The German National Action Plan on Health Literacy – empirical base, development and implementation

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Prof. Doris Schaeffer, University of Bielefeld, Bielefeld
Health Literacy in Germany

• Late uptake of health literacy debates
• Public Health in Germany not very amenable to health literacy (e.g. due to education sciences not being seen as core aspect of public health)
• Then came the HLS-EU...
% of Comprehensive HL Levels for Countries and Total Sample

<table>
<thead>
<tr>
<th>Country</th>
<th>inadequate comp.-HL</th>
<th>problematic comp.-HL</th>
<th>sufficient comp.-HL</th>
<th>excellent comp.-HL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>1.8%</td>
<td>26.9%</td>
<td>46.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Ireland</td>
<td>10.3%</td>
<td>29.7%</td>
<td>38.7%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Poland</td>
<td>10.2%</td>
<td>34.4%</td>
<td>35.9%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Greece</td>
<td>13.9%</td>
<td>30.9%</td>
<td>39.6%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Germany</td>
<td>11.0%</td>
<td>35.3%</td>
<td>34.1%</td>
<td>19.6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12.4%</td>
<td>35.2%</td>
<td>36.0%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Austria</td>
<td>18.2%</td>
<td>38.2%</td>
<td>33.7%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Spain</td>
<td>7.5%</td>
<td>50.8%</td>
<td>32.6%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>26.9%</td>
<td>35.2%</td>
<td>26.6%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Health Literacy Survey Germany (HLS-GER)

- Project duration: 2013-2016
- Representative, cross-sectional survey among German population
- Data collection via computer-assisted personal interviews (2014)
- Representative probability sample of 2,000 respondents
- Respondents aged 15-years+
- Measures (self-assessed):
  - *health service use*: doctor, hospital, and other health professionals (last 12 months), emergency service (last 24 months),
  - *socio-demographic indicators*: gender, financial deprivation, education level, migrant background
  - *health status indicators*: self-perceived health, chronic illness
  - *health literacy*: HLS-EU-Q47

### Measurement Instrument HLS-EU-Q-47

<table>
<thead>
<tr>
<th>Health Literacy</th>
<th>Access/obtain information</th>
<th>Understand information</th>
<th>Process/appraise information</th>
<th>Apply/use information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care</td>
<td>Ability to access information on medical or clinical issues</td>
<td>Ability to understand medical information and derive meaning</td>
<td>Ability to interpret and evaluate medical information</td>
<td>Ability to make informed decisions on medical information</td>
</tr>
<tr>
<td>Disease prevention</td>
<td>Ability to access information on risk factors for health</td>
<td>Ability to understand information on risk factors and derive meaning</td>
<td>Ability to interpret and evaluate information on risk factors for health</td>
<td>Ability to make informed decisions on risk factors for health</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Ability to update oneself on health-related issues</td>
<td>Ability to understand health-related information and derive meaning</td>
<td>Ability to interpret and evaluate health-related information</td>
<td>Ability to make informed decisions on health-related information</td>
</tr>
</tbody>
</table>
Prevalence of limited health literacy

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Excellent</th>
<th>Sufficient</th>
<th>Problematic</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-29 y</td>
<td>10.3%</td>
<td>42.5%</td>
<td>40.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>30-45 y</td>
<td>8.5%</td>
<td>44.3%</td>
<td>40.2%</td>
<td>7.0%</td>
</tr>
<tr>
<td>46-64 y</td>
<td>7.8%</td>
<td>37.1%</td>
<td>45.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>65 y and above</td>
<td>3%</td>
<td>30.7%</td>
<td>51.1%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Excellent</th>
<th>Sufficient</th>
<th>Problematic</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7.1%</td>
<td>39.8%</td>
<td>43.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Female</td>
<td>7.5%</td>
<td>37%</td>
<td>45.4%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Excellent</th>
<th>Sufficient</th>
<th>Problematic</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>9.1%</td>
<td>39.7%</td>
<td>43.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Medium</td>
<td>7.5%</td>
<td>42.2%</td>
<td>44.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Low</td>
<td>6.2%</td>
<td>31.7%</td>
<td>45.9%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MB Status</th>
<th>Excellent</th>
<th>Sufficient</th>
<th>Problematic</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MB</td>
<td>10.6%</td>
<td>18.8%</td>
<td>53.0%</td>
<td>17.5%</td>
</tr>
<tr>
<td>No MB</td>
<td>7.0%</td>
<td>40.1%</td>
<td>43.8%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Total          | 7.3%      | 38.4%      | 44.6%       | 9.7%       |
Three areas of health literacy: Health Care, Disease Prevention, Health Promotion

- Health Care:
  - Excellent: 12.7%
  - Sufficient: 44.6%
  - Problematic: 31.3%
  - Inadequate: 10.1%

- Disease Prevention:
  - Excellent: 11.5%
  - Sufficient: 40.8%
  - Problematic: 36.2%
  - Inadequate: 11.5%

- Health Promotion:
  - Excellent: 6.0%
  - Sufficient: 33.7%
  - Problematic: 39.5%
  - Inadequate: 20.8%
Project: National Action Plan Health Literacy

Lead: Prof. Dr. Doris Schaeffer, University of Bielefeld (Head)
     Prof. Dr. Klaus Hurrelmann, Hertie School of Governance (Deputy)
     Prof. Dr. Ullrich Bauer, University of Bielefeld
     Dr. med. Kai Kolpatzik, AOK-Bundesverband

Project office: Dr. Heide Weishaar, Hertie School of Governance, Berlin
               Dr. Annett Horn, University of Bielefeld

Funders: Robert Bosch Stiftung (Foundation)
         AOK-Bundesverband (Statutory Health Insurance)

Patron: Minister of Health Hermann Gröhe
Publication of HLS-GER 2016

Review

Meetings of Expert Committee

Stakeholder Consultation

Meetings of Expert Committee

Public Launch 19 February 2018
# Review of national action plans

<table>
<thead>
<tr>
<th>Aim</th>
<th>Process of development</th>
<th>Definition of Health Literacy</th>
<th>Framing of Health Literacy</th>
<th>Actors</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Plan</strong></td>
<td><img src="AmericanPlan.png" alt="Image" /></td>
<td><img src="WelshPlan.png" alt="Image" /></td>
<td><img src="AustralianPlan.png" alt="Image" /></td>
<td><img src="ScottishPlan.png" alt="Image" /></td>
<td></td>
</tr>
</tbody>
</table>
Expert Committee

• Prof. Dr. med. Attila Altiner
  Medical Faculty Rostock

• Prof. Dr. Marie-Luise Dierks
  Medical Faculty Hannover

• Prof. Dr. Michael Ewers MPH
  Charité – Medical Faculty Berlin

• Susanne Jordan, Robert Koch-Institute

• Prof. Dr. Ilona Kickbusch, Careum Foundation

• Dr. Bernadette Klapper, Robert Bosch Stiftung

• Prof. Dr. phil. Jürgen Pelikan
  University of Vienna

• Prof. Dr. Rolf Rosenbrock
  Paritätischer Wohlfahrtsverband
  – Gesamtverband e.V.

• Dr. Sebastian Schmidt-Kaehler
  Patienten[projekte]

• Ministerialrat Dr. Alexander Schmidt-Gernig
  Ministry of Health

• Prof. Dr. Christiane Woopen
  University of Cologne
Terminology and definition of health literacy

**Figure:** Relationship between individual and organisational/systemic health literacy

Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.

(Sorensen et al. 2012)
Stakeholder consultation

Aims

• First feedback on a summary of the draft plan
• Assess different stakeholders’ understanding of health literacy
• Gather overview of existing activity in the field of health literacy
• Needs assessment
• Gather opinions of how the problem of limited health literacy can be tackled
• Garner support for the National Action Plan

Who

• Approximately 20 in-depth interviews with representatives of different sectors
• Stakeholder consultation event
• Consultation meeting with representatives of patients’ organisations
• Focus groups with patients
NATIONALER AKTIONSPLAN GESUNDHEITSKOMPETENZ
Nationaler Aktionsplan Gesundheitskompetenz

Die Gesundheitskompetenz in Deutschland stärken

INFORMATIONEN

bewerten

finden

anwenden

verstehen
Content of the National Action Plan to improve Health Literacy in Germany

• Why do we need a National Action Plan on Health Literacy?
• What is Health Literacy?
• Why does Health Literacy gain in importance?
• How good is Health Literacy in Germany?
• How can Health Literacy be improved?
• What are the underlying principles when improving Health Literacy?
In Brief

National Action Plan – Strengthening Health Literacy in Germany

In Germany, approximately every second individual has limited health literacy. People with limited health literacy find it difficult to find, understand, appraise and apply health-related information. Therefore, an expert committee has developed this national action plan to strengthen health literacy. The plan focuses on four areas of action and presents 15 specific recommendations to improve and strengthen health literacy in Germany.
Health literacy of people with chronic illness: Germany, Austria, Switzerland and HLS-EU
Fostering health literacy in daily life
1. Enabling the education system to strengthen health literacy early in life
2. Promoting health literacy in the workplace
3. Strengthening health literacy in relation to consumption- and nutrition-related decisions
4. Facilitating dealing with health information in the media
5. Empowering communities to strengthen health literacy locally

Making the health system more user-friendly
6. Establishing health literacy as a standard on all levels of the health system
7. Facilitating navigation of the health system, increasing transparency, reducing administrative hurdles
8. Improving communication between health professionals and the health system users
9. Making health information more user-friendly
10. Facilitating and strengthening patient participation

Health literacy and chronic illness
11. Integrating health literacy into the care of the chronically ill
12. Facilitating and supporting adequate coping with chronic illness and their implications
13. Strengthening self-management
14. Fostering health literacy in coping with activities of daily life

Expanding health literacy research
15. Expanding research into health literacy

Recommendations 11–14

Principles for implementing the recommendations into good practice
1. Reducing social and health inequalities
2. Changing both individual and structural conditions
3. Enabling participation
4. Seizing the potential of digitalisation
5. Facilitating collaboration between actors from all sectors of society

Recommendation 15

Recommendations 6–10

National Action Plan
Strengthening Health Literacy in Germany
An overview of the recommendations
Media work and plans for implementation

Media work

• Website: www.nap-gesundheitskompetenz.de (currently German only)
• Short summary of the National Action Plan (flyer-format)
  Will be communicated via newsletters, journals, etc. (e.g. journal of a statutory health insurance)
• Articles in practitioners journals

Implementation

• Contact point for health literacy
• Three workshops to discuss the national action plan
A „bottom up“/expert initiative: Reflection on challenges and opportunities

• Parallel developments HLS-GER, the National Action Plan and the Alliance on Health Literacy > evidence-based policymaking
• Independence, expert opinion and neutrality vs. Political strategy
• „Bottom up“: Lack of power / being detached from political decision making
  But: Minister of Health Hermann Gröhe as patron
• Political situation with difficulties in formation of the German government
Thank you for your attention