

# Measuring population and organizational health literacy

From HLS-EU to M-POHL and HLS<sub>19</sub>

J. Pelikan<sup>1\*</sup>, C. Dietscher<sup>2</sup>, J. Bobek<sup>1</sup>, P. Nowak<sup>1</sup>

<sup>1</sup> Gesundheit Österreich GmbH

<sup>2</sup> Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz

\* Corresponding author: Gesundheit Österreich GmbH, Stubenring 6, AT-1010 Vienna; e-mail address: [juergen.pelikan@goeeg.at](mailto:juergen.pelikan@goeeg.at)

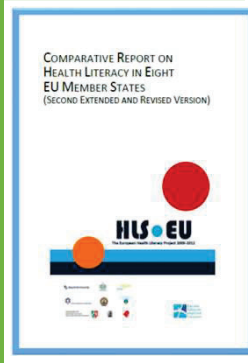
## Measuring health literacy – an introduction and the European Health Literacy Project 2009-2012 (HLS-EU)

### Trends of evolving concept and instruments of HL

- Broadened understanding of
  - “Health”: Disease & positive health and wellbeing
  - “Literacy”: Literacy & other cognitive information /communication competences
  - Roles & tasks: Patient role & other roles in everyday life
- Internal differentiation of HL for specific contexts & contents
- Relational / interactive /contextual /dual understanding of HL > measure and develop also organizational HL

### Different approaches to measure HL

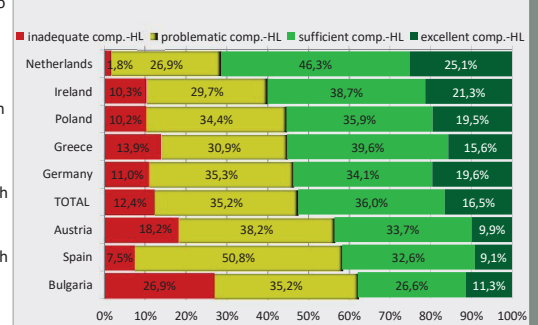
- Personal vs. systems HL
- Individual vs. population HL
- Functional vs. interactive vs. critical vs. comprehensive HL
- General vs. specific HL
- Performance based tests vs. perception based questionnaires
- Measurement of population HL in Europe rather late and sporadic, e.g. HLS- CH (2006), before HLS-EU
- Measurement of organizational / systems HL rather early in Europe



### Main results of HLS-EU

- Considerable proportions (1/3 to 2/3) of EU citizens have limited HL.
- There is a social gradient of HL.
- H is associated with healthy life styles (mainly physical exercise and BMI).
- HL is associated with self-reported health.
- HL is associated with extent of use of health care services.

### Percentage Distributions of HL Levels for Countries and Total Sample



### The HLS-EU Consortium ...

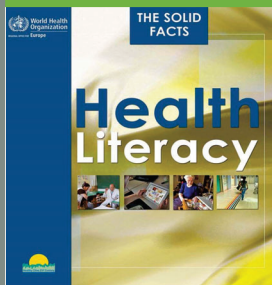
- provided an integrated comprehensive model and definition of personal HL based on existing models and definitions
- developed an instrument to measure personal HL (HLS-EU-Q47) and relevant determinants and consequences of health literacy (HLS-EU-Q86)
- measured HL in 8 European countries (AT, BG, DE, EL, IE, NL, PL, ES) using probability samples of each 1000 EU citizens aged 15+ by personal interviews
- distributed results by a Comparative Report, journal articles and numerous presentations

### HLS-EU survey results ...

- stimulated follow-up population studies in European countries (Albania, Belgium, Denmark, Czech Republic, Germany, Hungary, Israel, Italy, Kosovo, Malta, Norway, Portugal, Switzerland) and in Asia (Indonesia, Japan, Kazakhstan, Malaysia, Myanmar, Taiwan, Vietnam) using HLS-EU methodology and instruments
- stimulated health policy in some countries to take measures to improve HL (cf. Solid Facts, EU-report, HEN Report)
- encouraged some countries to include HL into their health targets, define specific action plans for HL, install specific infra-structures (platforms, alliances, centers) for HL

## WHO's Health Literacy – The Solid Facts (2013)

### The Solid Facts – Health Literacy



#### Contents

Foreword	36
Contributors	37
Introduction	38
<b>A. Making the case for investing in strengthening health literacy</b>	<b>4</b>
1. European Health Literacy Survey	4
2. Health literacy – a key determinant of health	7
3. Example: non-communicable diseases	10
4. Example: health literacy – an unmet need and equity challenge	13
5. Example: migrants and minorities	19
6. Example: health literacy in disadvantaged communities	22
7. Example: health literacy in health care settings	24
<b>B. Taking action to create and strengthen health literacy – friendly settings</b>	<b>26</b>
8. Health literacy is a key attribute of a healthy city	26
9. Attributes of health literacy-friendly organizations	28
10. Educational settings	28
11. Multisectoral and community settings	29
12. Workplace settings	29
13. Health care settings	29
14. Example: adherence to medication	30
15. Example: programmes for self-managing chronic disease	30
16. Digital and communication	30
17. Social marketing and health communication	30
18. Social marketing and health communication	30
<b>C. Developing policies to promote literacy at the local, national and European Region levels</b>	<b>63</b>

#### The Solid Facts ...

- used the model and definition of HLS-EU
- highlighted results of the HLS-EU survey
- took the IOM concept of the Health Literate Health Care Organization and applied it to other health literacy friendly settings
- sampled interventions & measures to improve HL in different settings
- provided recommendations for developing policies for HL at the local, national and European Region levels (<) were already translated into German, Mandarin, Russian.

WHO Regional Office for Europe (2013): Health Literacy. The Solid Facts. [http://www.euro.who.int/data/assets/pdf\\_file/0008/190655/e96854.pdf](http://www.euro.who.int/data/assets/pdf_file/0008/190655/e96854.pdf)

### Recommendations

- For regular measurement of HL
  - “The European Health Literacy Survey should be sustained, have dedicated funding, be applied to more countries and be conducted at regular intervals through the continued support of the European Union, the WHO and countries.” (p.71)
- For also measuring organizational HL
  - “Existing measures of health literacy are still too oriented towards the individual and must be expanded to include the collective level (including communities) and to assess the literacy friendliness of materials, organizations and environments.” (p.71)

## Organizational health literacy / health literate organizations

### Concepts, definitions, tools

#### Milestones

- 2006 Rudd & Anderson
- 2009 Parker (dual character of HL)
- 2012 Brach et al 10 Attributes
- 2013 WHO The Solid Facts – Health Literacy
- 2015 Dietscher & Pelikan; Pelikan & Dietscher: Vienna Model of HLCO
- 2016 Review: Palumbo
- 2017 Reviews: Brach; Megetto et al
- 2018 Reviews: Farmanova et al; Lloyd et al; Scholl et al; Trezina et al: health literacy responsiveness (Org-HLR) framework

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



The graphic reflects the views of the authors of the Commission Paper “The Attributes of Health Literate Health Care Organizations” and not necessarily of the authors/ organizations or of the OIE. The paper has not been subjected to the review procedure of the OIE and is not a report of the OIE or of the National Research Council.

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

### Steps towards M-POHL

- 2013 Recommendation for regular HL measurement by WHO's Solid Facts – Health Literacy
- 2016-05 Letter to Ministers of Health of AT, CH, DE asking for their support
- 2017-02 Careum Dialogue commitment of WHO Europe to facilitate a HL measurement network within European Health Information Initiative (EHII)
- 2017-03 Suggestion to initiate M-POHL of Quintet countries to EHII
- 2017-05 Initiation of M-POHL through EHII (WHO-Europe)
- 2017-05 AT is requested and accepts to take the lead of M-POHL for initial two years
- 2017-09 Presentation at Regional Meeting WHO-Europe
- 2017-11 Confirmation of „Concept-Note“ on M-POHL by EHII
- 2017-11 Invitation to all EHII member states and HLS-EU participating countries to join M-POHL

### Characteristics of M-POHL

Goals: Measurement of HL to advice evidence-informed HL policy

#### Structure

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

#### Milestones

- 2018-02 Kick off meeting with Vienna Statement in Vienna / AT
- 2018-08 2nd meeting on Terms of Reference & Study Protocol for HLS<sub>19</sub> in Berne / CH
- 2018-09 Technical Briefing at 68th session of the WHO Regional Committee for Europe in Rome / IT
- 2018-12 Constitution of HLS<sub>19</sub> project consortium
- 2019-03 3rd meeting, finalization of HLS<sub>19</sub> study protocol in Dublin / IR

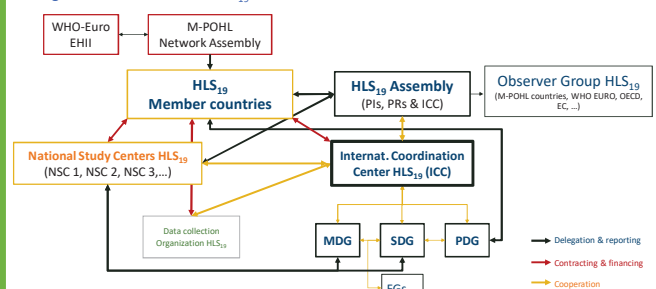
#### Contact

- M-POHL chairs:
  - Christina Dietscher (AT; policy expert) [Christina.dietscher@sozialministerium.at](mailto:Christina.dietscher@sozialministerium.at),
  - Jürgen Pelikan (AT; research expert) [juergen.pelikan@goeeg.at](mailto:juergen.pelikan@goeeg.at)
- Website: <https://m-pohl.net/>

### HLS<sub>19</sub> – first project of M-POHL

- Comparative measurement of HL and specific aspects of HL (like digital HL, communication & navigation HL) and their determinants and consequences
- with adapted and further developed HLS-EU instruments
- for general populations of inhabitants of countries aged 18+
- in national probability samples
- in as many WHO-Europe member states as possible
- Planned data collection (2019 / 2020), analysis and reporting (2020 / 2021)

#### Organizational Structure of HLS<sub>19</sub>



M-POHL invites and welcomes the participation of further countries!