Transforming health systems and societies by investing in health literacy policy and strategy

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ABSTRACT

According to WHO, today’s disease-centred, reaction-based health services are not fit for the challenges of the 21st century. In contrast, health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises. This paper discusses how health systems and societies can be transformed by investing in health literacy policy and strategy, and provides recommendations on how governments and other policy stakeholders can engage in health literacy policy development.

Keywords: HEALTH LITERACY, POLICY, PRACTICE, PEOPLE-CENTRED CARE

INTRODUCTION

Globally, health literacy is gaining traction politically in efforts to transform health systems. According to WHO, today’s disease-centred, reaction-based health services are not fit for the challenges of the 21st century. Approximately half the world’s population lacks access to essential health care and where health care is accessible, it is often fragmented and of poor quality. A transformation is needed to orient health systems around the needs of people and communities, which will not only make them more effective and cost-efficient but also improve health literacy and patient engagement, and ensure that health systems are better prepared to respond to health crises (1). Yet, health literacy is not yet a well-known concept among politicians and decision-makers. In order to increase awareness and further the impact of health literacy policy, the aim of this paper is to introduce the concept of health literacy, together with the rationale for policy development, and to discuss how governments and other policy stakeholders can engage in developing health literacy policies and strategies.

Health literacy concerns the knowledge, motivation and competency to access, understand, appraise and apply information to form a judgement and make decisions concerning health care, disease prevention and health promotion in everyday life to maintain and improve the quality of life through the life course (2). Improving the health literacy of people and organizations has the potential to improve the safety and quality of health care, reduce disparities in health outcomes and assure more prosperous and equitable societies (3). In addition, people and patients with low health literacy have worse health outcomes than people and patients with higher levels of health literacy (4).

HEALTH LITERACY POLICIES AND STRATEGIES

The Shanghai Declaration on promoting health in the 2030 Sustainable Development Agenda has set a clear global mandate for the prioritization of health literacy within public policy; promoting the role and responsibility of governments to act (5). Within the WHO European Region, the publication
of Health literacy: the solid facts (6) raised political awareness of the importance of health literacy, building on the findings of the first European health literacy survey (7). In addition, the WHO Health Evidence Network synthesis report on health literacy policy in the WHO European Region (8) provided evidence of the demand for guidance on effective health literacy policy development.

Examples of countries with national health literacy policy initiatives include Australia, where improving health literacy is a national priority and reported on by the Commission on Health System Safety and Quality (3); Austria, which has adopted the advancement of health literacy as one of 10 national health goals; and Portugal, which is committed to optimizing the health literacy levels of its population (9, 10). Furthermore, the United States was among the first to adopt a health literacy policy when the National Action Plan to Improve Health Literacy was launched in association with the Patient Protection and Affordable Care Act (11).

**REVIEW OF HEALTH LITERACY POLICIES AND POLICY BRIEFS**

A recent study analysed the health literacy policies of Australia, Austria, China, New Zealand, Scotland and the United States, to assess their key strengths and limitations and make some judgements about their potential to improve health literacy and health outcomes (12). The very existence of national health literacy policies and strategies in various countries shows that governments across the world have recognized their responsibility to respond to the challenges posed by inadequate health literacy in their populations. There were many positives observed across all the policies examined, particularly regarding the acknowledgement of the challenge of improving health literacy, with priority being given to improving the responsiveness of the health system, as well as to improving the education and training of front-line staff in the health system. There was less focus on developing health literacy through community health education, despite the fact that this approach has a greater potential for developing health literacy skills across settings and through the life course. Both approaches must be prioritized and operationalized in policies to advance health literacy in populations. The findings of this policy review on health literacy provide a rich resource for learning and guidance on the development of future health literacy policies.

In support of health literacy policy development, the Global Working Group on Health Literacy of the International Union for Health Promotion and Education (IUHPE) recently launched a health literacy position statement with a practical vision for a health-literate world. The Working Group was initiated in 2010 and represents a wide range of global stakeholders involved in health literacy from a health-promotion perspective. The position statement provides three political arguments: 1) health literacy is a measurable outcome, either as a result of life experience or as an outcome of health education/promotion interventions, 2) health literacy is an asset that can support a wide range of health actions to improve health and well-being and to prevent and better manage ill-health, and 3) limited health literacy is a threat to the outcome of health care, to improving population health and to achieving health equity (13).

From a European perspective, a Brussels-based non-profit organization, the European Health Parliament, developed a set of health literacy policy recommendations that rely on three main pillars: 1) assuring the availability of and accessibility to reliable online health information, 2) educating the health workforce in order to promote health literacy via all media and 3) continuous and meaningful patient involvement in the development of health literacy tools, resources and methods. The latter would include a standardization of patient-reported outcome measures across the European Region and thus would not only facilitate a paradigm shift by empowering patients but also decrease the data/approach fragmentation across the region. The idea of including health literacy among the European Core Health Indicators represents a first step forward (14).

**HEALTH LITERACY AND HEALTH SYSTEM TRANSFORMATION**

The WHO Framework on integrated people-centred health services is a call for a fundamental shift in the way we fund, manage and deliver health services and systems. The programme supports countries’ progress towards universal health coverage by shifting away from disease-centred health systems and institutions towards health systems designed for and with people (15).

However, if health systems are to be transformed, the paradigm shift from disease- and reaction-based medical care to patient-centred systems will require a continuous investment in health literacy. It takes a new mindset to truly enhance people-centred
health services in the 21st century to put citizens and their needs first in order to develop meaningful, people-centred solutions. The focus needs to be on improving people’s skills to meet the complex demands of systems (16) (Fig. 1), as well as on the development of the health system’s capability to meet the complex demands of people (Fig. 2).

BUILDING THE HEALTH LITERACY POLICY CASE

Notably, health literacy is a highly relevant political topic for decision-makers and politicians alike; it spans sectors, it can be measured, it is feasible to implement and it pertains to everybody (17). Through research the importance of health literacy has been made evident with regards to health management and interaction with services – both from an individual perspective and from an organizational perspective (18). In addition, health literacy can be measured at individual, organizational and population levels (7). Monitoring mechanisms can help build the foundation for evidence-based interventions (6). Furthermore, overcoming any barriers by implementing solutions in support of functional, interactive and critical health literacy for example, is feasible and can be linked to quality standards of care, health system performance indicators, organizational audits and accreditation, digital health development and self-management programmes (3). Specific initiatives include, for example, the use of clear language, cultural competence, personalized treatment, shared decision-making and support in navigating health-care systems (19). Health literacy is an essential asset for the public good, and the lack thereof presents a prevailing public health challenge. Adopting health literacy policies and strategies is a way to provide the foundations that will enable citizens to take an active role in maintaining and improving their own health and to successfully engage in community-wide action for health and well-being promotion. Notably, in her speech endorsing the Shanghai Declaration, Margaret Chan, the former Director-General of WHO, stated that “we need health literacy at the political level, in the interest of policy coherence, spanning multiple sectors” (20).

IMPLICATIONS FOR POLICY DEVELOPMENT

The implications of health literacy policies developed to date should be considered by governments in countries and regions when embarking on the development and implementation of new policies. Learning from early adopters may be a useful starting-point. Hence, looking to countries such as Australia, Austria and Portugal can inspire local adoption of policies and strategies. Measuring the health literacy of the target population as a basis for advocacy and policy design may be another. Pitching health literacy as a stand-alone topic may work in some contexts, while in other contexts it may be more feasible and effective to embed health literacy actions within an existing policy agenda. A powerful example is alignment with the issue of health system quality and safety. An evaluation of policies is needed to improve the evidence on policy effectiveness in the field of health literacy, which in turn may be useful for developing effective programmes and interventions. Markedly, policy responses need to be implemented at different levels (national, state, regional and local) to support tangible, practicable solutions. Alignment with consumer and community stakeholders can sustain engagement and commitment, and it can be the gateway to a broader range of opportunities.

Policies are more likely to be effective when they 1) establish a clear purpose and measurable goals and objectives, 2) specify

**FIG. 1. IMPROVING PEOPLE’S SKILLS TO MEET THE COMPLEX DEMANDS OF SYSTEMS**

People’s skills → Health literacy → Health system’s complexity


**FIG. 2. DEVELOPING THE HEALTH SYSTEM’S CAPABILITY TO MEET THE COMPLEX DEMANDS OF PEOPLE**

Health system’s skills → Health literacy → People’s complexity

Source: adapted from Sørensen K, 2018 (15).
clear and actionable strategies, 3) specify mechanisms for monitoring, evaluating and reporting on implementation progress and policy outcomes and 4) articulate the roles and responsibilities of stakeholders in developing and implementing elements of the policy, in particular, the active engagement of front-line workers (12).

CONCLUSIONS

As concluding remarks, we propose a set of recommendations for advocates, decision-makers, politicians and all other relevant stakeholders to facilitate the initial phases of the development of health literacy policies and strategies at any level:

- Develop a national action plan on health literacy, if your country does not have one.
- Choose a definition of health literacy for your action plan that serves your purpose.
- Use existing national action plans on health literacy as templates for the preparation of new action plans and for updating previous health literacy documents to improve their quality.
- Establish effective communication with the civil society regarding the implementation and/or evaluation of the national action plan on health literacy.
- Appoint an institution to ensure effective governance, coordination and accountability.
- Increase the involvement of all stakeholders and agencies in all stages of the preparation of national health literacy action plans (strategic consulting, drafting, implementation and evaluation) whenever possible.
- Learn from strengths and weaknesses related to the process of developing, implementing and evaluating health literacy action plans in other countries.
- Ensure that your country’s health literacy action plan covers all the key areas that should be included in a quality-oriented initiative.
- Ensure appropriate financial resources for the implementation and maintenance of the national action plan on health literacy.
- Ensure that detailed instructions for the implementation of the national health literacy action plan are developed.
- Allocate specifically trained human resources for the implementation process, and outline how they will be involved within the execution of the national action plan on health literacy.
- Make specific alliances with relevant stakeholders to ensure the implementation of the national action plan on health literacy.
- Ensure a specific objective and time frame for every action outlined in the national action plan on health literacy.
- Make sure that indicators for evaluation are clearly defined in your national action plan on health literacy.
- Make sure to include process and structure evaluation in your evaluation strategy; do not rely on outcome evaluation alone.

When experiencing resistance among policy-makers and decision-makers in the development and implementation of health literacy policies and action plans, it is important to recognize that health literacy policy-making is one of the levers in the current larger health system paradigm shift that is currently taking place from disease-centred care to people-centred care. Investing in health literacy and health literacy policy needs to be well thought out and will require adequate time and continuous evaluation in order to contribute to healthier and more equitable societies.

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1 All references were accessed 25 August 2019.