Interview with Ilona Kickbusch, Director of the Global Health Programme at the Graduate Institute of International and Development Studies, Geneva, Switzerland

Before returning to Europe, Professor Kickbusch was head of the global health programme at Yale University, New Haven, Connecticut, United States of America. She has had a distinguished career with the World Health Organization, at both the regional and global levels, and was responsible for the Ottawa Charter for Health Promotion, a seminal document in public health. She developed the “settings” approach and initiated programmes such as Healthy Cities, health-promoting schools, healthy workplaces, health-promoting hospitals and health in prisons. She also initiated WHO’s Health Behaviour in School-aged Children (HBSC) Study. She has contributed significantly to developing the concept of health literacy and most recently has spearheaded the field of global health diplomacy.

Please discuss the foundational theory behind health literacy, along with some of the more recent developments that you’ve observed.

People today live in a multifaceted consumer society and must navigate very complex health systems. It is a key feature of post-modern societies that people must constantly make decisions. This is sometimes called the multi-option society, which means that people need to make choices all the time and many of these everyday choices will impact their health. These questions can be as simple as, shall I call the doctor, or shall I take this medicine? Shall I eat the burger or the carrot? Shall I search Google or ask a health professional?

So, having a base of knowledge, a set of skills, motivation and the correct information to be able to make such decisions is critical. This is one dimension of what we call health literacy. The other dimension has to do with the environment that influences these decisions and can make it easy or difficult to make the correct healthy choice, or to use the health system wisely.

Deciding to walk instead of taking a car depends on the environment in which you live. Your decision to buy healthy food will also be influenced by your income as well as food marketing. Understanding food labels will also be influenced by your level of education. There is a very high correlation between the level of general literacy and health literacy. Health literacy therefore is a composite of individual and environmental factors.

Please discuss some of the challenges associated with developing nationwide health literacy plans.

Developing a health literacy plan is a real balancing act between various individual, social and environmental issues. Which is of course why health literacy was at first not well accepted in the health promotion community. Because, if you go back to the Ottawa Charter for Health Promotion – the seminal document adopted in 1986 – there are five action areas: healthy public policy, supportive environments, community action, reorienting health systems and personal skills. In health promotion there is always – and rightly so – a great
concern about victim blaming. Rather than address social or commercial determinants of health the preferred course for many politicians is to say it’s your personal lifestyle choice and if you choose poorly, “well too bad – that’s bad luck, and now you must bear the consequences”. So, finding the right balance is key: a good health literacy policy moves between increasing people’s individual health literacy and providing enough support for them to make the choices that are best for their long-term health and their family’s health. For example, you don’t expect people to be able to understand complex calculations of nutrients on a box of cereals – you introduce a traffic light system to support the healthy choice.

**How can the successes or the shortcomings of various health literacy programmes be measured?**

There are different approaches and measures of success and a lot depends on the scale and size of your programme. Obviously, you can have relatively small-scale programmes that are focused on increasing the health literacy of individuals or a community in relation to a specific health issue or how to communicate with health professionals, like the Ask Me 3 programme. Or you can have measures like the introduction of traffic light schemes for food that reach out to the whole of society.

Short term impact measures will relate to the uptake of a healthy behaviours, for example, of mothers in relation to breastfeeding or the reduction of sugar consumption. But the full health impact of many health literacy programmes cannot be measured quickly because it will often manifest itself only years later. Health literacy programmes are developed based on evidence; one of the reasons we want mothers to become more health literate about breastfeeding is because of the evidence that children who have been breastfed are on average less susceptible to obesity. The reason that the traffic light system was introduced was to assist and guide people’s food choices.

Health literacy can also work as a kind of composite index that shows just how health conscious a society is. We made the comparative argument that gross national product, or GNP, which broadly measures the productivity of a nation, exists as a kind of composite of many complex factors. Composite health literacy can also be seen as an example of the level of health literacy of a nation. Having an overall understanding of how health literate a society is gives you an indication of the kind of health and health-related issues that you need to address in that society.

In particular, it gives you an idea of where the differences in a society lie. A health literacy survey can give you information how many and what kind of people in your society are health literate. This relates to groups such as older people, younger people, or lower income and higher income people. For example, the European Health Literacy Survey showed for the very first time just how low health literacy was in many European countries. This was really a revelation for many countries, and they decided to act. Measuring health literacy at a whole of society level – not just in individual programmes – has become a great tool for reaching policy makers. A number of European countries have now embarked on health literacy plans.

**What has the public’s reaction been to the various health literacy plan?**

That is difficult to answer. In the context of health literacy as it relates to health services, there are many more patient groups and patient advocates throughout Europe. Many of those groups are very interested in a health system that makes it easier for patients to participate and to navigate the system. The patient groups say, “nothing about us, without us” which is key because the people who are living with a disease often have more direct experience of living with the disease than the health professionals. Another important dimension of health literacy has been the democratization of the health system: the patient’s knowledge is now considered, and they the patients now work together with health professionals in partnership. Health professional need to have a good understanding of the patient’s environment to be able to provide sound advice that the patient can implement within their social environment and their financial means.

But increased health literacy is not always based on a health literacy plan by the government. If you had asked people about the health impact of sugar 10 years ago, very few people, including many health professionals, would have been very conscious of the negative health impact of sugar or how present it is in so much of our food and drink. But if you ask today, you will find a much higher awareness of the problem. It all came together through many elements: reporting in print, television and radio media, new types of supermarket offer, labelling of foods, and health education. To make a society more health literate it requires the coming together of multiple messages and changes in environment.

**How should WHO and WHO member states coordinate their approach to health literacy in order to achieve all mutual goals?**

It’s a mix of decision making within WHO and Member States. As a technical agency, one of the tasks that WHO has is to help countries understand what health literacy is and
provide evidence to help them understand how important health literacy is. WHO supporting comparative data – such as a comparative health literacy survey - can help countries position themselves. WHO can also share examples of best policies and practices from a range of countries and advise on implementation within a specific national context.

In taking action there are two complementary approaches. One is obviously to understand the importance of health literacy and to develop a national health literacy plan. But this also means that many existing plans or policies or initiatives should integrate health literacy into what they are currently doing. One very pertinent example is countries working on a major challenge such as the digital transformation of the health system; WHO should be working with member states to see this as an opportunity to introduce and develop digital applications to improve health literacy.

 Disclaimer: The interviewee alone is responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.