

Health Literacy. The Solid Facts

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ABSTRACT

This publication makes the case for policy action to strengthen health literacy. Evidence, including the results of the European Health Literacy Survey, is presented that supports a wider and relational whole-of-society approach to health literacy that considers both an individual's level of health literacy and the complexities of the contexts within which people act. The data from the European Health Literacy Survey show that nearly half the Europeans surveyed have inadequate or problematic health literacy. Weak health literacy skills are associated with riskier behaviour, poorer health, less self-management and more hospitalization and costs. Strengthening health literacy has been shown to build individual and community resilience, help address health inequities and improve health and well-being. Practical and effective ways public health and other sectoral authorities and advocates can take action to strengthen health literacy in a variety of settings are identified. Specific evidence is presented for educational settings, workplaces, marketplaces, health systems, new and traditional media and political arenas.

Health literacy – a key determinant of health

What is known

1. High literacy rates in population groups benefits societies.
2. Limited health literacy (as measured by reading skills) significantly affects health.
3. Limited health literacy follows a social gradient and can further reinforce existing inequalities
4. Building personal health literacy skills and abilities is a lifelong process.
5. Capacity and competence related to health literacy vary according to context, culture and setting.
6. Limited health literacy is associated with high health system costs.

Attributes of health literacy–friendly organizations

Table 1 Attributes of a health-literate health care organization

A health-literate health care organization:	Examples
Has leadership that makes health literacy integral to its mission, structure and operations	<ul style="list-style-type: none"> • Develops and implements policies and standards • Sets goals for improving health literacy improvement, establishes accountability and provides incentives • Allocates fiscal and human resources • Redesigns systems and physical space
Integrates health literacy into planning, evaluation measures, patient safety and quality improvement	<ul style="list-style-type: none"> • Conducts health literacy organizational assessments • Assesses the impact of policies and programmes on individuals with limited health literacy • Factors health literacy into all patient safety plans
Prepares the workforce to be health literate and monitors progress	<ul style="list-style-type: none"> • Hires diverse staff with expertise in health literacy • Sets goals for training staff at all levels
Includes populations served in designing, implementing and evaluating health information and services	<ul style="list-style-type: none"> • Includes individuals who are adult learners or have limited health literacy • Obtains feedback on health information and services from individuals who use them
Meets the needs of populations with a range of health literacy skills while avoiding stigmatization	<ul style="list-style-type: none"> • Adopts universal precautions for health literacy, such as offering everyone help with health literacy tasks • Allocates resources proportionate to the concentration of individuals with limited health literacy
Uses health literacy strategies in interpersonal communication and confirms understanding at all points of contact	<ul style="list-style-type: none"> • Confirms understanding (such as using the teach-back^a, show-me or chunk-and-check^b methods) • Secures language assistance for speakers of languages other than the dominant language • Limits to two to three messages at a time • Uses easily understood symbols in way-finding signage
Provides easy access to health information and services and navigation assistance	<ul style="list-style-type: none"> • Makes electronic patient portals user-centred and provides training on how to use them • Facilitates scheduling appointments with other services
Designs and distributes print, audiovisual and social media content that is easy to understand and act on	<ul style="list-style-type: none"> • Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing • Uses a quality translation process to produce materials in languages other than the dominant language
Addresses health literacy in high-risk situations, including care transitions and communication about medicines	<ul style="list-style-type: none"> • Gives priority to high-risk situations (such as informed consent for surgery and other invasive procedures) • Emphasizes high-risk topics (such as conditions that require extensive self-management)
Communicates clearly what health plans cover and what individuals will have to pay for services	<ul style="list-style-type: none"> • Provides easy-to-understand descriptions of health insurance policies • Communicates the out-of-pocket costs for health care services before they are delivered

a The teach-back technique is used in clinical encounters with patients. After describing a diagnosis and/or recommending a course of treatment, the health professional should ask the patient to reiterate what has been discussed by reviewing the core elements of the encounter so far. The health professional should be specific about what the patient should teach back and be sure to limit instruction to one or two main points. If a patient provides incorrect information, the health professional should review the health information again and give the patient another opportunity to demonstrate understanding. Using this method, the health professional can be assured that the patient has adequately understood the health information presented.

b After health professionals communicate one important message – a chunk of instructions – they check how much the patient understood.

Source: adapted from: Brach C et al. Attributes of a health literate organization. Washington, DC, Institute of Medicine, 2012 (http://www.iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf).

Health care settings

What is known

1. Navigating increasingly complex health care systems is a major challenge for patients and their families.
2. Patients face multiple literacy requirements and increasingly difficult decisions.
3. Health information materials are often poorly written and literacy demands are excessive
4. Health providers' written and spoken communication has insufficient clarity and quality.
5. New "business" models can create new obstacles.
6. Health literacy affects the use of health services.

What is known to work – promising areas for action

1. Reframe health literacy as a challenge to systems, organizations and institutions.
2. Establish a policy to promote health literacy in all communication materials.
3. Make health literacy sensitivity a quality criterion for health care management.
4. Invest in professional education.
5. Use the International Network of Health Promoting Hospitals and Health Services [<http://www.hphnet.org/>] as well as ... patient organizations to foster health literacy.

Table 2 Improving the health literacy environment in health care facilities: a toolbox

Focus	Challenges	Suggested action
Web	<ul style="list-style-type: none"> • Generally designed for attractiveness rather than use 	<ul style="list-style-type: none"> • Improve navigation and the return to the home page • Enable users to make enquiries • Provide answers to common enquiries
Phone	<ul style="list-style-type: none"> • Recorded information is often spoken very rapidly • The operator cannot answer many questions • Wait times are long and disconnections are common 	<ul style="list-style-type: none"> • Develop recordings with care and pilot them • Provide orientation and training • Provide scripts for frequently asked questions
Entry	<ul style="list-style-type: none"> • Signage is not clear • Different entrances are not marked by purpose 	<ul style="list-style-type: none"> • Clarify street and entry signs
Way-finding	<ul style="list-style-type: none"> • The information desk is often welcoming, but the directions are not always clear • Many workers do not know the facility layout • Maps are very complex • Signs do not apply consistent or common words 	<ul style="list-style-type: none"> • Provide orientation and training in using plain language • Provide orientation booklets for patients • For new construction: do not leave signs to the discretion of the designers • Consider all staff as ambassadors and provide orientation to the facility
Talk	<ul style="list-style-type: none"> • Medical jargon abounds 	<ul style="list-style-type: none"> • Orientation for all staff • Plain-language training

Table 3 Plain-language approaches in health care settings

Focus	Challenges	Suggested action
Vocabulary and sentence length	<ul style="list-style-type: none"> • Overuse of jargon • Use of medical and other scientific terms that are not defined • Use of long and complex sentences 	<ul style="list-style-type: none"> • Use plain language • Use clear and simple (but not simplistic) written and spoken language • Use child-friendly language
Organization and structure	<ul style="list-style-type: none"> • Materials are not written with the audience in mind or with attention to the reading process • People are often overwhelmed with information presented in complex formats 	<ul style="list-style-type: none"> • Design for reading ease • Check for clarity • Use organizational and navigational cues • Organize information by reader preference and priority • Pilot written materials • Use teach-back for spoken information
Design and development processes	<ul style="list-style-type: none"> • Materials are often designed from the professional perspective • The production of material lacks professional rigour • Medical encounters are structured for the patient with scarce room for question asking 	<ul style="list-style-type: none"> • Regulate the development and review of critical texts • Require piloting with members of the intended audience, including children and adolescents • Encourage and support people in asking questions and setting agendas
Rigour	<ul style="list-style-type: none"> • Few if any requirements are in place for designing, piloting and producing materials • Few protocols are in place for assessing the communication skills of health professionals 	<ul style="list-style-type: none"> • Develop and apply regulations for designing, piloting and producing critical health texts • Teach and apply teach-back methods • Institute communication requirements for licensing exams

Migrants and minorities

What is known

1. Migrants generally score lower on literacy and health literacy measures.
2. Migrants have poorer access to and use less information and health promotion, disease prevention and care services.

What is known to work – promising areas for action

1. Develop specific health literacy strategies for migrants.
2. Environmental interventions. E.g. patient navigators, translated signage or pictograms and providing health care interpreters.
3. Health provider training
4. Networking and intersectoral interventions e.g. pharmacies and NGOs.