Implementing health literacy policies and interventions

Results of an exploratory survey conducted within M-POHL member countries

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Background

Health literacy (HL) is increasingly recognized as an important relevant health determinant, and surveys have repeatedly demonstrated that low health literacy is widespread in Europe (Baccolini et al. 2021). Therefore, fostering HL has become a global priority in relation to improving health promotion, disease prevention and the quality and outcomes of healthcare (Kickbusch et al. 2013; WHO 2016).

HL is a multi-dimensional concept with overlapping and context-specific definitions (M-POHL 2023). Regarding its projects, the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL) developed an umbrella definition of HL (based on (Kwan et al. 2006; Nutbeam/Muscat 2021; Parker/Ratzan 2010; Sørensen et al. 2012; The HLS19 Consortium of the WHO Action Network M-POHL 2021; WHO 1986).

M-POHL's umbrella definition of HL (M-POHL 2025):

HL refers to the extent to which people are able to access, understand, appraise, and apply information in all its forms, communicate about health concerns, and make appropriate use of services to improve their health and well-being, prevent and manage illness, and support others in these matters or make decisions on their behalf.

HL is influenced by the social, cultural, and organizational contexts in which people grow up, learn, work, live, receive care and age. It results from the interaction between personal motivation, individual competencies and the accessibility, understandability, quality and user-friendliness of health-related information and services, and the support available to address health challenges.

M-POHL aims to improve HL in the WHO European Region by providing high-quality data on population and organizational HL and developing data- and evidence-informed recommendations to support evidence-based political decisions and targeted interventions.

The EVPOP project

In addition to data, HL action needs concrete tools to draw on. Therefore, M-POHL's project on Evidence-based Policy and Practice (EVPOP) was initiated with the aim of collecting and synthesizing evidence on effective policies and interventions.

As a first step, EVPOP created a policy guide (M-POHL 2023) that follows the logic of the well-known Public Health Action Cycle. The cycle has five steps, starting with situation analysis, continuing with agenda setting, policy development, policy implementation, evaluation and monitoring (see Figure 1). By that, EVPOP supports M-POHL member countries in creating HL responsive ecosystems to comprehensively and sustainably improve population HL in their countries.

Figure 1: Public Health Action Cycle
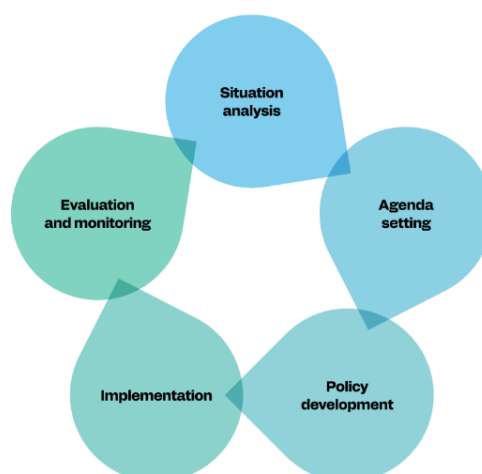
Source: M-POHL (2023)

To facilitate countries using the EVPOP Policy Guide, it comes along with a checklist that supports the assessment of each step. To gain insights into where M-POHL member countries stand in relation to their HL policy journey, an exploratory survey was conducted using this checklist amongst M-POHL member countries. M-POHL member countries typically participate in the network with a national research representative and a national policy representative. Especially the latter were invited to participate in the survey.

- Data was collected between February 27 and July 15 2024.
- An invitation to participate was sent to the M-POHL Policy Representatives.
- Of the 27 M-POHL members, 14 countries participated in a web survey (Austria, Czech Republic, France, Germany, Hungary, Ireland, Netherlands, Norway, Russian Federation, Serbia, Slovenia, Sweden, Switzerland, Ukraine); two observing countries also submitted data (Greece, Latvia), resulting in a total of 16 participating countries.
- Data was descriptively analyzed. The results are summarized in this factsheet and will be used to support mutual learning and counselling within M-POHL.

Key results at a glance

- **Situation analysis**: The majority of the participating countries have already collected data on the HL of the population at least once. Thus, situation analysis is currently mostly focused on personal HL. The analysis of organizational HL is an emerging topic.
- **Agenda-setting**: Most countries have agenda-setting activities for HL in place, but only a minority do agenda-setting on a strategic level. The focus is primarily on different stakeholders within the healthcare sector.
- **Policy development**: Most countries reported having policies in place that address HL somehow. While stand-alone HL policies are sparse, HL is typically included in national strategies or action plans such as NCD strategies.
- **Implementation**: The majority of implementation activities were reported to take place in healthcare organizations (such as primary care, hospitals). Action in other sectors (such as education or media) is sparse.
- **Evaluation and monitoring**: Evaluation and monitoring of HL activities and outcomes is still in the beginning.


Detailed results

Step 1. Situation analysis and initial awareness rising

In the sense of "no therapy without diagnosis", the EVPOP Policy Guide defined conducting a country-specific situation analysis as the first step in creating a HL responsive ecosystem. The aim of the situation analysis is to identify areas of specific concern that should be prioritized in concrete actions. The guide recommends focusing the analysis not only on the current level of HL in the population (for example, by participating in an M-POHL population HL survey), but to also address organizational HL and the existence of specific national regulations, capacities, structures and processes to foster HL.

According to the EVPOP survey,

- the majority of the 16 participating countries (13) have already collected data on the HL of the population at least once. Of these, representative population data at national or regional levels were collected in 12 countries, and data on the HL of specific population groups such as children and adolescents, students or patients were collected in eight countries. All 13 countries that had already collected representative population data did so in the context of international surveys.
- five countries have also collected data on organizational HL (OHL) at least once, thus also focusing on the responsiveness of healthcare organizations to the HL needs of their patients or clients. Five more countries reported planning OHL assessments. All 10 countries that already had or are planning to conduct OHL assessments reported their assessments being related to the M-POHL OHL project.
- five of the 16 countries have already carried out an analysis of relevant stakeholders for HL on a national level.
- only four countries have already performed a mapping of HL regulations, capacities, structures or processes. The mappings covered, amongst others, existing legal regulations, activities and projects, and the existence of HL action plans and strategies. Of the 12 countries that had not yet carried out such mappings stated a lack of resources or the difficulty of gaining an overview in light of distributed competences as the main reasons.

Figure 2: Number of countries that have performed or planned HL situation analyses (n = 16)
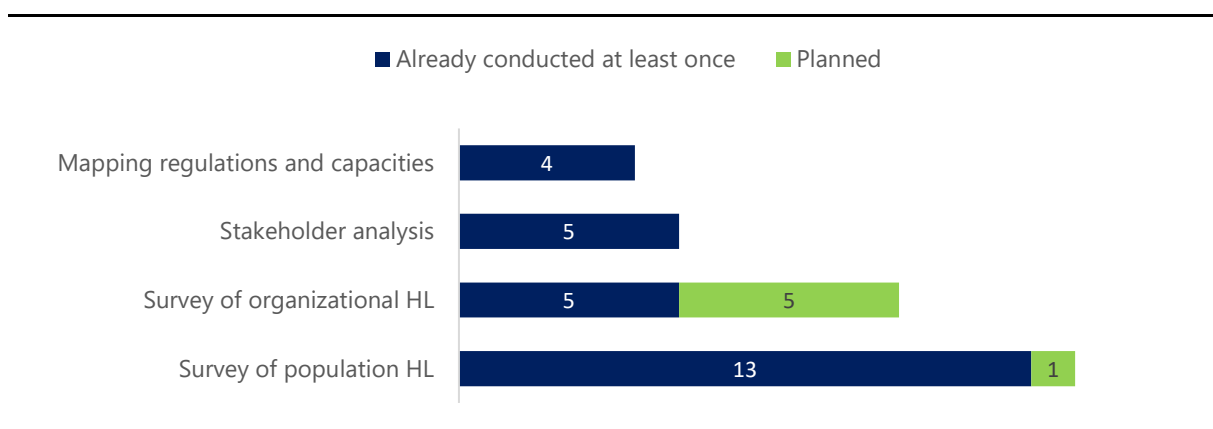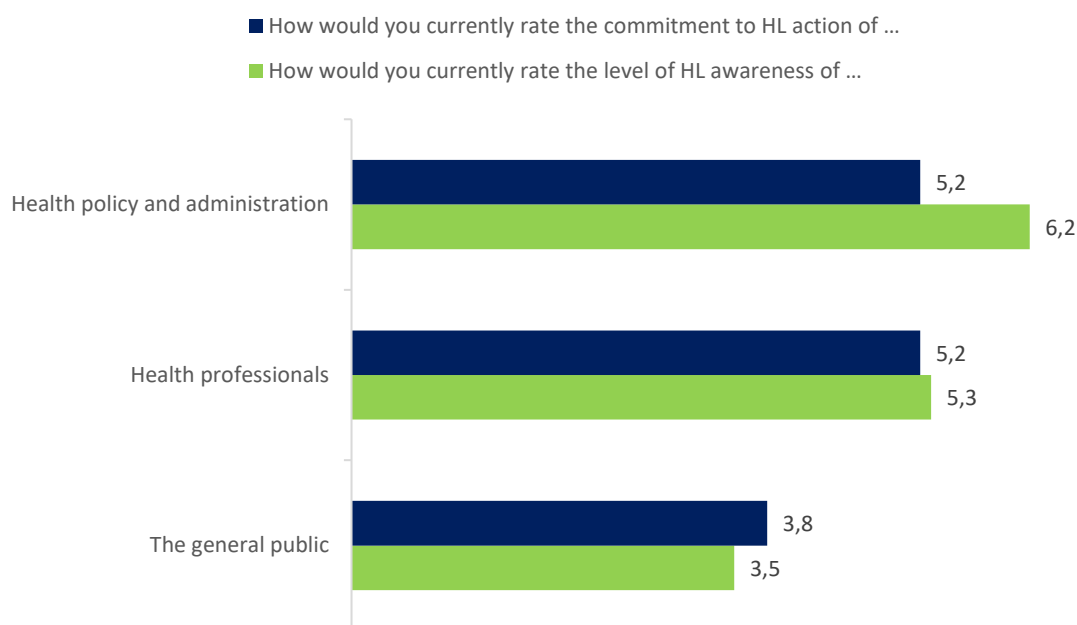

Source: M-POHL EVPOP survey 2024

Step 2 Agenda setting

The EVPOP guide recommends using the results of the situation analysis to identify areas for improvement and to establish a sense of urgency and awareness amongst relevant stakeholders for the identified areas. Stakeholder commitment and involvement is considered essential for putting HL on the political agenda, for prioritizing concrete interventions and taking actions.

According to the EVPOP survey,

- the majority of the participating countries (14 of 16) do use selective activities for awareness-raising: 13 countries respectively disseminate information via conferences and websites, 12 have targeted stakeholder communication activities, eight respectively use newsletters and social media and five use mass media.

- main addressees of activities are health experts (13 countries) and decision-makers in healthcare (12 countries), followed by health policy and administration (ten countries), non-health sector stakeholders and/or decision makers in health and social insurance (eight countries) and the general public (five countries).

- seven out of 16 countries reported having an explicit advocacy and stakeholder engagement strategy in place.

- the perceived levels of awareness for HL and commitment to HL actions by defined stakeholder groups, were highest among health policy and administration (compare Figure 3).

Figure 3: Perceived HL awareness and commitment to HL actions in participating countries (n = 10-13); mean values ranging between 0 (no awareness/commitment) and 10 (highest awareness/commitment)


■ How would you currently rate the commitment to HL action of …

■ How would you currently rate the level of HL awareness of …

Health policy and administration: 5,2 / 6,2
Health professionals: 5,2 / 5,3
The general public: 3,8 / 3,5

Source: M-POHL EVPOP survey 2024

Step 3 Strategy and policy development

Based on a country's specific needs as defined by the situation analysis, and considering stakeholder priorities, the EVPOP guide recommends developing specific HL strategies and policies to strengthen systematic activities to improve HL. Of the 16 countries that responded to the EVPOP survey, 13 countries reported that HL is part of other national strategies or action plans such as broader healthcare, health promotion and prevention strategies, or strategies focusing on NCDs, e-health or patient safety. Four countries responded having specific HL strategies or action plans in place (compare Figure 4).

Figure 4: Number of countries that have HL strategies/action plans (n=16)

HL embedded in other strategies / action plans: 13
Specific HL strategy / action plan: 4
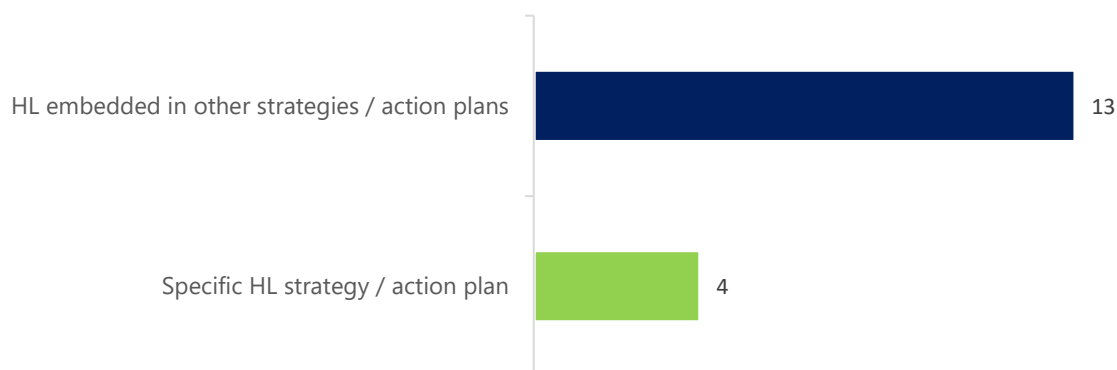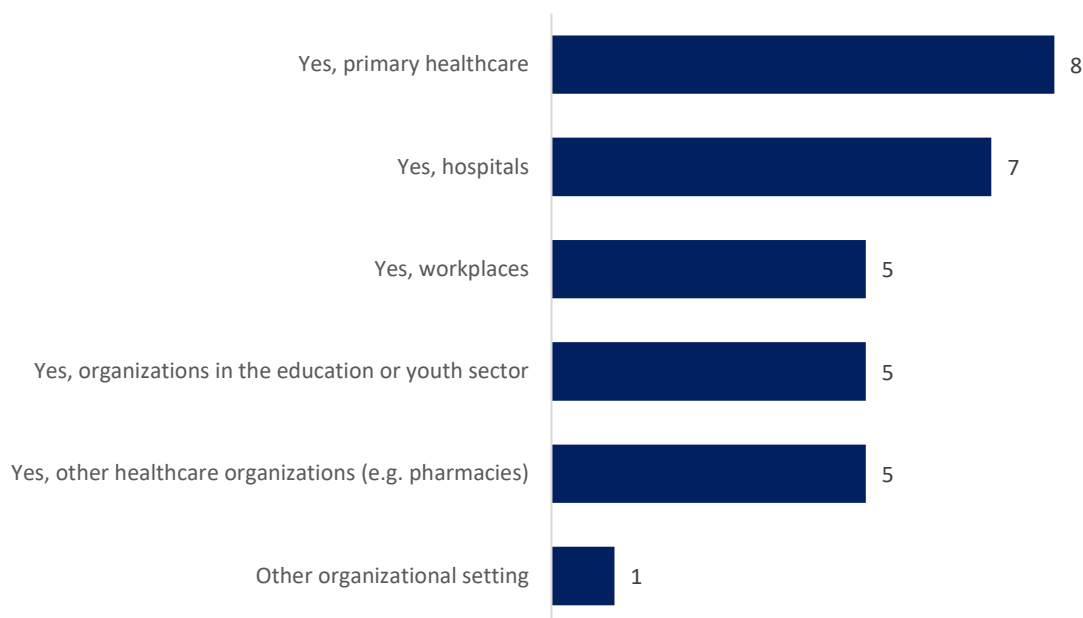
Source: M-POHL EVPOP survey 2024

Step 4 Implementation

Improving HL requires interventions in various sectors and on different levels: (i) the macro or health systems level that can support HL via specific regulations (compare step 3); (ii) the meso or organizational level where concepts like health-literate organizations can be applied; and (iii) the micro level which is about specific activities on the one-to-one level. It is important that activities fit the identified areas for action, are supported by stakeholders, and are connective to national aims and goals. It is also recommended that interventions are developed in collaboration with their target groups. Therefore, there is no "one size fits all" strategy for its implementation. In many cases interventions are interwoven and even more effective when combined.

Step 4 of the EVPOP guide focuses on implementation activities on the meso level or organizational level. This is because strategies and policies from step 3 typically target this level, and the HL of people can best be addressed through organizational structures and processes.

According to the EVPOP survey, nine countries reported some activities on the organizational level. Of these, by far most activities were reported for healthcare organizations. Primary care was addressed in eight countries, hospitals in seven countries and pharmacies in five countries. Five countries respectively reported activities in education and youth settings or workplaces (compare Figure 5).

Figure 5: Number of countries that implemented activities in organizational settings (n=14)

Step 5 Evaluation and monitoring

The Public Health Action Cycle is closed by checking whether defined milestones and aims are reached or whether amendments to strategies, plans and actions are needed to start the circle anew. Therefore, evaluation and monitoring should be built into national HL activities.

According to the EVPOP survey, only four of the responding countries have already performed an evaluation of HL capacities or interventions at least once. Examples include an evaluation of the activities and performance of a national HL alliance, the evaluation of communication training of health professionals, and teach-back methods for digital skills.

Countries were also asked whether HL indicators are used in national health reporting frameworks or health system performance assessments. Four countries reported that HL is used as an indicator in health system performance monitoring, and in three countries it is part of regular health reporting (compare Figure 6).

Figure 6: Number of countries that implemented HL indicators in national health reporting (n = 12)
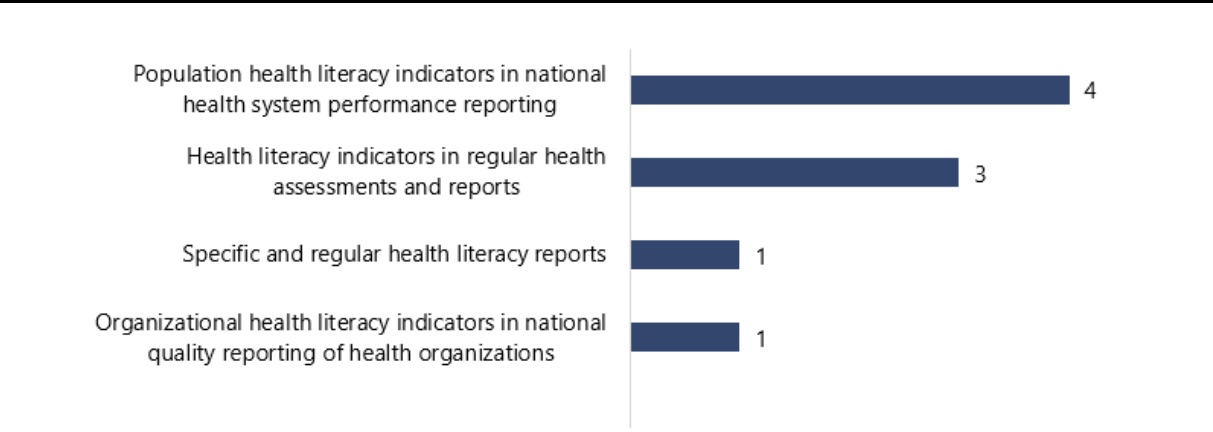
Source: M-POHL EVPOP survey 2024

Limitations

This survey was exploratory. It is based on a self-administered questionnaire which was completed by M-POHL Policy Representatives to the best of their knowledge. Thus, there was one response per country and some information may not have been provided. However, the M-POHL Policy Representatives can be considered the best experts for this type of survey in their countries.

Conclusion

The EVPOP survey demonstrates that the majority of M-POHL member countries that participated in the survey are well aware of the relevance of HL policies. Situation analysis is well underway with practically all countries focusing on population HL levels, and organizational HL being an emerging topic. However, when it comes to strategic stakeholder involvement, strategy and policy development, and the implementation, evaluation and monitoring of concrete actions, there is room for improvement.

Following up on the EVPOP Policy Guide „Health literacy policies – how can they be developed and implemented?", the EVPOP project will continue to provide targeted support to M-POHL member countries in light of the survey findings.

Literature

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