.

Countries that participate in projects aiming at the international comparability of these surveys have the additional advantage of being able to determine whether the observed developments follow general international trends or whether they are country specific. This can be helpful for selecting areas of intervention.

Another way to support monitoring is by including health literacy indicators in ongoing quality management and performance assessments of healthcare organizations [6, 91] and in national quality reports.

8. Checklist

The checklist below follows the structure of this document and allows you to identify and address potential obstacles to addressing health literacy and to check what you, as a national policy maker/administrator, have already addressed for the proposed development phases in this guide.

Phase 1 – Situation analysis

1. Has your country already collected data on population health literacy and/or is your country planning to do so?

- ☐ Yes, once
- ☐ Yes, twice or more
- ☐ A survey is planned
- ☐ Not yet, without any concrete plans to do so
- ☐ Don't know

- ○ If yes:
  - ☐ For the whole population
  - ☐ For specific groups, namely

.....

.....

- ○ If yes:
  What tool was/will be used?

.....

.....

Was/Will the national survey (be) embedded in an international project to facilitate comparability?

- ☐ Yes
- ☐ No

Are there any specific obstacles to measuring population health literacy in your country?

.....

.....

2. Has your country already collected data on organizational health literacy and/or is your country planning to do so?

- ☐ Yes, once
- ☐ Yes, twice or more
- ☐ A survey is planned
- ☐ Not yet, without any concrete plans to do so
- ☐ Don't know

- ○ If yes:
  What tool was/will be used?

  .....

  .....

  Was/will the data collection (be) embedded in an international project to facilitate comparability?
  - ☐ Yes
  - ☐ No

  Are there any specific obstacles to measuring organizational health literacy in your country?

  .....

  .....

3. Has your country already performed a mapping of regulations, capacities, structures and processes about health literacy and/or is your country planning to do so?

- ☐ Yes
- ☐ No
- ☐ Don't know

- ○ If yes:
  What did/will the mapping cover?

  .....

  .....

  Are there any specific obstacles to mapping such information in your country?

  .....

  .....

4. Has your country already carried out a stakeholder analysis in relation to health literacy?

- ☐ Yes, on a national level
- ☐ Yes, on a regional or local level
- ☐ No
- ☐ Don't know

- ○ If yes:
  What aspects of health literacy? (e. g. professional health literacy)

.....

.....

5. Has your country already collected data on aspects of health literacy not covered in questions 1–4?

- ☐ Yes, on a national level
- ☐ No
- ☐ Don't know

- ○ If yes:
  What aspects of health literacy? (e.g. professional health literacy)

.....

.....

Phase 2 – Agenda setting

6. How would you currently rate the level of awareness of different stakeholders in regard to health literacy as a relevant topic for your country?

	Very low awareness									Very high awareness
Health policy and administration	○	○	○	○	○	○	○	○	○	○
Health professionals	○	○	○	○	○	○	○	○	○	○
The general public	○	○	○	○	○	○	○	○	○	○
Others, please specify	○	○	○	○	○	○	○	○	○	○

7. How would you currently rate the commitment to action on health literacy in your country?

	Very low commitment to action									Very high commitment to action
Health policy and administration	○	○	○	○	○	○	○	○	○	○
Health professionals	○	○	○	○	○	○	○	○	○	○
The general public	○	○	○	○	○	○	○	○	○	○
Others, please specify	○	○	○	○	○	○	○	○	○	○

8. Do you have an advocacy and stakeholder engagement strategy for improving health literacy?

☐ Yes
☐ No

○ If yes:
Can you provide a reference?

.....

.....

○ If yes:
Which of the following aspects are covered?

☐ Levels of population health literacy including groups in the population
☐ in need of specific support
☐ Areas of the health system that represent specific challenges to health literacy
☐ Suggestions for interventions to improve health literacy
☐ A clear story line
☐ Others, please specify

.....

9. What media and channels are used for agenda setting?

- ☐ Conferences
- ☐ Newsletters
- ☐ Websites
- ☐ Mass media
- ☐ Social media
- ☐ Targeted stakeholder communication
- ☐ Others, please specify

.....

10. Who is addressed by the agenda setting activities?

- ☐ Health policy and administration
- ☐ Decision makers in healthcare
- ☐ Decision makers in health and social insurance
- ☐ Health experts
- ☐ Stakeholder in sectors other than health
- ☐ The general public
- ☐ Others, please specify

.....

11. What actors are involved in the agenda setting process?

- ☐ Communication experts
- ☐ Networks or alliances
- ☐ Citizen and patient representatives

Phase 3 – Developing policies and strategies

12. Do you have a policy/strategy/action plan on health literacy?

- ☐ Yes
- ☐ No

- ○ If yes:
  Which one?

.....

.....

13. Is health literacy part of another strategy/action plan?

- ☐ Yes
- ☐ No

- ○ If yes:
  Which one?

.....

.....

Phase 4 – Implementation

14. Do your implementation activities focus on capacity building for health literacy?

- ☐ Yes, overall steering and coordination capacity
- ☐ Yes, workforce capacity
- ☐ Yes, research capacity
- ☐ Yes, legislation and financing frameworks to sustain health literacy capacities
- ☐ No

15. Do your implementation activities include the meso level (level of organizations)?

- ☐ Yes, hospitals
- ☐ Yes, primary healthcare
- ☐ Yes, other healthcare organizations (e. g. pharmacies)
- ☐ Yes, organizations in the education or youth sector
- ☐ Yes, workplaces
- ☐ Yes, others, please specify

.....

- ☐ No

16. Do your implementation activities support concrete activities in the areas of navigation, communication and information provision?

- ☐ Yes, navigation by .....
- ☐ Yes, communication by .....
- ☐ Yes, information provision by .....
- ☐ No, none of the above

Phase 5 – Evaluation and monitoring

17. Has your country performed any evaluations of health literacy capacities or interventions?

- ☐ Yes
- ☐ No

- ☐ If yes:
  Please specify .....
  .....

18. Is health literacy included in any form of regular health reporting/health system performance monitoring in your country? If yes, how?

- ☐ Yes, there are specific and regular health literacy reports
- ☐ Yes, health literacy is included in regular health assessments and reports
- ☐ Yes, there is a population health literacy indicator in national health system performance reporting
- ☐ Yes, there are organizational health literacy indicators in the national quality reporting of health organizations

Consider joining M-POHL

Better engagement between policy makers and the academic community would be helpful in gathering robust data to inform policy and to evaluate the effectiveness of policy-related activities [52]. The M-POHL Network of the WHO European Region brings together policy makers and academic researchers, providing an excellent opportunity to realize this [2, 92].

About M-POHL

M-POHL [2] currently has 23 participating member countries, five observer countries from the WHO European Region and, in addition, observers from Asian countries (as of 2023). As a WHO Action Network, M-POHL cooperates closely with the WHO/Europe. The vision of M-POHL is to enhance health literacy in the WHO European Region by ensuring the availability of high-quality and internationally comparative data to support evidence-informed policy decisions and targeted practice interventions. Its aims include

- supporting health literacy by strengthening the collaboration between research and policy,
- addressing personal health literacy among the general population and patients,
- institutionalizing regular, high-quality internationally comparative health literacy population surveys,
- addressing the health literacy friendliness of systems and organizations,
- supporting the collection and analysis of data on organizational health literacy (health literacy friendly structures and processes) and fostering evidence-informed policy and practice.

The second comparative European health literacy population survey, the HLS_{19}, was conducted in 17 countries in the WHO European Region [44, 93]. See also https://m-pohl.net/HLS19_Project.

The next health literacy population survey ($HLS_{24/25}$) will be conducted in 2024/25, allowing countries that already participated in the HLS_{19} to monitor and compare general health literacy and specific health literacy aspects. New countries from the WHO European region are invited to participate in the $HLS_{24/25}$ for the first time. See https://m-pohl.net/sites/m-pohl.net/files/inline-files/Factsheet HLS24_25_1.pdf.

The WHO Guide to tailoring health programmes using behavioural and cultural insights can provide inspiration for specific activities to support situation analyses [60].

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10.

Appendix

10.1 Approaching health literacy policies

The following documents provide further details on existing policies and strategies on health literacy and could be helpful in supporting policy actions.

Recommended literature	Description
Adrianenssens, J.; Rondia, K.; Van den Broucke, S.; Kohn, L. (2022): Health Literacy: What Lessons Can Be Learned from the Experiences and Policies of Different Countries. In: The International Journal of Health Planning and Management 37/2:886–901.	The aim of this article is to learn from current health literacy policies and action plans and to identify elements to consider for the development of national health literacy plans. Policies were analysed in six countries (Australia, Austria, Ireland, the Netherlands, Poland and Scotland (UK)). https://www.researchgate.net/publication/355987195
Trezona, A.; Rowlands, G.; Nutbeam, D. (2018): Progress in Implementing National Policies and Strategies for Health Literacy – What Have We Learned so Far? In: Int J Environ Res Public Health 15/7:1554.	The purpose of this study was to analyse a selection of existing policy documents for their strengths, limitations and themes and provide observations on their potential to improve health literacy and health outcomes. Six policies were selected for review: Australia, Austria, China, New Zealand, Scotland (UK) and the United States. https://www.researchgate.net/publication/326577266
Weishaar, H.; Hurrelmann, K.; Okan, O.; Horn, A.; Schaeffer, D. (2019): Framing Health Literacy: A Comparative Analysis of National Action Plans. In: Health Policy 2019/123:11–20.	Analysing data from policy documents and in-depth expert interviews, this paper identifies relevant frames developed to (1) define the problem of limited health literacy, (2) provide causal explanations, (3) rationalize why health literacy requires political action and (4) present solutions. https://pubmed.ncbi.nlm.nih.gov/30527962/

10.2 Situation analysis

There are numerous approaches on situation analysis. A wide range of information sources can be explored in a situation analysis, including population health data, health service utilization data, evaluation reports from previous studies, etc. A corporation with national research institutes can help to provide the necessary data for situation analysis. In our context population health literacy surveys and organizational health literacy assessments are critical and we recommend consulting the M-POHL network for further guidance (https://m-pohl.net/).

10.3 Agenda setting

10.3.1 National networks, alliances, platforms

Country	Description
Austria The Austrian Health Literacy Alliance	In 2014, the Austrian Health Literacy Alliance was founded as a steering body in order to strengthen health literacy in the Austrian population. A "core team" was established as a decision-making body consisting of members of the federal government, federal states, social security institutions and HiAP partners. The Alliance fulfils the following tasks: (1) supporting the sustainable development and establishment of health literacy in Austria, (2) promoting networking, collaboration and knowledge transfer, (3) coordinating measures between different political and social sectors, (4) fostering a common understanding of health literacy, spreading knowledge and facilitating innovation and (5) establishing monitoring and reporting and ensuring transparency and quality.
Czech Republic Institute for Health Literacy	Founded in 2016 on the basis of the Health Literacy Working Group of the Ministry of Health of the Czech Republic (established in 2014 to develop the Health 2020 programme). In addition to establishing the Institute, the Working Group initiated the Czech translation of the WHO monograph Health Literacy – the Solid Facts and carried out the Health Literacy Survey Czech Republic – 2015 (using the methodology of the European Health Literacy Project of the WHO Europe, 2009–2011) and the Alliance for Health Literacy network. The Institute for Health Literacy subsequently organized the first National Conference on Health Literacy – 2017, became a member of the European network M-POHL in 2018, conducted the Health Literacy Survey 2020 (using M-POHL's methodology) and launched the Organizational Health Literacy Project in the District Hospital of Mladá Boleslav in 2022.
Denmark The Danish Health Literacy Network	The Danish Health Literacy Network is affiliated with the Danish Society of Public Health and seeks to spread awareness of health literacy in Denmark. The Danish Health Literacy Network is open to all. Currently there are more than 300 members engaged in teaching, research and practice.
Germany Alliance for Health Literacy	The Ministry of Health launched the Alliance for Health Literacy in 2017 together with those responsible for self-governance within the German healthcare system. The common goal is to strengthen and further promote health literacy among the German population. The Alliance for Health Literacy includes 14 different organizations. They are obliged to develop new projects to improve health literacy. Three overarching thematic fields are especially highlighted: (1) more general health education (e. g. in schools, business, etc.), (2) easy-to-understand and scientifically sound health information (especially on the internet) and (3) better communication between doctors, healthcare professionals and patients ("speaking medicine").
The Netherlands The Dutch Health Literacy Alliance	The Dutch Health Literacy Alliance was created in 2010, as a spin-off of the European Health Literacy Project, to establish a more inclusive society by improving health literacy competencies for health and self-management in the population. It is a non-governmental voluntary network from the associative, academic and private sectors. The Alliance promotes the health literacy of citizens and supports health professionals in recognizing and addressing health literacy issues. The Alliance also promotes clear communication and plain language.
Norway Health Literacy Research Norway (HELINOR)	HELINOR was established in 2019. The network aims are to stimulate research and disseminate the latest knowledge within the health literacy field. It serves, therefore, as an arena for exchanging research experiences, ideas and expertise. At a minimum, the network aims to arrange one national health literacy conference and release two newsletters a year.

Country	Description
Portugal The Portuguese Health Literacy Society	The Portuguese Health Literacy Society was launched in 2022. It brings together health literacy experts and all those interested in this field to strengthen, build and give visibility to good practices and even more robust solutions for better access to, understanding and use of health resources by citizens as well as to improve the training of health professionals and organizations in the areas of health and elsewhere. This non-profit association has a scientific and educational goal. It pursues scientific, educational, technical, organizational, ethical and human purposes in the promotion, development and improvement of the practice of health literacy.
Spain The Spanish Health Literacy Network	The Spanish Health Literacy Network (Red española de alfabetización para la salud) acts as a professional network and coordinates national research and education-related efforts. It also offers tools such as publications and videos for improving national health literacy.
Sweden The Swedish Health Literacy Network	The network was initiated in 2022 by researchers and is run on a non-profit basis. The members meet at least four times a year and the network is open to anyone who is interested in health literacy (e. g. researchers, students, practitioners and people within different types of organizations). The purpose of the network is to promote knowledge and competence in terms of health literacy as well as collaboration between researchers and practitioners. Information about health literacy is disseminated, foremost through the Swedish website on health literacy and its newsletter.
Switzerland The Alliance Health Literacy	The Alliance Health Literacy was funded in 2012 by Public Health Switzerland, Health Promotion Switzerland, the Careum Foundation, the Association of Swiss Physicians FMH and MSD Merck Sharp & Dohme. As a platform, the Alliance Health Literacy networks actors from healthcare, science, education, politics, the economy and media to promote health literacy in Switzerland. It generates new impetuses, develops strategic concepts for promoting health literacy and supports the implementation of specific projects with partners inside and outside the Alliance.
United Kingdom Health Literacy UK	This is a multi-disciplinary group. The aim of the network is to advance research, theory, education and practice on health literacy with special attention to personal, social, economic and political implications.

10.3.2 International/cross-national coalitions

Coalition	Description
Asian Health Literacy Association https://www.ahla-asia.org/	The Asian Health Literacy Association was inaugurated in 2013 and focuses on supporting health literacy developments in Asia. The AHLA also hosts the Asian Health Literacy Conferences.
COVID-HL Network https://covid-hl.eu/	The COVID-HL Network was launched in February 2020 to explore how the COVID-19 pandemic has changed society, health and information management. Its focus lies on the health literacy of individuals and systems. The interdisciplinary network consists of more than 100 researchers, ranging from early career to experienced researchers, from more than 50 countries working in an open science and research community.
Francophone Health Literacy Network https://reflis.fr/	The Francophone Health Literacy Network is a cross-national interdisciplinary network of researchers in France, Switzerland and Belgium.

Coalition	Description
Health Literacy Europe https://www.healthliteracyeurope.net/	Health Literacy Europe grew out of the European Health Literacy Project in 2010. It hosts the European Health Literacy Conferences and supports health literacy endeavours in the European context.
Nordic Network https://nordicwelfare.org/pub/Health_Literacy/foreword.html	An informal Nordic network on health literacy was established among the Nordic health authorities in connection with the preparation of a report "Health literacy in the Nordic countries". With this report, the Nordic Welfare Centre wishes to introduce the concept of health literacy, providing country profiles for each Nordic country and providing examples of projects/initiatives as well.
The International Health Literacy Association (IHLA) https://www.i-hla.org/	The International Health Literacy Association was established in 2017 with the aim of uniting people working to promote health literacy around the world. Its goal is to create health literacy for all and it is supported by its own interest group.
WHO Action Network on Measuring Health Literacy in Populations and Organizations (M-POHL) https://m-pohl.net/	The WHO Action Network on Measuring Health Literacy in Populations and Organizations (M-POHL) focuses on measuring health literacy in Europe at both population and organizational levels. It was established in 2017 as an expansion of the first European Health Literacy Survey in 2011. M-POHL conducted the HLS_{19} European health literacy survey in 2019/2020. Its international coordination is based in Austria.

10.3.3 Awareness building and expert exchange

National	Event
Austria	Annual conference of the Austrian Health Literacy Alliance (research/practice). https://oepgk.at/terminkategorie/oepgk-konferenzen/
France	Les Rencontres de Santé Publique France is a yearly health conference in France that also focuses on health literacy aspects. https://www.rencontressantepubliquefrance.fr/
Germany	Annual congress of the German Society for Social Medicine and Prevention (DGSMP). https://www.dgsmp-kongress.de/
Switzerland	CAREUM Dialogue: an exchange event for stakeholders from German-speaking countries. https://careum.ch/veranstaltungen/fokus/careum-dialog
United States	Boston University Medical Campus: Health Literacy Research Conference (HARC) is an annual interdisciplinary research meeting on health literacy. https://www.bumc.bu.edu/healthliteracyconference/
	Health Literacy Month: Building Health Literacy Awareness Through Action. https://www.healthliteracymonth.org/hlm/hlm-home
International	**Event**
	The European Health Literacy Conference takes place irregularly in different European countries. https://www.healthliteracyeurope.net/history
	European Public Health Association (EUPHA) sessions devoted to health literacy. 16th European Public Health Conference: https://ephconference.eu/

International	Event
	The IHLA regularly offers webinars on health literacy for people around the world. https://www.i-hla.org/webinars
	The IHA's Health Literacy Conference is an annual event held virtually. https://hlc.iha4health.org/
	The Asian Health Literacy Association (AHLA) organizes an annual International Conference. https://www.ahla-asia.org/about/25.htm
	The International Union for Health Promotion and Education (IUHPE) organizes both regional and international conferences, which also include health literacy as a topic. https://www.iuhpe.org/index.php/en/overview
	M-POHL meetings (at least twice a year) including representatives from policy and research. https://m-pohl.net/mpohl_action_network
	The Who Regional Office for Europe's Community of Practice for Behavioural and Cultural Insights for Member States.

10.4 Policy development

10.4.1 National health literacy action plans and strategies

Country	Strategy
Australia National Statement on Health Literacy	Released in 2014, the national statement on health literacy has three strategic areas: (1) embedding health literacy into policies, procedures and practices of organizational systems, (2) ensuring effective communication between consumers and the health workforce and (3) integrating health literacy in education of all ages. National Statement on Health Literacy: https://www.safetyandquality.gov.au/
Czech Republic Action Plan for Health Literacy Development	The Health Literacy Action Plan is an instrument for implementing the Health 2020 programme in the Czech Republic and forms the basis of the National Health Literacy Development Plan. The Action Plan is based on the World Health Organization's Health 2020 programme, the Report on the Health of the Population of the Czech Republic and the National Strategy for Health Protection and Promotion and Disease Prevention. Its priorities are: (1) strategy for the continuous development of health literacy (preparation of the strategic document of the National Health Literacy Development Plan), (2) information (quality and accessibility, health literacy portal: https://www.nzip.cz/), (3) research and evaluation (internationally comparable methodology, HIA, EIA, SIA), (4) media (credibility and quality of information, training of journalists) and (5) community projects (e. g. Healthy City, Health Promoting School, Health Promoting Enterprise, Health Promoting Hospital, examples of good practice).

Country	Strategy
Germany National Action Plan Health Literacy	An expert committee has developed a national action plan to strengthen health literacy. The plan focuses on four areas of action and presents 15 specific recommendations to improve and strengthen health literacy in Germany. The national action plan on health literacy has enhanced health literacy on the health agenda in the German policy landscape. https://www.nap-gesundheitskompetenz.de/aktionsplan/
Ireland NALA Strategic Plan 2007–2010	The strategic plan published by the National Adult Literacy Agency (NALA) aims to connect health literacy issues to ongoing efforts to improve the competence and standards of healthcare settings being driven by the Health Information Quality Authority. In 2013, the health plan Healthy Ireland devoted one of its actions to the development of health literacy. https://www.nala.ie/publications/nala-strategic-plan-2007-2010/
Norway Strategi for å øke helsekompetensen i befolkningen 2019–2023	In 2019, the Minister of Health launched a Norwegian strategy to increase health literacy in the population. The strategy is primarily targeted at healthcare professionals and decision makers as well as patient and user organizations. It pursues a cross-sectoral approach, in particular the involvement of the health and educational sector. https://www.regjeringen.no/contentassets/97bb7d5c2dbf46be91c9df38a4c94183/strategi-helsekompetanse-uu.pdf
Portugal National Health Literacy Action Plan	The national action plan on health literacy aims to reach different parts of the population, including, for example, immigrant populations and temporary residents. The action plan focuses on four priorities: (1) adopting healthy lifestyles, (2) training for proper use, (3) promoting well-being and (4) promoting knowledge and research. https://academic.oup.com/eurpub/article/30/Supplement_5/ckaa165.1398/5915875?login=false
Scotland (**UK**) "Making it easy", "Making it easier"	There were two consecutive action plans in Scotland (UK) in 2014 and 2017. The second action plan focuses on four areas: (1) sharing the learning from "Making it easy" across Scotland (UK), (2) embedding ways to improve health literacy in policy and practice, (3) developing more health literacy responsive organizations and communities and (4) designing support and services to better meet people's health literacy levels. The national action plan has been helpful in embedding the principles of health literacy into other policies, which, in turn, are giving energy and movement to addressing health literacy. https://www.gov.scot/publications/making-easier-health-literacy-action-plan-scotland-2017-2025/
Turkey Health Literacy Action Plan 2022–2026	The Action Plan is carried out in cooperation with relevant stakeholders such as universities, the Turkish Statistical Institute, Turkish Radio Television, private TV and radio channels, other ministries and NGOs. Ministries and their regional organizations prepare projects related to health literacy falling within the scope of their duty and responsibilities. https://www.coe.int/en/web/bioethics/health-literacy-policy-mobilisation-and-capacity-building
United States The National Action Plan to Improve Health Literacy	Released in 2010, the Action Plan contains seven goals, each with identified strategies that will enable a variety of organizations and fields to improve health literacy from their particular angle. https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy

10.4.2 Integrating health literacy in other policies

Country	Examples: References to health literacy included in
Australia	• The National preventive strategy has an emphasis on better information.
France	• The National Health Strategy 2018–2022 includes several references to health literacy.
Ireland	• Sláintecare: a 10-year programme to transform Irish health and social care services. It is the roadmap for building a world-class health service. • The Healthy Ireland framework aims to improve the health and well-being of people in Ireland.
Israel	• Health literacy is part of the national directive on cultural appropriateness of the Ministry of Health. • Health literacy is part of the national strategy for health promotions.
Italy	• Digital health literacy is addressed in the Italian National Recovery and Resilience Plan (2021–2026).
Norway	• Health literacy and digital health literacy are essential achievement goals in the white paper on public health 2023–2027. • Health literacy and digital health literacy are among the main achievement goals towards 2030 in the National Strategy for e-health 2023–2030. • Health literacy is one of the main achievement goals in the white paper National Health and Hospital Plan 2020–2023. • Health literacy has been made a main goal or learning outcome in the National Curriculum Regulations for Norwegian Health and Welfare Education (RETHOS).
Spain	• Health literacy is part of the Strategy on Health Promotion and Prevention.
Switzerland	• NCD strategy. • Addiction prevention strategy. • Federal Council's health policy strategy 2020–2030.
United States	• The national strategy ("Healthy People") includes health literacy in its principles and objectives.

10.5 Implementation

The WHO Guide to tailoring health programmes using behavioural and cultural insights can provide inspiration for specific activities to support the development process of specific interventions [60].

10.5.1 Health literate schools

Recommended literature	Description
McDaid, D. (2016): Investing in Health Literacy. What Do We Know about the Co-benefits to the Education Sector of Actions Targeted at Children and Young People? Policy Brief 19, WHO Regional Office for Europe, Copenhagen.	This policy brief synthesizes what we know about the co-benefits of health literacy programmes for the education sector and outlines the evidence on how to secure such co-benefits. https://iris.who.int/handle/10665/331987
Okan, O.; Paakkari, L.; Dadaczynski, K. (2020): Health Literacy in Schools. State of the Art. Finland and Germany.	The aim of this SHE Factsheet is to provide an overview of current evidence on health literacy with a specific focus on schools, pupils and educational staff (including teachers, school principals and school staff). It intends to inform professionals and organizations working in and with schools. https://www.schoolsforhealth.org/sites/default/files/editor/fact-sheets/factsheet-2020-english.pdf
Sorensen, K.; Okan, O. (2020): Health Literacy of Children and Adolescents in School Settings.	This policy brief on health literacy in school settings was commissioned by the World Education Research Association. https://pub.uni-bielefeld.de/download/2942282/2942293

Examples of integrating health literacy into education

Country	Description
Australia	Health literacy is part of the Health and Physical Education propositions of the Australian F-10 Curriculum. It includes three different dimensions: functional, interactive and critical health literacy. https://www.australiancurriculum.edu.au/f-10-curriculum/health-and-physical-education/key-ideas/
England	Health literacy is part of the 2020 guidance "Relationships and sex education (RSE) and health education". This flexible guidance includes sex education, mental well-being and physical health. https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education
Finland	Finland has adopted health literacy as a compulsory part of the education system. The curriculum was informed by health literacy standards which were incorporated to strengthen the overall understanding of health. Due to this, for example, classes 7–9 focus on broad phenomena corresponding to real-life health literacy concerns. They were identified as: (1) individual growth and development, (2) key resources for health and (3) the contribution of the community and society to health.
France	Health literacy is an education course for pre-school to secondary students. It was introduced by the Ministry of Education in 2016 and emphasizes health education, prevention and protection.
United States	Health literacy is supported through the CDC's (Centers for Disease Control and Prevention) "National Health Education Standards (NHES)". Due to the absence of a national curriculum, the CDC's standards are used to define what students should know and do regarding their own health and that of their community. https://www.cdc.gov/healthyschools/sher/standards/index.htm

10.5.2 Tools and instruments for health literate organizations

Recommended literature	Description
WHO Regional Office for Europe (2013): Health Literacy – The Solid Facts. WHO Regional Office for Europe, Geneva.	The publication focuses on the health literacy friendliness of the various settings in which people live, play and work. https://iris.who.int/bitstream/handle/10665/326432/9789289000154-eng.pdf
Dietscher, C.; Pelikan, J. M. (2023): Organisationale Gesundheitskompetenz messen. In: Gesundheitskompetenz. Ed. Rathmann, K. et al. Springer, Berlin – Heidelberg. Pp. 1–12.	This article provides an overview of tools and instruments and serves as a primary source for the overview below.

The following table provides an up-to-date overview of tools and instruments regarding health literate healthcare organizations.

Hospitals and other stationary settings	Description
Health Literacy Environment of Hospitals and Health Centers (HLEHHC) (Rudd and Anderson 2006; Rudd et al. 2019)	The instrument is divided into two parts. Part A incorporates both self-assessment tools used for teams as well as guides for implementation chances. Part B consists of feedback instruments for patients and relatives.
Literacy Audit for Health Care Settings (Lynch 2009)	The instrument is a compact self-assessment tool for individuals. The assessment is part of a handbook which also incorporates suggestions for improvement. https://www.nala.ie/wp-content/uploads/2019/08/Literacy-audit-for-healthcare-settings.pdf
Enliven Organisational Health Literacy Self-Assessment Resource (Thomacos/Zazryn 2013)	The self-assessment is a practically oriented depiction of 10 attributes. https://cbrhl.org.au/wp-content/uploads/2020/11/YES-Enliven-health-literacy-audit-resource-Mar-2015.pdf
Health Literacy Review (Ministry of Health 2015)	This is not a concrete instrument but rather a methodical guide for an organizational review. Rather than questionnaires or checklists, other qualitative methods are recommended. https://www.health.govt.nz/system/files/documents/publications/health-literacy-review-a-guide-may15-v2.pdf
Health Literate Health Care Organization 10 Item Questionnaire (HLHO-10) (Kowalski et al. 2015)	The questionnaire incorporates 10 attributes and targets hospital staff. The evaluation is quantitative; comparisons between more than one organization and relations to patient data are possible. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4332719/
Wiener Konzept Gesundheitskompetenter Krankenbehandlungsorganisationen (WKGKKO) (Dietscher et al. 2015a)	The tool includes a guide for carrying out self-assessment in teams and a self-assessment tool for hospitals. The results offer a score which can be used to compare quantitative benchmarks with other facilities. For developing areas with the need for further development, the instrument offers a corresponding toolkit (Dietscher et al. 2015b). https://oepgk.at/website2023/wp-content/uploads/2018/10/selbstbewertungs-instrument-zum-wiener-konzept.pdf

Hospitals and other stationary settings	Description
Organisational Health Literacy Responsiveness (Org-HLR) self-assessment tool and process (Trezona et al. 2018, 2020)	Self-assessment here is described as one part out of three in the development of an organization (reflection, self-assessment, prioritization). Self-assessment is used as a basis for further prioritization and the choice of further measures. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3499-6
International Self-Assessment Tool for Organizational Health Literacy (Responsiveness) of Hospitals (OHL-HOS). SAT-OHL-Hos-v1.2-EN-international (International Working Group HPH & HLO 2019)	The tool includes a guide for self-assessment in seven steps. The answers are standardized; because of this, benchmarking is possible with other organizations. https://m-pohl.net/sites/m-pohl.net/files/inline-files/SAT-OHL-Hos-v1 0-EN-international_update1.1_1.pdf
Pharmacies	**Description**
AHRQ Health literacy tools for use in pharmacies (Jacobsen et al. 2007)	The instrument includes a guide for auditors. It is divided into four parts. The first part is a simple questionnaire, the second part is a questionnaire to be filled out by employees, the third part is a guide to evaluating focus groups and the fourth part is a guide to processing the results, communicating them and creating an action plan. https://www.ahrq.gov/health-literacy/improve/pharmacy/tools.html
Crystal Clear mark for pharmacies	The Crystal Clear mark recognizes pharmacies that deliver a health literacy friendly service to their patients. The mark is awarded to pharmacies where there is evidence of and commitment to providing a health literacy friendly service. Pharmacies answer 10 questions in an online assessment to show that they comply with 10 quality standards and provide evidence for this. The standards and questions look at communications, staff awareness and responding sensitively, policies and procedures and evaluating and improving. Examples are given in the document. It was developed by NALA, the Irish Pharmacy Union (IPU) and MSD and is supported by Healthy Ireland. https://www.nala.ie/health-literacy/crystal-clear-mark/
Primary care	**Description**
Primary Care Health Literacy Assessment from the Health Literacy Universal Precautions Toolkit (DeWalt et al. 2010; Cifuentes et al. 2015)	Self-assessment here is understood as part of organizational development. In the self-assessment process, users have the possibility to find certain implementation instruments in a toolbox if their assessment Is not applicable. https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html
North Western Melbourne PHN (2015) Primary Care Health Literacy Assessment Tool (2015)	The items are rated in a self-assessment through four categories. https://nwmphn.org.au/wp-content/uploads/2017/03/PHN-Health-Literacy-Questionnaire.pdf
Selbsteinschätzungsinstrument für Gesundheitskompetenz in Primärversorgungseinheiten (ÖPGK 2019)	The tool offers an Excel tool which can accumulate the results. For selecting and implementing improvement measures, corresponding instruments are linked together. https://oepgk.at/website2023/wp-content/uploads/2023/04/selbsteinschaetzungsinstrument-pve.pdf
Organizational Health Literacy Self-Assessment Tool for Primary Care (OHL Self-AsseT) (DeGani 2020)	Alongside self-assessment, this instrument also offers a manual and a guide for implementation. https://www.mdpi.com/1660-4601/17/24/9497
Individual relevant organization health literacy dimensions	**Description**
Communication Climate Assessment Toolkit (C-CAT) (Wynia et al. 2010)	The tool includes corresponding questionnaires for patients and staff. The evaluation is done following both patient and staff answers. The instrument is standardized and thus can be used for benchmarking between organizations. https://hscrc.maryland.gov/documents/md-maphs/wg-meet/ce/06-30/6-Communication-Climate-Assessment-Toolkit.pdf

Individual relevant organization health literacy dimensions	Description
Consumer Assessment of Health Providers and Systems (CAHPS) Health Literacy Item Sets (Agency for Healthcare Research and Quality 2011)	The tool incorporates standardized questions for patients, which can be evaluated quantitatively. https://www.ahrq.gov/cahps/surveys-guidance/item-sets/literacy/index.html
Patient Education Materials Assessment Tool (PEMAT) (Shoemaker et al. 2014)	The questionnaire is made for patients and evaluates communication and information quality. https://www.ahrq.gov/health-literacy/patient-education/pemat.html
Primary Care Practice Screener (HLPC) (Altin et al. 2015)	The questionnaire is theory-based based on a literature review, research consultation and cognitive tests of patients. https://pubmed.ncbi.nlm.nih.gov/15343421/

10.5.3 Accreditation

Country	Description
Australia NSQHS Standards	The primary aim of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health service provision. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services. The Partnering with Consumers Standard refers to health literacy and recognizes the importance of involving patients in their own care and providing clear communication to patients. https://www.safetyandquality.gov.au/standards/nsqhs-standards
Austria Health literate open youth work centres	In Austria, standards for health literate open youth work centres were developed, along with an accreditation program. The process to obtain accredited includes a self-assessment of the standards and an audit. Open youth work centres from all over Austria can apply to become certified on one of three levels: bronze, silver and gold. The certificate is valid for three years. https://www.gesunde-jugendarbeit.at/
England The Information Standard, Accessible Information Standard	The Information Standard is made up of six principles, each supported by quality statements informed by best practice. These are designed to show that your organization has a process in place to produce and sustain good quality, evidence based health and care information. https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/
	The Accessible Information Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/
United States The Joint Commission	The joint commission is a nonprofit organization based in the United States that accredits healthcare organizations and programmes. https://www.jointcommission.org/

10.5.4 Training health literacy skills

Large-scale communication skills training based on the Calgary-Cambridge Guide

Country	Description
Australia	In Australia, the programme Your Thoughts Matter was initiated by the Centre for Organisational Change in Person-Centred Healthcare at Deakin University. The first phase was targeting health organizations within Victoria, Australia. The overarching objective of the programme is to ensure that core communication skills are consistently delivered on each and every encounter by all staff members, both clinical and non-clinical.
Austria	In Austria, the programme is part of a national multi-modal initiative, the Austrian Health Literacy Alliance addressing health professionals in different healthcare settings. To guarantee high quality and consistency, a set of ÖPGK-tEACH standards for certification have been developed. Certified communication skills trainers become members of a national trainer network and have to meet defined duties. https://oepgk.at/wp-content/uploads/2022/03/upscaling-communication-skills-training.pdf https://oepgk.at/oepgk-trainernetzwerk/
Denmark	In Denmark the communication programme was initiated within one hospital organization incorporating three hospitals using a model that provided all clinical departments with trainers at the three hospitals. The Danish Association of Communication in Healthcare, which is responsible for quality and consistency, has established a network for communications skills trainers with and without certification.
Ireland	In Ireland, the communication programme was initiated by the National Health Services Executive (HSE) targeting acute hospitals in Ireland.

Further reading on these programmes:
https://www.sciencedirect.com/science/article/pii/S0738399120304596

Resources:
- Website of the International Association for Communication in Healthcare: https://each.international/
- Evidence snapshots on big issues in healthcare communication serve as ready-to-use summaries: https://each.international/projects/policy-practice-projects/

Selected staff training programmes

Country	Description
England	The Personalised Care Institute (PCI) sets standards for evidence-based personalized care training, provides a robust quality-assurance and accreditation framework for training providers and commissioners along with a central learning hub for health and care professional learners. https://www.personalisedcareinstitute.org.uk/
Italy	Training on health literacy for medical and non-medical professionals working in the national health service: Italy has conducted courses on health literacy principles attended by healthcare and administrative professionals already working in healthcare structures that have been included into the continuing medical educational programme (CME, mandatory in Italy). A short-term evaluation was conducted by testing acquired knowledge at the end of the courses.
	Specific mandatory courses on health literacy for all students attending bachelor and master university degrees in medical areas: The theme of health literacy was introduced to the public health course as part of the majority of bachelor and master university degrees in medical areas at the University of Florence. A short-term evaluation was conducted by testing the knowledge at the end of the courses.

Country	Description
Sweden	The MILSA Educational Platform for civic and health communicators is a nationwide initiative. Approximately 200 educators are taking part in the communication efforts. In 2020, the first round of in-depth mental health and well-being courses were offered. These skills were used to support newly arrived migrant with a refugee background to lead supportive conversation groups.
Switzerland	PEPra is an information platform to support prevention in everyday practice. The platform provides evidence-based tools and communication methods such as motivational interviewing for doctors and professionals. https://www.pepra.ch/de/beratung-kommunikation
Sweden, Finland, Denmark, Norway	Skills4HL is a digital education project which aims to educate and train health and social care professionals in promoting health literacy capacity building when supporting persons at risk of dementia to develop health literacy skills. https://ki.se/en/nvs/skills4-health-literacy
International	The International Health Literacy Association (IHLA) offers the Health Literacy Specialist certificate programme (IHA). The programme is structured as an online course consisting of 50 lessons across seven health literacy domains (Community engagement, language, culture and diversity, communication, organizational systems and policies, ethics, public health, education). On completion participants earn the Health Literacy Specialist (HLS) Certificate.

Training materials on health literacy

Country	Description
Australia	Health Literacy Handbook (Northern NSW, Australia) for health professionals and all staff working in health to upgrade their knowledge, motivation and competency. The book offers a guide on health literacy strategies for health professionals and also aims towards the emancipation of patients' own enablement of making their best health decisions. https://cbrhl.org.au/wp-content/uploads/2020/11/Northern-NSW-Health-Literacy-Handbook.pdf
England	The National Health Service (NHS) offers a range of online training materials. It offers different eLearning resources, self-assessment tools and templates which are regularly updated through the NHS training community and the Training Quality Improvement (TQI) team. The NHS trainer can share good practice and documents and can also train new trainers. While these services do not predominantly focus on health literacy, they still integrate important attributes of health literacy in their efforts. https://digital.nhs.uk/services/training-quality-improvement/education-and-training-standards-and-benchmarking/resources-for-training-professionals
Germany	A collection of materials and methods for consumer and patient counselling for target groups with low health literacy. The collection of materials and methods is intended to contribute to improving information and advice for people with limited health literacy. An important goal is to raise awareness about the issue of low health literacy. At the same time, the presented tools and methods are designed to provide concrete assistance in assessing literacy and health literacy as well as in planning and implementing tailored interventions as needed. https://pub.uni-bielefeld.de/download/2908199/2909623/mms_gesundheitskompetenz_lq_170321.pdf
Norway	Teaching book on health literacy: Members of HELINOR authored an upcoming teaching book on health literacy in Norway. The book was written for multidisciplinary masters' students but is also considered suitable for bachelor and PhD students.
United States	The federal Agency for Healthcare Research and Quality (AHRQ) has a site with free training resources for health professionals. Especially their training for Pharmacy Health Literacy Practices highlights health literacy through different suggestions and methods, such as improving communication or increasing awareness of health literacy in pharmacies. https://www.ahrq.gov/health-literacy/professional-training/pharmacy/index.html

10.5.5 Strengthening citizen involvement

Recommended literature and models	Description
WHO Framework for Meaningful Engagement	The overall objective of the framework is to support the WHO and Member States in the meaningful engagement of people living with NCDs as well as mental health and neurological conditions (referred to as "individuals with lived experience") to co-create and enhance related policies, programmes and services. https://iris.who.int/bitstream/handle/10665/367340/9789240073074-eng.pdf?sequence=1
Self-Care Literacy: Empowering People, Organizations and Systems to Maintain and Promote Self-Care for Health and Well-Being	The Global Self-Care Federation published a policy brief on self-care literacy with the aim of empowering people, organizations and systems to promote self-care for health and well-being. It provides policy recommendations on how to enhance self-care in populations in collaboration with relevant actors in the health sector and beyond. https://www.wsmi.org/sites/default/files/media/documents/2023-04/GSCF Health Literacy Policy Brief 13042023.pdf
Guide to Health Literacy: Contributing to Trust Building and Equitable Access to Healthcare	The Council of Europe in Strasbourg published a Guide to Health Literacy to enhance equitable access to health. It highlights the role of professionals and decision makers in empowering citizens and making health services more inclusive based on health literacy as a human right. https://rm.coe.int/inf-2022-17-guide-health-literacy/1680a9cb75
Patient Partnership Model	The University of Montreal's Faculty of Medicine developed a patient partnership model which is based on the recognition of a patient's experiential knowledge gained from living with a disease that is complementary to the health professional's scientific knowledge. This partnership is part of a continuum of patient engagement and can be applied in healthcare, professional training, education and research settings. https://www.spectra-online.ch/en/spectra/topics/engaging-with-patients-at-all-levels-799-10.html

Country examples

Country	Examples/description
Switzerland, Liechtenstein	Switzerland and Liechtenstein provide a peer-to-peer, low-threshold citizen engagement project with their "Femmes-Tische" and "Männer-Tische". These are roundtables that integrate mostly migrant communities and where moderators have the same cultural background as the participants. They are held in over 20 languages and offer the possibility to obtain important information on health (literacy) topics and strengthen the participants' social network and personal resources. The project reaches up to 15,000 people a year and is a best-practice example in developing a peer-to-peer citizen-engagement strategy. https://www.femmestische.ch/de/home-1.html
Scotland (UK)	"Making it easier" proclaims a shift from health literacy communication efforts towards better self-managements of citizens' health and well-being. https://www.gov.scot/publications/making-easier-health-literacy-action-plan-scotland-2017-2025/