INTERNATIONAL COMPARISON OF HEALTH LITERACY POLICIES AND OPTIONS FOR A POLICY PLAN FOR BELGIUM

SUPPLEMENT

KCE

Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

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COLOPHON

Disclaimer:	• **The external experts were consulted about a (preliminary) version of the scientific report. Their comments were discussed during meetings. They did not co-author the scientific report and did not necessarily agree with its content.**
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	• **Finally, this report has been approved by common assent by the Executive Board.**
	• **Only the KCE is responsible for errors or omissions that could persist. The policy recommendations are also under the full responsibility of the KCE.**

■ APPENDIX REPORT

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1. HEALTH LITERACY PER COUNTRY

1.1. Australia

COUNTRY:	AUSTRALIA
	The Australian Statement on Health Literacy is not an action plan per se but a statement endorsed by all states and territories that outlines a national approach to addressing health literacy.
	"Health literacy needs to be addressed in Australia in a systematic and coordinated way. Coordination, collaboration and a systematic approach can lead to greater improvement, because everyone has an opportunity to share information, collaborate and build on the progress of all. (…) The Australian Commission on Safety and Quality in Health Care is in a position to advocate for and undertake the groundwork needed to foster the type of collaboration that can contribute to a coordinated approach to addressing health literacy within the healthcare sector." [1]

Background	
[2]	Increasing awareness of the concept of HL among policy-makers in Australia from the 1990s:

- In 1993: HL was added to Australia's first set of national health goals and targets. [3]
- In 2006: The Australian Bureau of Statistics (ABS) conducted the Adult Literacy and Life Skills Survey to measure the literacy of adults aged 15–74 years, including their health literacy. Results were released in 2008 revealing that almost 60 % of Australian adults lacked sufficient functional HL to meet routine health demands (Australian Bureau of Statistics, 2009) [4]
- In 2007: the National Health and Hospitals Reform Commission identified HL as a key factor for supporting stronger consumer engagement.
- In 2009, publication of the 4th National mental health plan[5] that advocated for a health promotion approach to improving mental HL through the implementation of health promotion programmes in schools, workplaces and community-based settings.
- Between 2008 and 2013 came a number of national policies and documents for different target populations, all giving HL a greater level of prominence, and setting out actions to address the specific HL needs of the target populations. Examples include: the Australian Charter of Healthcare Rights in 2008, which identifies the right to receive information in a way that people understand as a fundamental component of safe and high-quality care; the Australian Safety and Quality Framework for Healthcare in 2010, which identifies HL as a key action; the Australian Safety and Quality Goals for Health Care in 2012, which includes partnering with consumers as a goal and becoming a health-literate organisation as a core outcome.
- Alongside these national policies, HL also began to appear in states and territory government policies (Victoria, Tasmania, Western Australia).
- Since 2010, a program of health reform has been under way in Australia that aims to improve the effectiveness, efficiency, appropriateness and accessibility of health care. Work is occurring in eight key streams of health reform: hospitals, general practice and primary health care, aged care, mental health, national standards and performance, workforce, prevention and e-health.[6]. HL has been integrated the National safety and quality health service (NSQHS) standards (Australian Commission on Safety and Quality in Health Care, 2012), as a criteria within the Partnering with Consumers Standards.

- In 2014: release of the National statement on health literacy and background paper [7]([1]) on behalf of the Australian Commission on Safety and Quality in Health Care (ACSQHC) in order to increase understanding of HL across relevant sectors and to promote a coordinated and collaborative approach to systematically addressing HL nationally. This statement does not constitute a formal government policy, but it was endorsed by all federal, state and territory health ministers, signalling an in-principle commitment to addressing health literacy across Australia.

Development	
Initiator	*Australian Commission on Safety and Quality in Health Care* (ACSQHC)
Methods	The National statement on health literacy was informed by extensive research and consultation into health literacy activities across Australia. The Commission first did a stocktake and sent a request out through their networks including state and territory health departments, other government agencies, health services, peak organisations, consumer organisations and a range of others asking people to identify policies, programs and other activities that were being undertaken to address health literacy. Next, they collated the data and grouped the activities into themes to obtain an initial insight into the types of activities occurring and what people viewed as health literacy. Then, a literature review was performed (published and grey literature), as well as an international comparison to identify interesting policies and actions. A first paper was drafted, describing what was meant by the health literacy concept, its impact on safety and quality and the conceptual framework as such. This paper was submitted to a national consultation of all stakeholders + public was invited to comment and provide open ended input + face to face discussion with representatives of all state and territory health departments, people from health services, consumers etc. The feedback was used to refine the first paper, and also brought the idea that some kind of national statement would be useful for the system.
Evidence	All proposals are strongly supported by numerous scientific references (220). [1]
National/regional	Federal and state and territory governments have a shared responsibility for health governance in Australia, including policy development and implementation, and the management of healthcare systems. But there is disconnection within the Australian healthcare system, and sharing information/strategies can often be a problem (people working in silo's). Creating a national statement on HL and having all health Ministers agree upon it meant that all health departments would acknowledge it as a priority. *"Action is being taken in a variety of settings using a range of different strategies, with many pockets of excellence and innovation contributing to a patchwork of health literacy activity. However, currently the work that is being done is not consistently known and applied across sectors, settings, professions, agencies, and health and healthcare environments. Health literacy work within Australia is disconnected, and consequently opportunities for researchers, healthcare providers, healthcare organisations, consumers and policy makers to learn from each other are hampered. Current systems to support improvements in health literacy at a local, regional, and state and territory level are variable, and are absent nationally."* The ACSQHC supports national action to address health literacy in a systematic way, with a focus on promoting and providing useful resources to support healthcare organisations to address health literacy within their local environment. At a national level, the ACSQHC wants to raise awareness and foster a climate of national action and collaboration on health literacy. At the local level, they promote and provide resource materials for healthcare organisations to improve their health literacy environment as a part of their quality improvement process. [1]

Financial resources	There isn't funding attached to the statement
	The ACSQHC is cost-shared by state, territory and federal health agencies; work such as the National Statement on Health Literacy is developed in partnership with stakeholders across the system, and endorsed and agreed by all Health Ministers, but there is no funding attached or provided to the policy.
	There are also requirements for health services in the National Standards that they provide information that is easy to understand and use, and improve wayfinding and navigation, as part of the quality improvement process, but there is no funding attached. However, state health departments, local health districts may decide to provide funds locally.
	"To support local action on health literacy, the ACSQHC will develop tailored resources for consumers, healthcare providers, healthcare managers, executives and boards to support understanding and action by different people within the healthcare system" [1]

Content	
Goals	The National Statement on HL [7] aims to
	• highlight the importance of health literacy in ensuring safe and high-quality care;
	• support the need for a coordinated and collaborative approach within the health sector and across sectors to systematically address health literacy;
	• describe possible actions that can be taken by organisations and individuals working in the health sector to address health literacy.
Actors (implementers)	Action is foreseen at national, state and territory, regional and local levels and can be taken by organisations and individuals from the health, social, welfare and education sectors:
	• Government organisations, regulators and bodies that advise on or set health and education policy
	• Healthcare providers & organisations that provide or support healthcare services (generally and at a local level)
	• Education and training organisations
	• Consumers & consumer organisations and other support services
	• Private organisations which provide health-based goods and services
Beneficiaries	Whole population (though not explicitly mentioned)
Partners	The Commission (ACSQHC) works in partnership with patients, carers, clinicians, the Australian states and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system. The Commission is cost-shared by state, territory and federal health agencies and work such as the National Statement on Health Literacy is developed in partnership with stakeholders across the system, and endorsed and agreed by all Health Ministers.
Actions	The National Statement on HL outlines **3 action areas** for achieving sustainable system change and a more coordinated approach: embedding HL into systems, ensuring effective communication and integrating HL into education. A combination of actions across the three areas is needed to ensure coordinated and sustainable change. The National Statement on HL describes a range of actions that can be undertaken by those with different roles in the health system such as consumers, consumer organisations, healthcare providers, healthcare organisations, governments, educators, regulators, peak bodies, researchers, etc. but these are presented as possible actions, not mandated requirements or formal targets.

The background paper provides examples demonstrating what action across each of the three areas could look like in practice

1. **Embedding HL into systems**: To ensure that strategies are coordinated and sustainable, they need to be embedded into:
   - Government legislation, policies and plans, standards and funding mechanisms (e.g. altering funding mechanisms to encourage awareness and action on HL, implementing policies that prioritise HL in program planning).
     Examples:
     o The Illawarra Shoalhaven Local Health District has addressed HL through a range of organisation-wide strategies [8]
     o The Royal District Nursing Service has undertaken a project to develop a translation standard as a means of driving improvement in the quality of translation in health care for people for whom English is a second language. [9]
   - Organisational systems, policies, procedures and practices (example: designing healthcare organisations in a way that makes it easier for people to find their way). The model here are the Ten attributes of a health-literate organisation of the US Institute of Medicine.[10]
     Example:
     o The Penola War Memorial Hospital in South Australia has developed the First Impressions Activities project to help identify some of the characteristics of the hospital that help or hinder the ability of a consumer to make their way around. [11]

2. **Ensuring effective communication**
   - Providing print, electronic or other communication that is appropriate for the needs of consumers. A list of international tools and resources for making health information clear, focused and useable is provided in the background document. The involvement of consumers in the development of information material is encouraged.
     Example:
     o The South Australian Guide to Engaging with Consumers and the Community is both a policy guide and a toolkit for healthcare organisations to assist them in engaging with consumers and minimising the barriers to health literacy.
   - Developing interpersonal communication skills (how health information is communicated verbally and nonverbally between consumers, healthcare providers, managers, administrative staff and others): use of plain language, decision aids, shared decision-making processes, educative and recall strategies.
   - Examples:
     o The Ask-Share-Know Patient-Communication Model [12, 13] is part of a University of Sydney research program designed to encourage and empower people to engage with their healthcare providers and make decisions about their health.
     o Since 2013 in Victoria, the Centre for Culture, Ethnicity and Health has delivered an annual health literacy demonstration training course that it developed. The courses are designed to develop the health literacy knowledge, skills and organisational capacity of the health and community services sector in the western metropolitan region of Melbourne. Evaluation was performed. [14]
     o The Teach-back, Ask-tell-ask or Teach to goal are other examples of proposed techniques.

3. **Integrating HL into education:**
   - Education for **consumers, families and carers** including population health programme, health promotion, education and social marketing campaigns;
     Education for **children**: number of programs have been implemented at a national level to improve general literacy and health literacy.
     Example:
     Life Education is a nongovernmental provider of health education to children through the school environment which aims to develop children's skills to become more active health consumers (https://www.lifeeducation.org.au/about-us)

- Education and training for **healthcare providers: Education and training for healthcare providers about health literacy and effective** communication techniques, and embedding these skills in the curricula of the future healthcare professionals. Many professional organisations, colleges, universities, vocational education and other training providers currently develop and deliver education, standards and professional development relevant to communication, health literacy and interpersonal relationships. Examples
  - The *New South Wales Clinical Excellence Commission* has developed an online HL Guide for healthcare providers and organisations. The toolkit includes tools and strategies that can be applied to address specific literacy, numeracy and way-finding issues. 15
  - In the state of Victoria, the *Centre for Culture Ethnicity and Health (CEH)* developed a training course in HL to build the capacity of healthcare providers within the health sector to reduce barriers to HL within their services.

Implementation	
Timing	The National Statement has no time limits. The process around the standards and health services are assessed every three years.
Political opportunities / threats	• Pressure on the system, leading to time-pressure and capacity are the threats to addressing health literacy. As services get busier it can be these types of issues that get lost in the rush. • However, the fact that HL was explicitly included in the second edition of the *National safety and quality health service (NSQHS) standards* in 2017 as a criteria within the Partnering with Consumers Standard does mitigate this risk to some degree, as these standards are **mandatory** (they define the performance requirements of healthcare services in Australia). • This inclusion in the Standards has influenced a general shift towards health literacy being positioned as a quality and safety issue on the policy agendas of state and territory governments. • However, the framing of health literacy as a quality and safety issue has seen it positioned almost exclusively within policies that seek to improve clinical care and health service delivery. This has occurred at the expense of health promotion-oriented policies that seek to build individual health literacy capabilities through effective health education and capacity-building activities. Current policies also largely fail to address health literacy across key life stages and in key health-promoting settings such as in schools, workplaces and other social/community environments, despite the wide acknowledgement that health literacy is content and context-specific. Further, current policies give very little attention to the health literacy needs of specific population groups, or the need to consider factors such as culture, language, gender, sexuality and disability. [2] • HL continues to be a focus of states and territory government policy, for example in 2019 a Health Literacy Framework was published by the New South Wales Clinical Excellence Commission.[16]
Public opportunities / threats	Opportunity: Consumer health organisations at a national, and state and territory level advocate for those that fund, regulate and deliver health services to recognise the importance of health literacy and to support consumers in that regard.
Evaluation	
Content	• Too early: the National Standards will probably be used as a means of measuring action within part of the system, but they have only just commenced implementation so will take some time. • The new health literacy survey undertaken by the ABS is likely to be repeated, so that will give an indication of change

	- There will likely be another stocktake (mapping), but probably not for a year or two – to give local policies time to get traction. - Evaluation of a HL training program for socially disadvantaged adults: protocol published [17]
Method	No information gathered
Monitoring of HL	- In 2006, the ABS conducted the Adult Literacy and Life Skills Survey (ALLS) to measure the (general) literacy of adults aged 15–74 years, including their health literacy - In 2018 the ABS conducted the Health Literacy Survey (HLS) to assess the health literacy of adults aged 18 years and older. The sample for the HLS was respondents who had already participated in the National Health Survey (NHS 2017-18).The HLS uses the Health Literacy Questionnaire (HLQ) to collect information on how people find, understand and use health information, and how they manage their health and interact with healthcare providers. The ALLS used in 2006 assessed functional aspects of literacy whereas the HLS used in 2018 reports on a larger range of health literacy characteristics across various domains. For this reason the information about health literacy from the 2006 and 2018 surveys are not comparable (ABS, 2019) - The ABS Health Literacy Survey is anticipated to be repeated to allow for tracking of population wide changes over time.
Impact (if any measured)	
	- Health literacy has been integrated into the second edition of the National Safety and Quality Health Service Standards. These Standards were introduced in 2019, and over time will provide information on progress on aspects of communication within health services. - Health literacy is now part of public policy discourse at national, state and local levels in Australia, and there is significant momentum towards continued evolution of health literacy policy and practice. [18]
Remarks	- The extended background paper is intended to raise awareness of the importance of HL, provide an overview of HL in Australia and to start discussions about how HL can be addressed systematically. Its audience is managers, policy makers and others involved in the design and improvement of systems and services. - Basically, a distinction is made between individual HL and HL environment. - Strong focus on "partnering with consumers"

1.2. Austria

COUNTRY	AUSTRIA
	The Austrian HL action plan is two-folded:
	1/ One of the 10 inter-sectoral Health Target aims at enhancing the health literacy in the population: *"Health literacy is a central pillar for the promotion of health and equity in health among the population. It helps people make appropriate decisions for themselves in everyday life that promote their health. This requires enhancing personal competencies and accountability in all population groups, and particularly in disadvantaged groups, facilitating access to objective, easily comprehensible information of assured quality and increasing awareness of health promotion issues. Patients and users of the health care system should play an important role as stakeholders, which also enhances patients' self-efficacy. It should be easy for people to find their way through the health care, educational and welfare systems and to play an active role as committed partners in the system."* [19]
	2/ The ongoing reform of the healthcare system (Zielsteuerung-Gesundheit) embeds several areas of action related to HL within healthcare.

Background	
	• In 2011, **the European Health Literacy Survey (HLS-EU)** stated that health literacy was below-average in Austria. These data 'came as a shock' to the national health authorities and the expert community. It was a welcome coincidence that these data became available at a time when a broad development process of inter-sectoral, determinant-oriented national health targets was in progress and a fundamental reform process of the healthcare system in Austria was about to start. [20, 21]
	• It is worth mentioning that the heavy national marketing of the data is also related to a lack of public funding for the national study and the resulting co-funding by a pharmaceutical company that had a strong interest in supporting broad public debate and establishing contact with political decision-makers. While the company's involvement is double-edged and also created some ambivalence about the study, it was essential for starting the Austrian journey[20]
	• In 2012, Austria decided to align on the "Health in all policies" (HiAP) concept.[22] The **Austrian Council of Ministers** and the **Federal Health Commission** compiled **a list of 10 health targets** based on a determinant-oriented understanding of health, [19] with the main aim of "increasing the number of years lived in a healthy condition (to be attained in 2032) for all persons living in Austria irrespective *of their level of education, income or personal living condition*". **Health target n°3** is: "Strengthening the health literacy of the population"; it was classified as a top priority and commissioned to plan measures from 2012 on.
	• In 2013, a fundamental **reform process of the healthcare system** in Austria was started. This reform (Zielsteuerung-Gesundheit) was mainly focused on structural aspects of healthcare but since a lot of HL interventions need to take place in the healthcare field, it was a good opportunity to develop specific aims and interventions to improve HL in the healthcare sector.
	• In 2015, the **Intersectoral Austrian Platform on Health Literacy** (Österreichische Plattform Gesundheitskompetenz - OEPGK) was created to support both the wider public health-oriented health target process and the more specific reform of the healthcare system. The implementation of the OEPGK has taken the HiAP approach into account. It relies on participative and cooperative coordination in its management, with a "core team" consisting of 3 representatives of each of the 5 constituting groups: the federal government, the 9 Länder, the social security institutions, the HiAP partners (i.e. other ministries: Education, Labour, Social Affairs, etc.) and of its (more or less) 50 member organisations (partners of the healthcare, education and welfare systems, as well as societies and NGOs). This core team is chaired by the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection. (for more details about the history and organisation of OEPGK: see Nowak 2019 p 458)

Development	
Initiator	• The 10 Health Targets were initiated by the direction of the Federal Health Commission of Austria and the Austrian Council of Ministers. • The aspects relating to HL within the ongoing healthcare reform process are a shared responsibility of the Austrian Ministry of Health, the Austrian Länder and the social security institutions (with the main association of Social Security institutions (Hauptverband der Österreichischen Sozialversicherungsträger) being the most prominent and powerful partner in the negotiation.
Methods	**Development of the Intersectoral Health targets:** All relevant political and social stakeholders (more than 40 - see leaflet Health Targets Austria [19] have been actively involved in the process of defining the 10 health targets. In addition, everyone interested in the topic was invited to express views and opinions through an online platform. The results of the online participation were incorporated in the development of the targets. **Healthcare reform process:** Priority areas for health literacy within healthcare are agreed upon for specified periods of time (4-5 years) between representatives of the Ministry of Health, the Austrian federal states and social security institutions (currently: quality of communication in healthcare; quality of written and audio-visual information; health-literate organisations). The current reform period started in 2017 and will end in 2021; negotiations about the aims and goals for the next period will have to start in 2020. **Functioning of the OEPGK** The work is organised on concrete focal points by working groups spanning all policy areas, but with a strong focus on healthcare. Depending on the topic, the working groups always include different members of the core team as well as experts from relevant organisations. The working groups develop **concrete strategy concepts** and **practical tools** to improve health literacy. They do not address the population directly, but the tools and trainings provided by the working groups are meant to **empower professionals** who reach out to the population. So, the aim is to empower as many professionals as possible. Scientific concepts, methods of measurement, evaluation, impact research or the results of target group-specific interventions on the topic of health literacy form the theoretical basis for practical measures. **To become a member of OEPGK,** organisations need to submit a structured description of a HL intervention, which is then evaluated by the core team. Membership is limited to the duration of the intervention. Initially, all interventions had to be new in order to avoid window-dressing, but it turned out that this condition could rule out important pre-existing interventions, so some compromises had to be done.
National/Regional	The Austrian health system is highly fragmented and strongly shaped by Austria's federal structure. The Austrian national state has a rather modest influence compared to the Austrian 'Länder', so that there are numerous differences in service provision for the population in the different provinces. In June 2013, the federal Government, regional governments and the Austrian Federation of Social Health Insurance (HVSV) signed a health target control agreement (Bundes-Zielsteuerungsvertrag, Zielsteuerung-Gesundheit). This policy document is the legal basis for the implementation of the health targets at the regional level. The document includes strategic long-term objectives as well as operational short- and mid-term objectives that the contracting partners need to accomplish. [20] Since, several of the Austrian federal states have started activities in the field, with variable intensity between the Länder.

Financial resources

The inter-sectoral Health Targets process is mainly a declaration of intent; it has not much implementation power (Austria lacks political mechanisms to make such a broad inter-sectoral approach mandatory). Consequently, there are not much resources allowed to it and the member organisations have to find the resources on their own (eventually by asking for a public subsidy).[23]

"As there was no specific budget available for interventions, their selection depended on offers made by participating experts and stakeholders who have the power and means to get action into practice. These stakeholders had to be convinced to invest in HL, either by new interventions or by (re-)shaping already planned interventions with an additional focus on HL. As a result, a rather arbitrary mix of comprehensive, longer-term initiatives by the Ministry of Health (for example, 'Establishing a national HL coordination alliance') and by social security institutions (for example, 'Health-literate social security services'), and of rather local and often short-term initiatives by other partners, was implemented." [20]

The Healthcare reform: the Ministry of Health, the 9 Länder and the Hauptverband der Österreichischen Sozialversicherungsträger have a joint agreement to allocate financial means on the pre-defined topics. They represent the main financing for HL interventions - with the limitation that these occur mainly within healthcare. National activities are financed by the Ministry of Health and social insurance; regional activities are financed by the Austrian federal states and partly also by social insurance.

Budget of the OEPGK:

Three alternative scenarios for the resource planning of the OEPGK were developed in the recommendations for the creation of the platform [24]

- a basic model, in which individual tasks and implementation steps are minimally budgeted

- an expansion stage representing an increase in the scope of the individual tasks (e.g. from a simple to a complex, interactive website)

- an extension stage representing an increase of the task spectrum (e.g. exchange meeting, measures database, Austrian Health Literacy Award, etc.).

In all three scenarios, the effort estimates are differentiated according to personnel costs of the coordination office, costs that can be passed on to the coordination office or other contractors, and material costs of the coordination office.

	Coordination office	Costs for expertise	Material expenses
Scenario 1 (baseline)	Qualified personnel: 1.4 FTE Assistant/secretariat: 1 FTE	€ 9 000 One-time additional 2015: € 15 000	€ 15 000
Scenario 2	Qualified personnel: 2 FTE Assistant/secretariat: 1.2 FTE	€ 54 000 One-time additional 2015: € 35 000	€ 37 000
Scenario 3	Qualified personnel: 2.3 FTE Assistant/secretariat: 1.5 FTE	€ 106 000 One-time additional 2015: € 51 000	€ 43 000

The recommendation was to implement the basic model for the years 2015 and 2016, and from then on, to decide on further expansion on the basis of the first evaluation (planned for 2016). In 2019, they are still running the basic model and they hope to be able to keep that amount. [23]

NB: The resources are allocated by the Austrian Health Promotion Fund (FGÖ = national funding agency for health promotion). Although the money from the Austrian Health Promotion Fund guaranteed some independence, the OEPGK's financial source complicates longer-term planning since decisions on the Fund's resources are taken by a board of trustees who follow a rather puristic understanding of health promotion that does not extend to interventions in the healthcare field. Therefore, the Fund and the partners of the OEPGK constantly have to convince the trustees to maintain investment in the OEPGK. [20]

Public-Private partnership:

While parts of early measurement of health literacy in Austria was co-funded by MSD, no private money went into health literacy interventions so far. However this could possibly change in the future because the resources of the public sector are scarce and so much has to be done. The conditions are that all partners agree and that it occurs in a completely transparent way.

New ways of partnerships are also envisaged in the OEPGK, like recognition processes. For instance, an organisation could be recognised as a partner without having a specific intervention ongoing, but because of its fulfilment of specified criteria (the organisation does not have to run a specific project, but needs to be able to prove that the way it runs its core processes is beneficial for the health literacy of one or more target groups of the organisation, for example, a hospital that is routinely training its personnel in patient-oriented communication). There is already a recognition for trainers filling the quality criteria requested by the platform. [23]

Content

Goals	**The overarching goal for all targets is to increase healthy life expectancy of the Austrian population. (Hit-Austria)**

- **Health target n°3 (intersectoral actions):** *"To improve health literacy for all people living in Austria, with a specific focus on vulnerable populations and sub-policies targeted to specific groups."* The proportion of Austrians with "sufficient" and "excellent" health literacy in the overall index of the HLS-EU should be **improved to 55 %.**
  - **3 priority areas…**
    1. Improve the health literacy-friendliness of **healthcare services**
    2. Improve **individual** health literacy (especially in vulnerable groups, for example, by collaborating with the education system)
    3. Improve the health literacy-friendliness of the **production and service sector** (the economic system)
  - **and 5 main aims:**
    1. Support sustained engagement with health literacy in Austria
    2. Further networking, collaboration, exchange of experiences and collective learning
    3. Coordinate measures between different political and social sectors
    4. Aid development of a common understanding of health, spread knowledge and facilitate innovation
    5. Establish monitoring and reporting, and ensure transparency and quality

Healthcare reform (Zielsteuerung-Gesundheit)**: 5 goals/action areas within the Healthcare system**

1. To improve the quality of communication in healthcare (by training healthcare professionals),
2. To improve the quality of written and audiovisual information (by providing writers, financiers and publishers of information with a set of criteria and skills);
3. To improve the health-literacy responsiveness of organisations (by providing self-assessment tools and guidelines);

	4. To empower citizens and patients (currently by an adaptation of the Ask-me-three campaign for Austria);
	5. To measure health literacy (currently by coordinating the European Network on Measuring Population and Organisational Health Literacy – M-POHL, and national participation in the network).
Actors (implementers)	• Civil servants from the federal Ministry of Health, from social insurance, from the federated countries (Länder);
	• Public health experts
	• Trainers, consultants
	• Scientists (to develop and evaluate programs / interventions)
	• Health and healthcare professionals
	• Health promotion professionals
	• Patients and relatives (patients representatives must be involved as experts to ensure that the developed tools really meet the needs of the patients). Recent developments towards strengthening self-help organisations might contribute to a better participation of patients and citizens in health policy decisions. [20]
	• Healthcare organisations
	• Representatives from civil society (schools, extra-curricular youth work, women's health centres, enterprises, municipalities, etc.)
Beneficiaries	All people living in Austria, with a specific focus on vulnerable populations (over 65, low-income, migrants, educationally disadvantaged groups, persons with chronic illness...). Some sub-policies are targeted to specific groups (e. g. people with impaired hearing).
Partners	see the composition of the OEPGK
Actions	**A. Actions within Health target n°3: three priority areas**
	Priority area 1: Healthcare system
	47 specific actions were listed on the website of OEPGK (access July 2019). Some examples:
	• Integration of the **Balint Group work** about improvement of communication and conversation skills in the training of some medical specialisations (psychiatry, psychosomatic medicine…).
	• A **method box for social insurance** to collect best practice examples for possible improvements towards a "health-literacy friendly social insurance" (e.g. strategies for successful communication). The box was made available to all social insurance institutions.
	• Improvement of the intercultural mediation services
	Priority area 2: Individuals
	54 specific actions were listed on the website of OEPGK (access July 2019). Some examples (but much overlap with the former priority area):
	• Some Health Insurance Funds propose a "**health literacy coaching**" for their clients. The coaching is focused on strengthening individual health competence (obtaining reliable information and being able to make good use of it) during consultation with a therapist patient or for Internet searches.
	• **Low-threshold information for migrants** was organised with socially committed migrants being trained as health pilots. After completing the course, they volunteer to organise information events in their mother tongue on health topics. (e.g. MiMi - Mit MigrantInnen für MigrantInnen).
	• **Extracurricular learning support** (free of charge) **for socio-economically disadvantaged groups**, such as learning clubs, learning houses, learning aids and learning cafés (about 215 institutions). The **promotion of general education** indirectly strengthens health literacy.

Priority area 3: Production and services sector ("Konsum")

There are not many actions under **priority three** and most of them overlap with areas 1 and 2.

B. Actions within the Healthcare reform: 5 action areas

1. Good Health Information:
- o Creation of a national health information website www.gesundheit.gv.at
- o Creation of a low-threshold 24-hours telephone health information service
- o Implementation of **15 criteria for Good Health Information** [25], a guidance for people and organisations who publish, finance, write and disseminate information on health and diseases. The criteria are based on the Good Practice Health Information 2.0 of the German Network for Evidence-Based Medicine. They information can be summarised as follows: selection of relevant scientific sources and data, undistorted, clear and target group-oriented representation in word and picture, transparent and neutral information for users.

2. Good Conversational Quality in the Health System: Implementation of a **national strategy on improving the quality of communication in healthcare [26]**
- o Empowerment of **health professionals**: standards for evidence-based communication training for health professionals and for certified communication trainers were developed in cooperation with the International Association for Communication in Healthcare (EACH). A trainer network was established.
- o Work on the **values within the healthcare field** to re-orient the global health care system towards **a patient-centred communication culture** in the long-term. A nationwide network was set up for knowledge exchange, dissemination of the strategy, initiation of implementation measures, and discussion and evaluation of the results of implementation.

3. HL-responsive health organisations, building up on the **Vienna Concept** of Organisational Health literacy [27] [28]:
- o Toolkits for diverse types of settings are currently being developed or are already available (primary care, schools, youth centres, healthy communities, workplaces).
- o A "starter kit" for hospitals was developed in order to provide support for managers, organisational developers, employees in personnel development and quality management on their way to becoming a health-literate organisation. [29]

The Vienna concept is based on the 10 attributes of health literate healthcare organizations of the US Institute of Medicine [10] but has a larger scope in that it also addresses the fields of prevention, health promotion and public health, and that it provides a self-assessment tool for hospitals.

4. Empowerment of patients and their relatives:
- o Implementation of "3 questions for my health", based on the "Ask me 3" concept of the National Patient Safety Foundation in the USA, to improve communication between patients and health professionals in a fast and effective way
- o Access of the patients to their electronic health record in the context of the reform of the healthcare sector

5. Measure health literacy :
- o coordinating the European Network on Measuring Population and Organisational Health Literacy – M-POHL
- o + national participation in the network

Implementation	
Timing	**Health targets:** Plan released in 2014 Implementation started in 2015 Goal to be reached in 2032 **Healthcare reform:** First period: 2013-2017 Second period: 2017-2021.
Political opportunities / threats	**Opportunities:** • Ongoing healthcare reform process • Inter-sectoral Health targets set by the government (HL is target n°3) **Threats:** • Upcoming elections in September 2019 (HL was part of the last government's program) • For sustained success, it will be important to be able to demonstrate that the activities of the ÖPGK actually contribute to improving population HL in Austria and that these improvements will bring about economic benefits for the Austrian healthcare system [20]
Public opportunities / threats	**Opportunity:** A lot of stakeholders and decision makers in public health and healthcare are convinced of the importance of HL and are ready to take action. **Threat:** • Many actors in the field still think that HL is just an outcome of health education and that all it takes is more efforts to educate people. But given the figures (about 55% of Austrians having insufficient HL) it seems completely unrealistic to improve the situation by education. If we understand HL as the combined effect of people's information and communication needs and abilities, and the system's responsiveness to these needs and abilities, it seems more efficient and doable to improve system responsiveness. But it is sometimes quite hard to convey this thinking to actors in the field. [23] • Fear in parts of the public health community that the new focus on HL might lead to a renaissance of blaming the individual for adverse health outcomes (individual accountability) rather than concentrating on further developing the health system to meet population and patient needs (political accountability). [20]
Evaluation	
Content	The monitoring of the Austrian Health Targets takes place in coordination with the monitoring of other strategies such as the health reform process, the health promotion strategy and the health strategy for children and young people. Consequently, the monitoring processes for each of these things are different, making the overall picture a bit of a mosaic. [23]

10 Health targets

The implementation of the 10 Austrian Health Targets is accompanied by a monitoring process drawn up by the Austrian Public Health Institute (GÖG), coordinated with the Health Targets plenary, and adopted by the Federal Health Commission (BGK).

This monitoring process acts at three levels:

- At the level of each of the **10 Targets separately**: meta-indicators were defined with experts on the achievement of goals;
- At the level of **each objective**: indicators are to be drawn up in the respective working groups.
- At the level of **the actions:** the responsible institutions in the working group define at least one benchmark which is designed to make the level of implementation of the measure visible. Evaluation occurs at regular intervals and the results are used to plan the next steps.

The result of the first health target **monitoring for health target 3** was published in 2016. It showed that out of 26 reported measures, 4 had already been completed and 12 were in implementation; 8 other measures in implementation were run by members of the OEPGK. 2 had not been implemented at all. [30]

OEPGK

An independent evaluation of OEPGK was performed after the first year of activities (Gutknecht-Gmeiner and Capellaro, 2016). The evaluation report confirmed successful capacity-building for improving HL in Austria (…) [20]

Monitoring	Running the upcoming M-POHL survey

Impact (if any measured)	
	"*Since publication of the original implementation plan for health target 3 to improve HL in Austria in 2013, a lot of work has been done. HL has become part of the mainstream public discourse in Austria, and was even included in the government programme for the period 2017-22. Main professional bodies focus on HL in their conferences. Most education institutions in healthcare have started to work on new curricula to develop HL knowledge and skills in future healthcare professionals. The OEPGK has a rapidly growing number of members implementing diverse measures to improve HL in a variety of fields.*" [20] In addition, HL has made it into some legal frameworks, for example the social insurance act defines interventions to improve HL as a voluntary field of activities for social insurance, and the Act on Nursing defines HL as a professional core competency of nurses. The Austrian "Strukturplan Gesundheit" (OESG) – which basically describes which healthcare services are needed in which amounts across the country – lists HL as one of the responsibilities of the primary care centres that are being implemented in Austria. [23] Currently, it is not known if HL in Austria has changed since the HLS-EU Survey but the results of the next European HL survey HLS19 will be available in 2021. This survey will probably entail some economic assessment by including the social insurance number into the survey, which will allow to have pseudonymised hard data on the links between HL and the actual usage of healthcare services. This could allow to get a clearer idea of the potential costs and savings of the healthcare system through better HL. [23]
Remarks	In their contribution to the International Handbook od Health Literacy[20], Peter Nowak, Christina Dietscher and Marlene Sator mention some shortcomings of the Austrian Plan, among others:

- Most interventions still take place in the healthcare sector; other important sectors, especially the education sector, are still only marginally involved.
- The economic sector is not yet on board despite its strong impact on (un)healthy lifestyles of the population. The HiAP approach is reflected in the governance structure of the OEPGK, but in real life partners from outside the healthcare system participate mostly in observational roles.
- The involvement of patients and citizens is only indirect, and most interventions are planned and implemented by experts and public bodies.
- There is a lack of feedback on whether the chosen interventions actually meet their needs (no involvement strategy for the beneficiaries of the interventions).
- The continuous financing of HL coordination and interventions remains a challenge on all levels and is vulnerable to political change.
- Long-term strategic implementation will also require formal regulations to support institutions to systematically orient their daily routines towards HL, using, for example, concepts like health-literate organisations.

1.3. Scotland

COUNTRY:	SCOTLAND
Plan 1: Making it easy (2014)	Making it Easy [31] focuses on improving the healthcare system and workforce capacity **to make it easy for people to access and use information** about health and wellbeing, **rather than seeing health literacy as a gap that needs to be addressed in patient/service user capabilities.** '*Thirty years ago IBM developed the first home computer. Most people, other than the very intrepid, were reluctant to learn how to use them. The IT industry could have provided us all with more information and education to increase our 'computer literacy'. Instead they set about making computers simpler and more engaging to use. (…) We must likewise simplify the healthcare 'interface' and make health care more engaging.'*
Plan 2: Making it easier (2017)	Making it Easier [32] is designed to take the next steps in improving HL practice across the health and care system: "*make things easier by removing barriers where we find them, make our services easier to navigate, make sure that health literacy needs inform the design of new services, and make our information more engaging and responsive to people's needs, skills and preferred ways of interacting.*"
Background	

	Plan 1 (Make it Easy)
	• **In 2007**, the Better Health, Better Care Action Plan [33] made a series of commitments to improve the health of everyone in Scotland and to improve the quality of healthcare and healthcare experience within NHS Scotland.
	• **In 2010** comes the Quality Strategy [34] as a development of the former. It had been informed by a wide range of discussions involving people working in NHS Scotland, patients and carers. By this, the Scottish Government made a commitment to 'roll out health literacy interventions to support staff to communicate effectively and to ensure people understand what is happening to them'.
	• **Scottish Government scoping study in 2009 [35]**: states a general agreement that there is a substantial and widespread problem of low or inadequate health literacy, particularly amongst lower socioeconomic groups, ethnic minorities, the elderly, and those with chronic conditions or disabilities. Recommendations of this study were mainly that :
	   o There was no appetite for a 'health literacy strategy' for Scotland because no clear or shared view of the exact meaning of the term HL. Pursuing a separate policy on health literacy would be counterproductive, and would not achieve the aim of improving health literacy across the population of Scotland.
	   o There should instead be a focus on the practical integration of the ideas underpinning health literacy into existing programmes, projects and initiatives.
	   o Given the wide ranging nature of the topic, it would be important to prioritise areas for further development, and not to attempt to tackle all aspects simultaneously.
	
	A few baseline figures quoted in Plan 1 (Make it Easy)
	   • 47% of the population has inadequate health literacy in a sample of eight European countries (European HL project) [36]
	   • 26.7% have occasional difficulties with day-to-day reading and numeracy and 3.6% have severe constraints (Scottish survey 2009) [37]
	   • 43% of English working-age adults will struggle to understand instructions to calculate a childhood paracetamol dose [38]
	
	Plan 2 (Make it Easier)
	Plan 2 was elaborated on the basis of the learning of Plan 1 and as its continuation.
	As such, some milestone events in the field of Health Literacy are also quoted in the 2nd plan

1/ Worldwide:

- In 2015: the **2030 UN Agenda for Sustainable Development** claimed that harnessing health literacy improves health and reduces health inequities.
- In 2016: **Declaration of Shanghai** setting HL as a global priority for healthcare, disease prevention and health promotion.

2/ In Scotland

- In 2017, the **Scottish Public Services Ombudsman** (SPSO) published a report on consent [39] describing the work to strengthen consent processes and increase people's involvement in their health decisions. Following the report's release, it became clear there was a need to produce equivalent supporting materials to guide patients too, and help them ask the right questions.

Development	
Initiator	**Scottish government** (Health & Social care) **+ NHS Scotland**, by means of a "National Health Literacy Action Group" (NHLAG) (Plan 1) and a "Scottish health literacy action plan implementation group" (Plan 2)
Methods	For **Plan 1**, the NHLAG brought together a representative panel of people working in the field encompassing public health, policy, academia, clinical practice, rights and health equity and health and knowledge information. It was chaired by the Chief Executive of The Alliance, representing third sector organisations and people with disabilities, living with long-term conditions or providing unpaid care. In addition, the Scottish Government appointed a GP as a national clinical lead for health literacy. The group met approximately every four weeks for two years. **Plan 2** relies on the **learnings from Plan 1** and **on the testing done in the demonstrator programme** (see further) in Tayside.
Evidence	**Plan 1** **1/ Interventions designed to enhance workforce awareness and capabilities** [40] - Whole systems approach suggesting the importance of embedding health literacy within culture/organisational change processes[10] - Health & social care practitioner roles (network of Health Champions)[41] - Health care professional education: predominant focus on communication of information; very little literature relating to interactive (personal empowerment) or critical (community empowerment) literacy. Educational interventions designed to support culture/attitude change tend to promote the self-reflection of the individual practitioner (about 20 references) **2/ Interventions focused on HL tools and approaches**[40] - Holistic approach[42, 43]; Teach to Goal[44] - Shared decision-making and consent: Decision navigation[45]; CONNECT[46]; reducing inequalities[47]; MAGIC (Making Good Decisions in Collaboration) Programme Evaluation[48]; - Critical moments for patients: Hospital discharge[49] and medication change[50, 51] - Teach-back [43, 52, 53] - Tailoring information to people's needs[54] **Plan 2** - Development of organisational HL responsiveness (Org-HLR) framework[55] - Implementing shared decision making in the NHS: lessons from the MAGIC programme[56]

- The OPtimising HEalth LIterAcy (Ophelia) process: study protocol for using health literacy profiling and community engagement to create and implement health reform[57]
- Ten attributes of Health Literate Health care Organizations[10]
- [58]

National/Regional	The provision of health and social care in the UK is a responsibility devolved to the four nations of England, Wales, Northern Ireland and Scotland. There is universal healthcare provision under the National Health Service (NHS) across the UK.
	Although there is no UK-wide policy on health literacy, extensive action plan documents are provided by the national governments to address the issue of health literacy and to move the agenda forward. + Box 27.6: In **Wales**, there is an action plan for reducing inequities in health (Welsh Assembly Government 2011. One of the seven key actions to make progress in achieving fairer health outcomes for all is improving health literacy. In **Scotland**, the health literacy action plan (Making it easy; Scottish Government, 2014) has been developed with a national group, which has drawn on the expertise of front-line practitioners, policy-makers, academics and those with years of experience with NHS boards and the third sector. In **England** there is a Health Literacy Group that is funded by the Department of Health and the Department for Innovation, Universities and Skills. This group consists of those interested in building the evidence base for health literacy and its impact on people and their lives, and in supporting national policy to reduce inequalities. [21]
Financial resources	No information found

Content	
Goals	**Plan 1 (Make it Easy)**
	Four main goals:
	- Raise awareness of the workforce about the hidden issue of insufficient health literacy and its impact, - Enhance the capabilities of professionals to support improved health literacy responsiveness by improving access to useful health literacy techniques and resources (existing best practice). - Promote the development and spread of new tools and innovations in new enabling approaches. - Pay specific attention to transitions of care (hospital discharge, informed consent, changes in medication), which are key learning and patient safety points in healthcare.
	The sought outcome was a culture and practice which supports: equal access, collaborative working and self-management. This means making it easy to access services, have better conversations with the professionals, and be in the driving seat of one's health and healthcare. *"We want Scotland to be a health literate society which enables all of us to have sufficient confidence, knowledge, understanding and skills to live well, on our own terms, and with any health condition we may have."*
	Plan 2 (Make it Easier)
	Design supports and services to better meet people's health literacy levels through 3 overarching action areas (see actions).

Actors (implementers)	**Plan 1 (Make it Easy)** **ALL health and social care workers**: "*This approach locates the task of dealing with the 'problem' of health literacy, not just with those of us who have difficulty understanding and using services, but also with those of us who are delivering them.*" **Plan 2 (Make it easier)** More cross-sectoral work than Plan 1, because the key determinants of health and wellbeing often sit out with the healthcare context (e.g. public libraries)
Beneficiaries	ALL Scottish citizens
Partners	• The Health and Social Care Alliance Scotland (the ALLIANCE) • The Scottish Public Health Network • Patient Partnership in Practice (P³) network • the Scottish Council for Voluntary Organisations (SCVO) • and many other from the rich associative field in Scotland…

Actions	**Plan 1 (Make it easy) : 4 strategic actions**
	• Raise **awareness** amongst the workforce of the hidden problem of health literacy and help them respond accordingly (capabilities programme). A key principle of the awareness raising taught to staff was the importance of avoiding making assumptions about people's abilities, and instead to consider using these tools and techniques routinely in their practice (universal precautions approach). The capabilities programme relied on **5 tool techniques**: Teach back, Chunk&check, use simple language, use pictures, offer help with paper work. Promotion occurs a.o. through developing a network of HL champions.
	• Embed health literacy practice into existing person-centred and patient safety improvement programmes (at that time, there were important shifts in strategic policy for health and social care).
	• Build a **go-to web place** for HL evidence and resources (http://www.healthliteracyplace.org.uk/)
	• Develop a **national demonstration (geographical) site** for a health literacy responsive organisation (Meeting the Health Literacy Needs of People at Transitions of Care – programme of work in **NHS Tayside**)
	(points 1 and 3 : recruitment of a Knowledge Manager)
	
	Plan 2 (Make it easier)
	
	• **Action area 1: Share the learnings from Making it Easy and raise awareness around Health Literacy**
	   ○ Further embed **Teach back** to check that people clearly understand the information they receive from their practitioners;
	   ○ Further promote the universal precautions approach in all decision-making steps, with appropriate use of decision aids and scenario thinking to trace the best options for people;
	   ○ Promote approaches that support more meaningful conversations in order to ensure that health and social care providers have understood what matters to the persons receiving care (e.g. 'What Matters to You?');

- o Promote walkthrough and wayfinding approaches in order **to identify barriers** in care institutions such as inconsistent signalisation, confusing appointment letters, etc. particularly for people on high-risk treatments;
- o Collaborate with citizens' panels and jury's (e.g. Our Voice citizens' jury) to explore how to further strengthen relationships between healthcare professionals and individuals;
- o Promote self-management (see NHS self-help guides) and anticipated care planning conversations, in particular for people with long term conditions (Scotland's House of Care programmes), persons with incapacity, Palliative and End of Life Care, etc.;
- o Increase the **public awareness of health literacy issues**, through further promotion of the Health Literacy Place website, use of social media, participation in the Health Literacy Month campaign, etc;
- o Further build the Health Literacy Champions network in collaboration with partners such as the Alliance's Self-Management Network Scotland and the Scottish Public Health Network.

- • **Action area 2: Embed ways to improve health literacy in a range of policy and practice areas**
  - o Promote and develop greater health literacy responsiveness in general practice and include health literacy skills within training for all primary care providers (pharmacists, dentists, non-clinical staff);
  - o Transform outpatient care to be more responsive, with less inappropriate visits to hospital and with patients signposted to the right clinician at the right time and right place, through optimising the roles of clinicians and making an efficient use of new technologies (Modern Outpatient Programme)
  - o Develop out-of-hours care and urgent care services that respond better to people's health literacy needs;
  - o Embed HL learning into the Distress Brief Interventions programme (limited and supportive problem-solving contact with someone in distress) and in supported decision-making conversations for persons in situations of impaired capacity;
  - o Support information about medicines for people who are taking complex medications through the Scottish Patient Safety Programme and the European Simpathy programme;
  - o Collaborate with organisations working to achieve full access and inclusion for disabled persons (inclusive and/or alternative communication);
  - o Embed HL in education and training of health and social care workers involved in person-centred approaches for the design of local care and support in the context of the emerging welfare reform programme (new social security system);
  - o Explore how digital tools can effectively support the shared decision-making interaction between people and their practitioners (Digital Health and Care Strategy);
  - o **Research:** on the role of human information intermediaries (e.g. family nurses), support group leaders and social workers in improving information skills and understanding for the most disadvantaged people (Strathclyde University) + involvement of the librarians + support for improved digital literacy skills such as the SCVO's digital participation programme;
  - o **Collaborative action with NHS England** through the UK Literacy Group to explore areas of common interest (initial focus will be on medications information, but other will follow).

- • **Action area 3: Shift the culture by developing more HL responsive organisations and communities**
  - o **Shared decision-making** : embed the process across healthcare teams, and between people and their communities, especially for people living with long-term conditions (MAGIC Programme[56])
  - o **Health Literacy design:** explore health literacy development approaches that use active community engagement and co-design, such as Deakin University's Ophelia (OPtimising Health LIteracy and Access) approach[57].

- o **Creating health literate organisations and communities**: NHS Tayside's work under Plan 1 was about creating a focus on improved health literacy within one locality from which one could spread and share the learning to many. Approaches such as the Ten attributes of a health literate healthcare organisation[10] and the Organisational Health Literacy Assessment Tool from Deakin University[55] can help organisations find their priority areas for action on health literacy, building on their strengths and assets, while targeting their weaknesses.
- o **Embed health literacy within school age education in** collaboration with the Royal Pharmaceutical Society.

Implementation

Timing

2014, followed by a second plan in 2017-2025 (Making it easier)

Evaluation

Content

For Plan 1

"Since the main goal of the Plan was to initiate health literacy action, the evaluative priority was to explore what possibilities would emerge and how, rather than focus on specific health, personal or economic outcomes."

Only one evaluation document found (on the HL place website resource library) = Knowledge manager end year report 2015-2016 [59]

- Evaluation of website www.healthliteracyplace.org
- Evaluation of the Build workforce capability through learning and development with health and social care staff (awareness raising courses, Train the Trainer, conferences)

For Plan 2

The emphasis will be on improving the quality of people's experience with the health and care system. Simple measures such as confidence scales can show improvements in awareness, understanding and confidence, all of which are key markers of improved health literacy responsiveness. No publication found.

Method

For Plan 1

Logic Model of the work of the Knowledge manager: various output indicators such as:

- Google Analytics (website) and Twitter analytics (@healthlitplace Twitter account)
- written feedback from participants in sessions and training sessions where the website is presented and discussed (website)
- number of participants to the various trainings and events (awareness raising courses)
- pre and post-training questionnaires (awareness raising courses)
- questionnaires to the HL supporters network

For Plan 2 (in the future)

- The Organisational Health Literacy Assessment Tool from Deakin University[55] provides a way of tracking strengths, weaknesses and systematically building health literacy into quality improvement processes across a range of organisations.

	• Intention to use tools such as Care Opinion (online platform for sharing of opinions and personal stories) to capture experiences, innovation and feedback for improved health literacy impact.
Political opportunities / threats	**For Plan 1** The **Healthcare Quality Strategy for NHS Scotland** (2010) sets out the ambition to deliver the highest quality health care to the people of Scotland through safe, effective and person-centred care. [34] http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf **The 2020 Vision for Health and Social Care** (2011) gives a strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland. It has a focus on prevention, anticipation and supported self-management http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision The **Patient Rights (Scotland) Act 2011** aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care (https://www2.gov.scot/Topics/Health/Policy/Patients-Rights) - In England (2010): Launching of the Health Foundation's MAGIC (Making good decisions in collaboration) improvement programme to support clinical teams in primary and secondary care **to embed shared decision making** with patients in their everyday practice (culture change work towards shared decision-making)[56] **For Plan 2** The **3 annual reports** (2015[60], 2016[61] and 2018[62]) on **Realistic Medicine** by Scotland's Chief Medical Officer Catherine Calderwood insisted on the drive to better support people's needs through **shared decision-making** with a focus given to **improving health literacy as a key element**. "*Realistic Medicine proposes a change in culture and systems to move practitioners towards 'focusing completely and relentlessly on what matters most to the people who look to them for care, support and treatment'. It marks a move further away from parental approaches, to a rebalanced connection between people and their practitioners with shared decision-making at its heart.*" An ongoing **reform of the social security system** integrating Health and Social care (Welfare reform programme) The implementation of **new Health and Social Care Standards** in April 2018 to replace the former National Care Standards (2002). Instead of separate standards for different settings, these consist of a single set of standards that are significantly more rights-based, person-led and outcome-focused. One of the standards is that: "I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services."
Public opportunities / threats	Global movements such as **Choosing Wisely** (www.choosingwisely.org/) have brought a focus on supporting people to make better decisions about care.
Monitoring	The UK is involved in the M-POHL project and likely to participate in HLS19, but not sure if there will be specific data for Scotland The Scottish Government Health literacy team and Analytical Services Team are considering the opportunity to include specific health literacy questions in some of their health surveys. The Scottish Health Literacy Action Plan Implementation Group (SHLAPIG) are also looking at the most effective areas and approach to evaluate the impact of health literacy in Scotland.

Impact (if any measured)
Plan 1   Key learning points (from: Making it easy - Progress against actions 2017 **but no tangible evidence nor figures**…)[63]   • Greater awareness across the NHS in Scotland, giving workers more skills to support better health literacy practice   • People trained in the tools and techniques needed to spread understanding further   • The launch of The Health Literacy Place website as the online resource to support this work   • Clearer information available for people before appointments and when discharged from hospital   • Improvements to appointment letters, making them more considerate of people's communication needs   • Better information to improve safety and support for people to self-manage their healthcare, particularly for drugs such as warfarin
Sources
Making it Easy – a Health Literacy Action Plan for Scotland (2014)
Making it Easy – Progress Against Actions (2017) [63]
Making it Easier – a Health Literacy Action Plan for Scotland (2017)

Remarks	• The whole plan is expressed in the "we" form, which makes it very "engaging" and friendly. • Scotland has a very rich and dense network of "civil society" which seems prompt to engage in collaborative actions. • This plan is globally inspired by the approach proposed by Deakin University (Australia)

1.4. The Netherlands

COUNTRY:	Netherlands
	In the Netherlands, HL is known as 'gezondheidsgeletterdheid' or 'gezondheidsvaardigheden'. [64] The Netherlands haven't formulated standalone national objectives in the area of health literacy [65] [66]. In recent years, specific components of health literacy are part of a wider national strategy but there is not a standalone HL strategy [67] The Dutch Government tries to integrate HL in a broader policy context. [68]
Background	
	Health Literacy in The Netherlands is among the highest in Europe (36.4 % of the population has poor or inadequate HL skills). [69] The Netherlands don't have a standalone HL policy. However, the National Government supports bottom-up non-governmental initiatives and tries to align its policy with existing collaborations (see below). In the Netherlands, health skills are not taken up as a separate policy theme, but are linked to other relevant policy themes such as joint decision-making, client support, comprehensible information provision etc. [70]
Development	
Initiator	The National Alliance for Health Literacy/Alliantie Gezondheidsvaardigheden (www.gezondheidsvaardigheden.nl) is a non-governmental collaboration (on a voluntary basis) of 80 academic institutions, research and knowledge institutions, healthcare professionals and provider organisations, patient representative organisations, industry and business, health insurers and local institutions and initiatives. This organisation was established in 2010. [71]
Methods	The National Alliance for Health Literacy invests in development of instruments to be used by healthcare professionals for contacts with people with low health literacy [64]. They work on a common agenda of sharing knowledge and experience, advocating for the incorporation of health literacy into operations of health institutions and planning joint actions [21, 72]. The Alliance organises two national meetings per year. In addition, there are working groups in the field of research, education and patient participation. What the individual partners do depends on their own mission and objectives, and is not determined by the Alliance. Activities of the National Alliance for Health Literacy are aligned since 2010 with a governmental initiative (Alliantie Gezondheid en Geletterdheid). The latter is an initiative of 5 Ministerial Cabinets (including Public Health), under the form of a national program for prevention 'Alles is Gezondheid (2014-2017, 2017-2021) (www.allesisgezondheid.nl) This program involves more than 3000 partners, from governmental bodies to community centres, health care organisations and private groups. Part of this program is the improvement of literacy in general.
National/regional	not applicable
Financial resources	The Pharos (see below) coordination activities of the health Literacy Alliance are financially supported by the Dutch Ministry of Health, Sports and Welfare Pharos is also supported by initiatives such as Kinderpostzegels, het Kansfonds, het Europees Vluchtelingenfonds, ZonMw en anderen but this might not be directly related to health literacy activities. (www.pharos.nl)
Content	

Goals	To reduce health inequalities and focusing on people with, among others, limited health literacy. (www.pharos.nl)
Actors (implementers)	About 80 groups and institutions (all non-governmental) engage on a voluntary basis to interchange information and search for collaborative opportunities to setup and/or implement health literacy initiatives. These actions are coordinated by a non-profit organisation (Foundation) called Pharos (https://www.pharos.nl/english/) (https://www.gezondheidsvaardigheden.nl/over-de-alliantie/).
Beneficiaries	Activities are spread over all groups in society (depending on the partner-organisation activity) including vulnerable/minority groups and HL in occupational environments. [21]
Partners	• The National Alliance for Health Literacy is a partnership of > 80 organisations (see above) [64]

Stakeholder or organisation	Short description of their role
Associations / foundations / Alliance	- Influence policy agenda setting by asking attention for health literacy via media and via contact with policy makers - Knowledge transfer - Connecting stakeholders
Universities or research and knowledge institutions	- Intervention development - Knowledge provision
Healthcare providers / healthcare organisations	- Use of tools to improve interaction with low health literate patients

	• The national program for prevention 'Alles is Gezondheid (www.allesisgezondheid.nl) works in partnership with more than 3000 partners, from governmental bodies to community centres, health care organisations and private groups.
Actions	The multi-annual workplan of the National Alliance for Health Literacy (Werkplan Alliantie Gezondheidsvaardigheden 2017-2019). [73] focuses on stimulation of concrete activities and initiatives of partners (based on their own mission). Between 2004 and 2014, the Alliance facilitated among others the development of (1) a research program, (2) 5 guidelines, (3) an advocacy network, (4) resources for advice [71] The Alliance does not set up own HL activities. Examples of partner actions: • Dieticians "Implementatie-onderzoek van theorie en evidence-based preventiestrategieën door diëtisten" • Construct workers "Duurzame inzetbaarheid in de bouw" • Sports "De kracht van sportevenementen" • Foundation Reading and Writing (Stichting Lezen en Schrijven) aims to jeep low (health) literacy in the (political) agenda by media attention and sharing knowledge [64]

- The LHV toolkit 'low literate patients' (laaggeletterden) was developed for general practitioners and practice nurses. It offers information that will help them to improve their communication with patients who have lower health literacy skills [64]
- The toolkit 'healthy language, dealing with low literacy in healthcare'(gezonde taal, omgaan met laaggeletterdheid in de zorg) was developed by CBO to improve health services by offering guidelines and information for healthcare providers that can help them dealing with low literate patients in healthcare practice (http://www.gezondheidsvaardigheden.nl/toolkit-gezonde-taal/). [64]

A number of recent activities of the Ministry of Health, Welfare and Sport in this area were related to [70]:

- ensuring comprehensible policy conditions and accessible, comprehensible websites of insurers;
- setting up a network (NHG, Patient Federation of the Netherlands, Lareb, CBG, Nivel, Pharos, KNMP) to improve digital information provision to patients (including those with limited health skills) in the field of medicines;
- Use extra resources for life-wide client support for citizens;
- Use of resources to stimulate the exchange of knowledge and experience between healthcare providers, policymakers and researchers via the online platform www.gezondheidsvaardigheden.nl of the Alliance of Health Skills;
- promoting and initiating research

Implementation	
Timing	- **No standalone national policy and no plans to develop national policies on health literacy**. [71] - The National Alliance for Health Literacy has a multi-annual workplan (Werkplan Alliantie Gezondheidsvaardigheden 2017-2019). [73]. This plan focuses on stimulation of concrete activities and initiatives of partners (based on their own mission). The Alliance does not set up own HL activities.
Political opportunities / threats	no information found
Public opportunities / threats	no information found

Evaluation	
Content	No studies were identified on the effectiveness of a HL policy in the Netherlands. However, a few studies regarding effectiveness of individual HL interventions were found. Scientific institutions in the Netherlands are very active in the development and validation of assessment instruments for HL (several publications). We also found Dutch studies focused on the quality of healthcare information provided (from the HL viewpoint) [74], effectivity of the 'Teach Back method'[70], Patient coaching in specialist consultations [75], text difficulty and illustrations [76], and mobile phone apps [77]
Method	
Monitoring of HL	Participation in the upcoming M-POHL survey

1.5. Portugal

COUNTRY:	PORTUGAL
	"This Plan is ambitious, and its implementation will be carried out in close coordination with partners and citizens, through the fulfilment of a wide range of measures and goals aimed at the sustained increase of Health Literacy levels, directly promoting informed self-management of health processes and improving the health levels of the Portuguese population.[78]*"* *"The Directorate-General of Health of Portugal has focused on implementing national initiatives that promote health literacy within the Portuguese Population, such as "SNS + Proximidade", the Health Literacy Library, the SNS24, the Literacy Handbook for Health Professionals, National Health Promotion Literacy Campaigns and the Health Literacy Action Plan." (Graça Freitas, 2019)*
Background	
	• In 2012, implementation of a National Health Plan[79] whose principles of "Citizenship in Health", "Equity and Access to Health Care" and "Quality in Health", "Healthy Policies", objectives and goals have guided the elaboration of the HL Action Plan. • In 2014, a study group developed the Portuguese Health literacy Survey (HLS-PT) based on the methodology of the European Health Literacy Survey (HLS-EU). The study demonstrated that 10.9% of the Portuguese population had an "inadequate" level of health literacy, 38.1% had a "problematic" level, 42.2% had a "sufficient" level, and 8.6% had an "excellent" level (when applying the methodology developed for the EU-HLS survey [36]). The HLS-PT results clearly show the potential for increasing investment in the health literacy field. Another study was conducted in Portugal, in 2016, and indicated that 61% of the reporting population had an ill-health or inadequate level of health literacy. [80] However, the population is increasingly educated, and its health literacy levels are getting close to the European average (Francisco Manuel dos Santos Foundation). • "The **SNS + Proximidade** (NHS+Proximity), an innovative project that aims to place the citizen in the centre of the health system. The NHS + Proximity was created with the objective to modernize the National Health Service, bringing it closer to people. This extraordinary challenge goes far beyond the Ministry of Health and is supported by citizens, health professionals, academics, managers and industries. Better levels of health literacy are a very important factors for good management of people's pathways in the NHS and also to achieve better outcomes of providing care. This means betting on the centrality of people in the future NHS."
Development	
Initiator	Ministry of Health – Directorate-General of Health (Ministério da Saúde. Direção-Geral da Saúde)
Methods	• Leapfrogging approach : convening several successive working groups composed of Portuguese experts, WHO experts, various stakeholders (not necessarily in relation with HL), within local government, education, health professions, academia, the media and civil society, in order to wrap up all the information gathered to build a first draft of the plan. • Setting up of a **Monitoring Commission** of 15 experts from different backgrounds (public health, marketing, psychology, information systems, consumer representatives…) to support the prioritisation of actions and measures, and as a resource of excellence for development of strategic information and to guarantee the follow-up. The Monitoring Commission is called "Comissão Nacional para a Promoção da Literacia em Saúde" which translates to National Commission for the Promotion of Health Literacy.

	• The Plan includes and promotes **existing actions**, and **develops new ones**. The existing actions were evaluated through a set of 12 criteria developed on the basis of the CHRODIS criteria (EU Joint Action for Chronic Diseases[81]).
National/Regional	In Portugal, the National Health Plan (DGS, 2013), approved for the years 2016-2020, speaks about health literacy promotion at both national and regional levels.[21]The Ministry of Health works at national, regional and local level in mainland Portugal. The Azores and Madeira archipelagos, as autonomous regions, have broad powers for their own health care planning and management. All policy implementations that promote health literacy are considered at all these different levels.
Financial resources	Developed by the Directorate-General of Health, there was no external funding.
Content	
Goals	*"Implementing national initiatives that promote health literacy within the Portuguese Population" (Graça Freitas, 2019)*
	The Action Plan focuses on "***people-centred interventions**, increasing health literacy levels among the Portuguese population in a sustainable way, enhancing the ability of people to navigate the Portuguese National Health Service within the context of their everyday lives and improving self-care and disease management*." [82]
	In line with the Portuguese National Health Plan, the HL Action Plan is **centred on the life-course** (i.e. goals are centred on parents and educators, children and adolescents, adults, older persons) because evidence shows that transition moments in life (entrance on university, entrance on the work market, retirement, …) are critical opportunities for changing behaviours (National health Plan & National Program for School Health).
	The focus on the life-cycle makes perfect sense when considering the concept "person-centred approach". The approach to literacy shall contemplate the particularities of each stage of development, as health literacy can represent an opportunity to promote health and value the life-cycle.
	While keeping the person as the central piece of the intervention, the Action Plan intends to continuously and consciously improve the health literacy levels of the Portuguese population in a sustainable way.
	+ there is an additional focus on other national health objectives such as improving the quality of life for people over the age of 65, or reducing obesity and the percentage of smokers. [82]
	4 General objectives over the life-cycle (from as early as school years, during active years and going on into retirement):
	1. adopting healthy lifestyles
	2. enabling adequate use of health system
	3. promoting well-being (in chronic disease)
	4. promoting knowledge and research
	The objectives and strategic measures aim to achieve the articulation, standardisation and integration of projects, initiatives and activities.
	The integrated plans represent opportunities to improve literacy and promote health by developing separate initiatives.

Actors (implementers)	**3 pillars of intervention:** • Health professionals; • Population; • All partners who can contribute to the promotion of HL (education professionals, media, social networks, academic researchers, etc.). The implementation shall be carried out in an ambitious manner, alongside with partners and citizens, in order to enforce a wide set of measures and products aimed at achieving sustainable growth of the health literacy levels, directly contributing to an informed self-management of health processes for the improvement of the Portuguese population's health.
Beneficiaries	The Portuguese population in general, with a focus on vulnerable groups and on critical transition moments.
Partners	Public, Social and Private Sectors, Ministries and Interministerial Commissions, General-Directorates, National Health Plan, Health Programs, other structures belonging to the Ministry of Health, Academy, Professional bodies, universities, professional orders and scientific societies, NGOs, media (incl. social and digital media), civil society, patient associations, etc.

Actions	**3 strategical axes:**
	• to make instruments and tools available to **health professionals** (e-learnings, guidelines, manuals,…) in order to promote HL;
	• to carry out campaigns and thematic interventions for the **population** that promotes HL;
	• to increase the **network of partners** in order to enhance HL interventions and increase their impact in various settings.
	
	Strategical measures:
	• Plan for accessing and using healthcare
	• Integrated plan for the life-cycle
	• Plan for assessing and promoting health literacy knowledge
	• Plan for managing chronic diseases and promoting well-being
	
	Examples of already realised actions:
	
	• Created in the context of the SNS+ Proximidade , the Digital Health Literacy Library of the SNS Portal aims to be a digital repository of reference for the consultation of information and resources that represent good practices in promoting HL, available to citizens, communities and health professionals. [83]
	
	    ○ This online tool provides a **collection of digital books** on health issues such as prevention of falls, food, healthy relationships, winter care, social isolation, and navigation in the NHS. In the production of each book, technical and editorial teams are involved to ensure that the information is credible and presented in an appealing way to its target audience. [83]
	    ○ It also has a section that allows access to The "Diário da Minha Saúde" (My Health Journal), where citizens can manage their own personal health information in a personalized and confidential digital space (narrative medicine) and share it with friends, family and health professionals;).[83] This is meant to be an instrument for citizen empowerment with a view to their activation.

- A **Health Literacy Good Practices Manual for the Training of Health Professionals** aims to improve health professionals' communication skills and speech and information delivery, thus allowing the activation and capacity-building of the Portuguese population (to be released on the 12th of September 2019);
- The usage of different tools on **digital health literacy**: the Portuguese NHS has different digital tools (app´s; websites) accessible to the population, people-centred, to improve health knowledge and to facilitate the navigation within the National Health System;

- A 24-hour free telephone help desk, <u>SNS24 Centro de Contacto do SNS</u> (Health Line 24h), offers people an easy way to contact health professionals and clarify doubts or questions they might have about health. The service also allows people to book appointments and offers a set of services that allow people to resolve issues without having to travel to their health centre or hospital. The SNS24 team is multidisciplinary and includes doctors, nurses, pharmacists, psychologists, managers, IT, biomedical and administrative staff. The telephone answering team, for example, has about 800 nurses and 30 clerks. It is a national phone number (808 24 24 24) and digital service of the National Health Service. The country has promoted Health Line 24 through an advertising and information campaign.[84].
- **National Campaigns on the promotion of health literacy** focus on various subjects such as physical activity, tobacco control and healthy eating, with the support of multiple stakeholders such as the four main national TV Channels that are free to access for the entire population.

International collaborations:
- In collaboration with the Russian Federation, the Directorate-General of Health is leading the new **Network of the World Health Organization - the WHO European Region Action Network on Health Literacy for Implementation of Prevention and Control of NCDs**;
- Portugal is also involved in the **M-POHL - Action Network on Measuring Population and Organizational Health Literacy** (M-POHL Network). It was established under the umbrella of the WHO European Health Information Initiative (EHII) and aligned with Health 2020, the European policy framework for health and well-being. The Network aims to institutionalize a regular high quality internationally comparative European health literacy survey and support the collection of data on organizational health literacy as prerequisites for evidence-based policy and practice on health literacy;
- With focus on digital health literacy, the Directorate-General of Health together with the EuroHealthNet organized a **Workshop: Health Literacy - The Role of Digital as an Intersectoral Approach**, bringing together experts to discuss and outline cross-sector approaches and tools that can be used to support digital health literacy in health among vulnerable groups, as well as to identify strategies and good practices for the national public health organs to develop digital literacy in health in an equitable way.

Implementation	
Timing	<u>Roadmap</u>: Jan 2019-Dec 2020: Evaluate and promote knowledge of Health Literacy Jan 2019-Dec 2021: Develop and implement the Integrated Plan for different life cycle stages June 2019-Dec 2021: Develop and implement the plan for access to and use of the healthcare system June 2020-Dec 2021: Develop recommendations for chronic disease management and promotion of well-being

	June 2020-Dec 2021: Develop and implement the plan for the evaluation and promotion of health literacy knowledge [78].
Political opportunities / threats	Opportunity: Reassess needs and update the National Health Plan so that it is more focused and directed towards the current needs. Threats: Change in Government/politics
Public opportunities / threats	Opportunity: Improve healthy life years at the age of 65, reduce NCDs and have the population engage in activities and initiatives that improve their overall health. Threats may include incapacity of broadening the spectrum of communication to the whole population.
Evaluation	
Content	• The existing actions were evaluated through a set of 12 criteria developed on the basis of the CHRODIS criteria (EU Joint Action for Chronic Diseases[81]). • Further indicators will be defined that will allow the assessment of the need for possible adaptations for compliance and success of the plan.
Method	For the time-period of the Action Plan, in accordance with the roadmap, a range of milestones shall be established in order to assess the need for any possible changes to the Plan, to ensure its fulfilment and success.
Monitoring of HL	• Taking part in the next European Health Literacy Survey 2019 (M-POHL Network).
Impact (if any measured)	
	Preliminary results from several surveys appear to indicate that overweight among children has stabilized and is beginning to decline among children aged 7-8. [82] (COSI Portugal 2019).

1.6. Ireland

COUNTRY:	IRELAND
	There is no specific HL national Action plan for Ireland

Background	
• **Sources:** [21] [72]	• The International Adult Literacy Survey (IALS) [85] revealed that 55% of Ireland's population (surveyed in 1995) had very limited literacy skills. In 2002, the **National Adult Literacy Agency (NALA),** a not-for-profit organization, carried out a qualitative research project and published recommendations for health literacy policy and strategies [86]. Since then, NALA has worked closely with the Department of Health, Health Promotion Unit and Health Service Executive, which have supported NALA's health literacy initiatives.
	• In 2007, the multinational **pharmaceutical company MSD** decided that HL was a key element of their corporate social responsibility agenda. They started a collaboration with NALA to launch the Crystal Clear MSD Health Literacy Awards. This initiative is designed to recognize those driving change in HL across education and training, health writing and patient communication, to encourage best practice and to reward innovation in the field.
	• In 2007, NALA published a **policy paper on HL**[87] and in 2009 a **strategic plan for 2007-10**, which began the formal discussion of health literacy in an Irish context. The aim of this Strategic Plan was to connect health literacy issues to ongoing efforts to improve the competence and standards of healthcare settings being driven by the Health Information Quality Authority (HIQA).
	• In 2009, MSD sponsored a survey amongst 1,000 GPs to examine their views on patient communication: 69% of GPs were not aware that almost 50% of the Irish population have low literacy skills, 38% had not received training associated with patient communication skills, and 21% cited lack of education / literacy skills among patients as the greatest barrier to successful communication.
	• In 2012, the results of the **European Health Literacy Survey (HLS-EU)** showed that 39% of the people surveyed in Ireland have inadequate or problematic health literacy [36].
	• In 2012, the **Health Information and Quality Authority (HIQA)** published a Guide to National Standards for safer, better healthcare[88]. Although these 8 standards do not mention HL as such, they give a large importance to empowerment, shared decision making and patient-centred care.
	• In 2013 the Irish government published a **new health policy, Healthy Ireland**: A framework for improved health and wellbeing 2013-2025. [89] Theme 3 (out of 6) of this policy is 'Empowering people and communities'. The goal of this policy theme is "to foster the implementation of mutually reinforcing and integrated strategies and actions to encourage, support and enable people to make better choices for themselves and their families." [89].
	(NB: HL is hardly mentioned as such in this very global 60 pages' document ("Address and prioritise health literacy in developing future policy, educational and information interventions"))

Development	
Initiator	• The National Adult Literacy Agency (NALA)
	• For the national Health policy plan : the Irish Department of Health
Methods	-

National/regional	-
Financial resources	-

Content

Goals	**Ireland's national Health plan**
	The goal of the policy theme 'Empowering people and communities' of the Healthy Ireland plan is "to foster the implementation of mutually reinforcing and integrated strategies and actions to encourage, support and enable people to make better choices for themselves and their families". Twelve actions are proposed under this global theme, with only one specifically mentioning HL. But other actions can be seen as promoting HL in the broad sense and in a cross-sectoral way, as for instance: "Support, link with and further improve existing partnerships, strategies and initiatives that aim to increase the proportion of young people who complete full-time education". [89].
	NALA policy for HL
	"Objectives of the Irish health literacy program are to develop understanding of health literacy issues among key health stakeholders, share best practices across the health care sector, highlight and support good practice, and develop government debate and policy in the area. (…)
	Future efforts in health literacy in Ireland need to focus on five areas[66]:
	• Irish research to provide Irish solutions is needed. One area of focus for research is the literacy demands of Irish health care settings.
	• Health literacy needs to be integrated into all national health campaigns and screening projects.
	• Health literacy needs to be integrated into training at the undergraduate level for range of practitioners.
	• Incorporating health literacy into health care accreditation is desirable.
	• A national awareness campaign about the problem of low health literacy.
Actors (implementers)	-
Beneficiaries	The general population + vulnerable groups (people with disabilities, health and mental health problems, the unemployed, disadvantaged communities and minority groups).
Partners	Around 2010, an advisory committee was set up for the EU-HLS survey. This advisory committee included staff from the Health Information and Quality Authority (HIQA), the Department of Health, the HSE (= the organisation that runs all of the public health services in Ireland. It employs over 100,000 people. https://www.hse.ie/eng/about/who/) and Temple Street Children's Hospital. This group continued to meet to look at ways to use the survey results to influence health policy and develop practical ways to improve health literacy.
	In 2012, NALA set up a **National Health Literacy Advisory Panel** from that Advisory Committee. The Panel continued to meet until 2016. The role of the Panel was to:
	• publicise the Irish findings of the European survey;
	• develop strategies to implement Health Literacy in relevant political and social contexts;

	• and make recommendations for action such as publicity campaigns. The membership of the Panel includes representatives from voluntary and statuary organisations and serves as a useful mechanism for sharing relevant information. It has made a number of submissions to the Consent Policy and to a Population Health Strategy. The **Multi-stakeholder Collaboration** in Ireland groups the National Adult Literacy Agency (NALA), the Department of Health and the Health Service Executive, as well as university departments and the pharmaceutical company MSD.[90]
Actions	Only actions undertaken at the initiative of NALA could be identified: • **Accreditation programme for GP's and pharmacists** developed by NALA and Merck Sharp & Dohme: **the Crystal Clear programme**: "The programme will recognise general practices that deliver a health literacy friendly service to their patients, by awarding them the Crystal Clear Mark." The programme (launched in 2015) or pharmacies and general practices consists of an online audit of nine questions to determine their policies and procedures; how they communicate; staff awareness; and how they evaluate and continually improve their service. If the audit is successful, the health professional can apply for the Crystal Clear Mark (a door sticker and a certificate + advice for the promotion of the practice in the local media). For those who don't satisfy the criteria of the audit, a list of actions to undertake is sent to help the practitioner pass the audit the next time. • Publication of a **Literacy Audit for Healthcare Settings** (2009) [91]; this publication focuses on translating health literacy into practical steps. • Publication of **18 literacy friendly quality standards for hospital settings** (in complement to the HIQA's National Standards for Safer Better Healthcare) and the Mental Health Commission's Quality Framework for Mental Health Services in Ireland. Those standards where then implemented in 2 hospitals with the support of NALA. • Collaboration with the **Irish College of General Practitioners** (ICGP) to develop an eLearning health literacy module for their continuous professional development (CPD) programme (3 CPD credits). • Guidance documents for health and social care providers on **communicating in plain English** were developed in collaboration with HIQA + an educational video which explains health literacy and health literacy friendly practice to health care providers. This is available on HIQA's YouTube channel at http://bit.ly/21Ur4xQ Communicating in plain English was also the subject of a series of guidelines and toolkit done with the HSE : https://www.hse.ie/eng/about/who/communications/communicatingclearly/ • Literacy friendly health and wellbeing programme for older people **Well Now!** (South Dublin County Council and An Cosán). This programme promotes health and wellbeing among older people in a way that helps overcome literacy barriers. Topics covered in the course included being active; eating well; communicating in health settings and using technology. The programme was shortlisted for the AONTAS Star Awards 2017. When one looks at the official websites of the healthcare in Ireland, information regarding HL policy is scarce: https://www.hse.ie/eng/services/publications/topics/healthliteracy/
Implementation	
Timing	--

Political opportunities / threats	-
Public opportunities / threats	Barriers to implementation include no funding for national coordination of health literacy work. NALA is currently lobbying to initiate a Whole-of-Government strategy on literacy
Evaluation	
Content	-
Method	-
Monitoring of Health Literacy	-
Impact pf the policy (if any measured)	
	-

2.   TRANSVERSAL ANALYSIS

2.1. Announced goals

Table 1 – Announced goals in the studied HL action plans

Australia	The National Statement's goals are:
	• to raise awareness about health literacy and highlight the importance of addressing health literacy to ensure safe and high-quality care and reduce health inequities;
	• to promote a coordinated and collaborative approach across relevant sectors to systematically address health literacy;
	• to highlight best practices that can be implemented across health sector organisations.
	At the local level: to promote and provide resource materials for healthcare organisations to improve their health literacy environment.
Austria	Health Target n°3 has set three priorities:
	• Improve individual health literacy (especially in vulnerable groups)
	• Improve the health literacy-friendliness of healthcare services;
	• Improve the health literacy-friendliness of the production and service sector (the economic system).
	This should be achieved through 5 main strategies:
	1. Support sustained engagement with health literacy in Austria;
	2. Further networking, collaboration, exchange of experiences and collective learning;
	3. Coordinate measures between different political and social sectors;
	4. Aid development of a common understanding of health, spread knowledge and facilitate innovation;
	5. Establish monitoring and reporting, and ensure transparency and quality.
	In parallel, the ongoing Healthcare Reform has also set 5 action areas specifically within the healthcare sector:
	1. To improve the quality of communication in healthcare (by training healthcare professionals),
	2. To improve the quality of written and audio-visual information (by providing writers, financiers and publishers of information with a set of criteria and skills);
	3. To improve the health-literacy responsiveness of organisations (by providing self-assessment tools and guidelines);
	4. To empower citizens and patients (currently by an adaptation of the Ask-me-three campaign for Austria);
	5. To measure health literacy (currently by coordinating the European Network on Measuring Population and Organisational Health Literacy – M-POHL, and national participation in the network).
Ireland	Healthy Ireland plan: one of the policy themes is 'Empowering people and communities':
	• 12 actions are proposed under this theme, but only one specifically mentions HL: "Address and prioritise health literacy in developing future policy, educational and information interventions."

	- Some other actions of this global plan can be seen as promoting HL in the broad sense and in a cross-sectoral way, as for instance: "Support, link with and further improve existing partnerships, strategies and initiatives that aim to increase the proportion of young people who complete full-time education". On the other hand, the National Adult Literacy Agency (NALA) puts five areas on its agenda: 1/ research on the literacy demands of Irish health care settings. 2/ integrate HL into all national health campaigns and screening projects. 3/ integrate HL into training at the undergraduate level for a range of practitioners. 4/ incorporate HL into health care accreditation. 5/ a national awareness campaign about the problem of low health literacy.
Netherlands	Aim of the Health Alliance for Health Literacy: to reduce health inequalities and focusing on people with, among others, limited health literacy. The National Alliance for Health Literacy mainly focuses on partners in healthcare. The Health Alliance for Health Literacy (NGO) works under the umbrella of the national program for prevention 'Alles is Gezondheid (2014-2017, 2017-2021) (www.allesisgezondheid.nl). Part of this program is the reduction of literacy in general.
Portugal	In the official document of the HL plan, 4 goals are mentioned: 1/ adopting healthy lifestyles; 2/ enabling adequate use of health system; 3/ promoting well-being (in chronic disease); 4/ promoting knowledge and research. There is an additional focus on some other national health objectives such as improving the quality of life for people over the age of 65, or reducing obesity and the percentage of smokers.
Scotland	The first Scottish plan is mostly aiming at improving capacities of health professionals to address low HL: 1/ Raise awareness of the workforce about the hidden issue of insufficient health literacy and its impact; 2/ Enhance the capabilities of professionals to support improved health literacy responsiveness by improving access to useful health literacy techniques and resources (existing best practice); 3/ Promote the development and spread of new tools and innovations in new enabling approaches; 4/ Pay specific attention to transitions of care (hospital discharge, informed consent, changes in medication), which are key learning and patient safety points in healthcare. The second plan is more oriented towards designing supports and services to better meet people's health literacy levels.

2.2. Actors and partners

Table 2 – Actors and partners mentioned in the studied HL action plans

Australia	Organisations and individuals from the healthcare, social care, welfare and education sectors: • Consumers & Consumer organisations and other support services • Healthcare providers & Organisations that provide or support healthcare services (generally and at a local level) • Government organisations, regulators and bodies that advise on or set health and education policy • Private organisations which provide health-based goods and services • Education and training organisations Partners: Consumers, healthcare providers and organisations at all levels of healthcare provision, planning and evaluation [7]
Austria	Actors: • Civil servants from the federal Ministry of Health, from social insurance, from the federated countries (Länder); • Public health experts • Trainers, consultants • Scientists (to develop and evaluate programs / interventions) • Health and healthcare professionals • Health promotion professionals • Patients and relatives. • Healthcare organisations • Representatives from civil society (schools, extra-curricular youth work, women's health centres, enterprises, municipalities, etc.)
Ireland	Actors: no information Partners: The Department of Health, Department of Children and Youth Affairs, Department of Education and Skills, HSE directorates, statutory agencies, community and voluntary bodies and the private sector.
Netherlands	Actors/partners: 80 organisations work under the umbrella of the National Alliance for Health Literacy.
Portugal	Actors: • healthcare professionals, • the population • and all the partners who can contribute to the promotion of HL (education professionals, media, social networks, academic researchers,…) Partners: Public, Social and Private Sectors, Ministries and Interministerial Commissions, universities, professional umbrella organisations and scientific societies, NGOs, media (incl. social and digital media), civil society, patient associations, etc.
Scotland	Actors: • ALL health and social care workers

- For Plan 2, which calls upon more cross-sectoral work than Plan 1, the scope is broader (e.g. public libraries)

Partners:

- The Health and Social Care Alliance Scotland (the ALLIANCE)
- The Scottish Public Health Network
- Patient Partnership in Practice (P³) network
- the Scottish Council for Voluntary Organisations (SCVO)
- and many other from the rich associative field in Scotland…

2.3. Interventions

Table 3 – Summary of the interventions listed in the HL action plans, per country

Australia	The National Statement outlines **3 action areas** and presents a list of indicative examples without details. However, the background paper pins up a series of **already existing** examples:
	
	Area 1: Embed HL into systems:
	
	- Embed HL into government legislation, policies and plans, standards and funding mechanisms (e.g. altering funding mechanisms to encourage awareness and action on HL, implementing policies that prioritise HL in program planning).
	Examples:
	  - The Illawarra Shoalhaven Local Health District has addressed HL through a range of organisation-wide strategies [8]
	  - The Royal District Nursing Service has undertaken a project to develop a translation standard as a means of driving improvement in the quality of translation in health care for people for whom English is a second language. [9]
	- Embed HL into policies, procedures and practices of organisational systems (example: designing healthcare organisations in a way that makes it easier for people to find their way). The model here are the Ten attributes of a health-literate organisation of the US Institute of Medicine.[10]
	Examples:
	  - The Penola War Memorial Hospital in South Australia has developed the First Impressions Activities project to help identify some of the characteristics of the hospital that help or hinder the ability of a consumer to make their way around. [11]
	
	Area 2: Ensure effective communication
	
	- Provide print, electronic or other communication that is appropriate for the needs of consumers. A list of international tools and resources for making health information clear, focused and useable is provided in the document. The involvement of consumers in the development of information material is encouraged.
	Example
	  - The South Australian Guide to Engaging with Consumers and the Community is both a policy guide and a toolkit for healthcare organisations to assist them in engaging with consumers and minimising the barriers to health literacy.

- Develop interpersonal communication skills (how health information is communicated verbally and nonverbally between consumers, healthcare providers, managers, administrative staff and others): use of plain language, decision aids, shared decision-making processes, educative and recall strategies.

  Examples:

  - The Ask-Share-Know Patient- Communication Model [12, 13] is part of a research program of the University of Sydney designed to encourage and empower people to engage with their healthcare providers and make decisions about their health.

  - The Teach-back, Ask-tell-ask or Teach to goal are other examples of proposed techniques.

Area 3: Integrate HL into education:

- Education of **consumers** including population health programme, health promotion, education and social marketing campaigns;

- Education of **children** : a number of programs has been implemented at a national level to improve general literacy and health literacy: example of a program to teach children about health: https://www.lifeeducation.org.au/about-us

- Education and training for **healthcare providers:** Much communication training already occurs for a number of healthcare providers. Many professional organisations, university colleges, universities, vocational education centres and other training providers currently develop and deliver education, standards and professional development relevant to communication, health literacy and interpersonal relationships.

  Examples

  - The *New South Wales Clinical Excellence Commission* has developed an online HL Guide for healthcare providers and organisations. The toolkit includes tools and strategies that can be applied to address specific literacy, numeracy and way-finding issues. [15]

  - In the state of Victoria, the *Centre for Culture Ethnicity and Health* (CEH) developed a training course in HL to build the capacity of healthcare providers within the health sector to reduce barriers to HL within their services.

Austria	**Actions within Health target n°3: three priority areas**

Priority area 1: Healthcare system

47 specific actions were listed on the website of OEPGK (access July 2019). Some examples:

- Integration of the Balint Group work about improvement of communication and conversation skills in the training of some medical specialisations (psychiatry, psychosomatic medicine…).
- A method box for social insurance to collect best practice examples for possible improvements towards a "health-literacy friendly social insurance" (e.g. strategies for successful communication). The box was made available to all social insurance institutions.
- Improvement of the intercultural mediation services

Priority area 2: Individuals

54 specific actions were listed on the website of OEPGK (access July 2019). Some examples (but much overlap with the former priority area):

- Some Health Insurance Funds propose a "health literacy coaching" for their clients. The coaching is focused on strengthening individual health competence (obtaining reliable information and being able to make good use of it) during consultation with a therapist patient or for Internet searches.
- Low-threshold information for migrants was organised with socially committed migrants being trained as health pilots. After completing the course, they volunteer to organise information events in their mother tongue on health topics. (e.g. "MiMi - Mit MigrantInnen für MigrantInnen). |

- Extracurricular learning support (free of charge) for socio-economically disadvantaged groups, such as learning clubs, learning houses, learning aids and learning cafés (about 215 institutions). The promotion of general education indirectly strengthens health literacy.

Priority area 3: Production and services sector ("Konsum")

There are not many actions under priority 3 and most of them overlap with areas 1 and 2.

Actions within the Healthcare reform: 5 action areas

1. Good Health Information:
  - o Creation of a national health information website www.gesundheit.gv.at
  - o Creation of a low-threshold 24-hours telephone health information service
  - o Implementation of 15 criteria for Good Health Information [25], a guidance for people and organisations who publish, finance, write and disseminate information on health and diseases. The criteria are based on the Good Practice Health Information 2.0 of the German Network for Evidence-Based Medicine. They information can be summarised as follows: selection of relevant scientific sources and data, undistorted, clear and target group-oriented representation in word and picture, transparent and neutral information for users.

2. Good Conversational Quality in the Health System: Implementation of a **national strategy on improving the quality of communication in healthcare** [26]
  - o Empowerment of health professionals: standards for evidence-based communication training for health professionals and for certified communication trainers were developed in cooperation with the International Association for Communication in Healthcare (EACH). A trainer network was established.
  - o Work on the values within the healthcare field to re-orient the global health care system towards a patient-centred communication culture in the long-term. A nationwide network was set up for knowledge exchange, dissemination of the strategy, initiation of implementation measures, discussion and evaluation of the results of implementation.

3. HL-responsive health organisations, building up on the **Vienna Concept** of Organisational Health literacy [27] [28]. The Vienna concept is based on the 10 attributes of health literate healthcare organizations of the US Institute of Medicine [10] but has a larger scope in that it also addresses the fields of prevention, health promotion and public health, and that it provides a self-assessment tool for hospitals.
  - o Toolkits for diverse types of settings are currently being developed or are already available (primary care, schools, youth centres, health communities, workplaces).
  - o A "starter kit" for hospitals was developed in order to provide support for managers, organisational developers, employees in personnel development and quality management on their way to becoming a health-literate organisation. [29]

4. Empowerment of patients and their relatives:
  - o Implementation of "3 questions for my health", based on the "Ask me 3" concept of the National Patient Safety Foundation in the USA, to improve communication between patients and health professionals in a fast and effective way
  - o Access of the patients to their electronic health record in the context of the reform of the healthcare sector

5. Measure health literacy :
  - o coordinating the European Network on Measuring Population and Organisational Health Literacy – M-POHL

	o + national participation in the network
Ireland	Since there is no structured HL action plan for Ireland, this list is a random enumeration of interventions identified through our grey literature research (NALA website).
	The Crystal Clear programme is an accreditation programme for GP's and pharmacists developed by NALA and Merck Sharp & Dome; it aims at recognising general practices that deliver a health literacy friendly service to their patients, by awardin them the Crystal Clear Mark (on the basis of an online audit of nine questions). NALA is currently lobbying to ensure that the health literacy audit tool will become integrated into the standards for health care as prescribed and assessed by the Health Information and Quality Authority. However, the Crystal Clear healthcare awards submissions tend to be very focused on oral/written communication; it is not sure how valuable these are in terms of sustainable behaviour change.
	- Guideline for the use of plain English (e.g. national breast screening program where staff are literacy-friendly and the material has been developed using health literacy principles); - Production of health literate teaching materials, such as The Health Pack: Resource Pack for Literacy Tutors and Healthcare Staff (NALA, 2004 – not in free access online). These materials are prepared by health promotion staff working with literacy staff; - Production of the <u>Literacy Audit for Healthcare Settings</u> (2009), a health literacy tool for use in clinical settings. The publication focuses on translating health literacy into practical steps; - Training of communication staff in healthcare settings, toolkit for literacy-friendly healthcare settings; (Trying to) integrate HL training at undergraduate level for a range of health care practitioners.
Netherlands	No specific HL action plan. The current prevention program (PP5) focuses on development of knowledge (strategies and actions) for schools, neighbourhoods, work environments, care and health prevention. [92].
	Examples:
	- Foundation Reading and Writing (Stichting Lezen en Schrijven) aims at putting low (health) literacy on the political agenda by media attention and sharing knowledge [64] - The LHV toolkit 'low literate patients' (laaggeletterden) was developed for general practitioners and practice nurses. It offers information that will help them to improve their communication with patients who have lower health literacy skills [64] - The toolkit 'healthy language, dealing with low literacy in healthcare'(gezonde taal, omgaan met laaggeletterdheid in de zorg) was developed by CBO to improve health services by offering guidelines and information for healthcare providers that can help them dealing with low literate patients in healthcare practice (http://www.gezondheidsvaardigheden.nl/toolkit-gezonde-taal/); [64] - Implementation research of theory and evidence-based prevention strategies by dieticians; - Focus on prevention of injuries & diseases in the construction sector: "Duurzame inzetbaarheid in de bouw" (https://www.zonmw.nl/fileadmin/zonmw/documenten/Preventie/Factsheet_Duurzame_inzetbaarheid_bij_werknemers_in_de_bouw.pdf) - Research on the power of sport-event as opportunities for promoting health and social relations (https://www.zonmw.nl/nl/onderzoek-resultaten/gezondheidsbescherming/programmas/project-detail/preventieprogramma-5/de-kracht-van-sportevenementen/).
Portugal	**3 strategical axes:**
	- to make instruments and tools available to health professionals (e-learnings, guidelines, manuals,…) in order to promote HL; - to carry out campaigns and thematic interventions promoting HL for the population; - to increase the network of partners in order to enhance HL interventions and increase their impact in various settings.

Examples of actions already realised:

- Created in the context of the SNS+ Proximidade, the Digital Health Literacy Library of the SNS Portal aims to be a digital repository of reference for the consultation of information and resources that represent good practices in promoting HL, available to citizens, communities and health professionals. [83]
  - This online tool provides a collection of digital books on health issues such as prevention of falls, food, healthy relationships, winter care, social isolation, and navigation in the NHS. In the production of each book, technical and editorial teams are involved to ensure that the information is credible and presented in an appealing way to its target audience. [83]
  - It also has a section that allows access to The "Diário da Minha Saúde" (My Health Journal), where citizens can manage their own personal health information in a personalized and confidential digital space (narrative medicine) and share it with friends, family and health professionals;).[83] This is meant to be an instrument for citizen empowerment with a view to their activation.
- A Health Literacy Good Practices Manual for the Training of Health Professionals aims to improve health professionals' communication skills and speech and information delivery, thus allowing the activation and capacity-building of the Portuguese population (to be released on the 12th of September 2019);

- The usage of different tools on digital health literacy: the Portuguese NHS has different digital tools (app´s; websites) accessible to the population, people-centred, to improve health knowledge and to facilitate the navigation within the National Health System;

- A 24-hour free telephone help desk, SNS24 Centro de Contacto do SNS (Health Line 24h), offers people an easy way to contact health professionals and clarify doubts or questions they might have about health. The service also allows people to book appointments and offers a set of services that allow people to resolve issues without having to travel to their health centre or hospital. The SNS24 team is multidisciplinary and includes doctors, nurses, pharmacists, psychologists, managers, IT, biomedical and administrative staff. The telephone answering team, for example, has about 800 nurses and 30 clerks. It is a national phone number (808 24 24 24) and digital service of the National Health Service. The country has promoted Health Line 24 through an advertising and information campaign.[84].

- National Campaigns on the promotion of health literacy focus on various subjects such as physical activity, tobacco control and healthy eating, with the support of multiple stakeholders such as the four main national TV Channels that are free to access for the entire population.

Scotland	<u>**Plan 1:**</u> **4 strategic actions** - Raise awareness amongst the workforce of the hidden problem of health literacy and help them respond accordingly (capabilities programme). A key principle of the awareness raising taught to staff was the importance of avoiding making assumptions about people's abilities, and instead to consider using these tools and techniques routinely in their practice (<u>universal precautions approach)</u>. The capabilities programme relies on 5 tool techniques: Teach back, Chunk & check, use simple language, use pictures, offer help with paper work. Promotion occurs a.o. through developing a network of HL champions. - Embed health literacy practice into existing person-centred and patient safety improvement programmes (at that time, there were important shifts in strategic policy for health and social care). - Build a go-to web place for HL evidence and resources (<u>http://www.healthliteracyplace.org.uk/</u>) - Develop a national demonstration (geographical) site for a health literacy responsive organisation (Meeting the Health Literacy Needs of People at Transitions of Care – programme of work in NHS Tayside)

Plan 2:

- **Action area 1:** Share the learnings from Making it Easy and raise awareness around Health Literacy
  - o Further embed Teach back to check that people clearly understand the information they receive from their practitioners;
  - o Further promote the universal precautions approach in all decision-making steps, with appropriate use of decision aids and scenario thinking to trace the best options for people;
  - o Promote approaches that support more meaningful conversations in order to ensure that health and social care providers have understood what matters to the persons receiving care (e.g. 'What Matters to You?');
  - o Promote walkthrough and wayfinding approaches in order to identify barriers in care institutions such as inconsistent signalisation, confusing appointment letters, etc. particularly for people on high-risk treatments;
  - o Collaborate with citizens' panels and jury's (e.g. Our Voice citizens' jury) to explore how to further strengthen relationships between healthcare professionals and individuals;
  - o Promote self-management (see NHS self-help guides) and anticipated care planning conversations, in particular for people with long term conditions (Scotland's House of Care programmes), persons with incapacity, Palliative and End of Life Care, etc.;
  - o Increase the public awareness of health literacy issues, through further promotion of the Health Literacy Place website, use of social media, participation in the Health Literacy Month campaign, etc;
  - o Further build the Health Literacy Champions network in collaboration with partners such as the Alliance's Self-Management Network Scotland and the Scottish Public Health Network.

- **Action area 2:** Embed ways to improve HL in a range of policy and practice areas
  - o Promote and develop greater health literacy responsiveness in general practice and include health literacy skills within training for all primary care providers (pharmacists, dentists, non-clinical staff);
  - o Transform outpatient care to be more responsive, with less inappropriate visits to hospital and with patients signposted to the right clinician at the right time and right place, through optimising the roles of clinicians and making an efficient use of new technologies (Modern Outpatient Programme)
  - o Develop out-of-hours care and urgent care services that respond better to people's health literacy needs;
  - o Embed HL learning into the Distress Brief Interventions programme (limited and supportive problem-solving contact with someone in distress) and in supported decision-making conversations for persons in situations of impaired capacity;
  - o Support information about medicines for people who are taking complex medications through the Scottish Patient Safety Programme and the European Simpathy programme;
  - o Collaborate with organisations working to achieve full access and inclusion for disabled persons (inclusive and/or alternative communication);
  - o Embed HL in education and training of health and social care workers involved in person-centred approaches for the design of local care and support in the context of the emerging welfare reform programme (new social security system);
  - o Explore how digital tools can effectively support the shared decision-making interaction between people and their practitioners (Digital Health and Care Strategy);
  - o Research: on the role of human information intermediaries (e.g. family nurses), support group leaders and social workers in improving information skills and understanding for the most disadvantaged people (Strathclyde University) + involvement of the librarians + support for improved digital literacy skills such as the SCVO's digital participation programme;
  - o Collaborative action with NHS England through the UK Literacy Group to explore areas of common interest (initial focus will be on medications information, but other will follow).
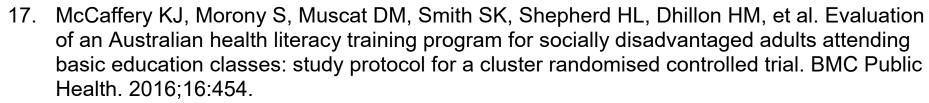
Action area 3: Shift the culture by developing more HL responsive organisations and communities

- o Shared decision-making : embed the process across healthcare teams, and between people and their communities, especially for people living with long-term conditions (MAGIC Programme[56])
- o Health Literacy design: explore health literacy development approaches that use active community engagement and co-design, such as Deakin University's Ophelia (OPtimising Health LIteracy and Access) approach[57].
- o Creating health literate organisations and communities: NHS Tayside's work under Plan 1 was about creating a focus on improved health literacy within one locality from which one could spread and share the learning to many. Approaches such as the Ten attributes of a health literate healthcare organisation[10] and the Organisational Health Literacy Assessment Tool from Deakin University[55] can help organisations find their priority areas for action on health literacy, building on their strengths and assets, while targeting their weaknesses.
- o Embed health literacy within school age education in collaboration with the Royal Pharmaceutical Society.

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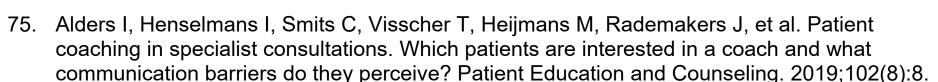
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70. Murugesu L, Heijmans M, Fransen M, Rademakers J. Beter omgaan met beperkte gezondheidsvaardigheden in de curatieve zorg; kennis, metho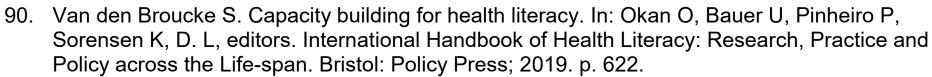den en tools. . Utrecht: Nivel; 2018. Available from: https://nivel.nl/sites/default/files/bestanden/Beter_omgaan_met_beperkte_gezondheidsvaardigheden_in_de_curatieve_zorg.pdf

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