

Health literacy in policy

Evidence from a WHO Evidence review

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What is Health Literacy?

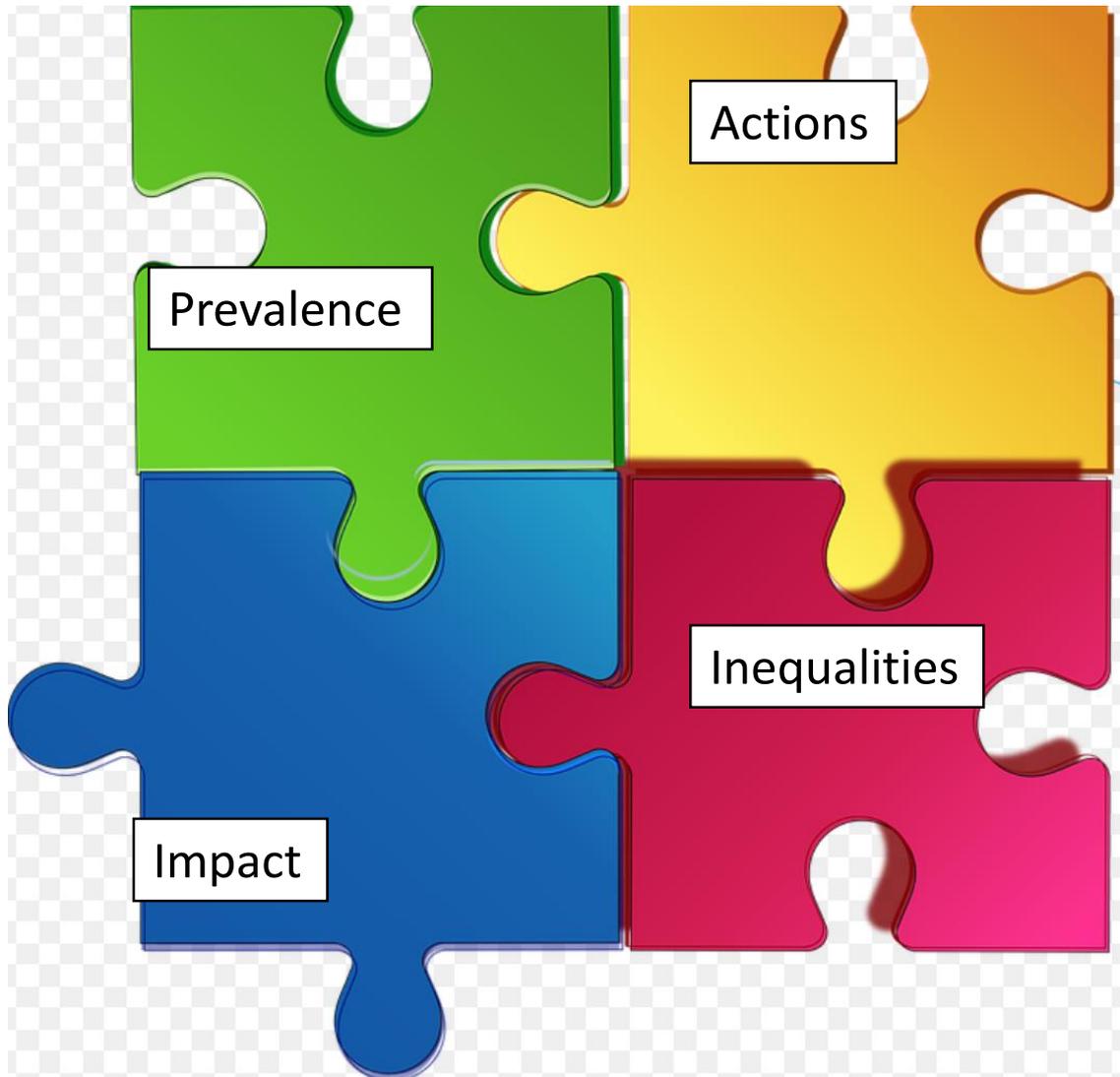
(Health literacy is) the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.

WHO 2015

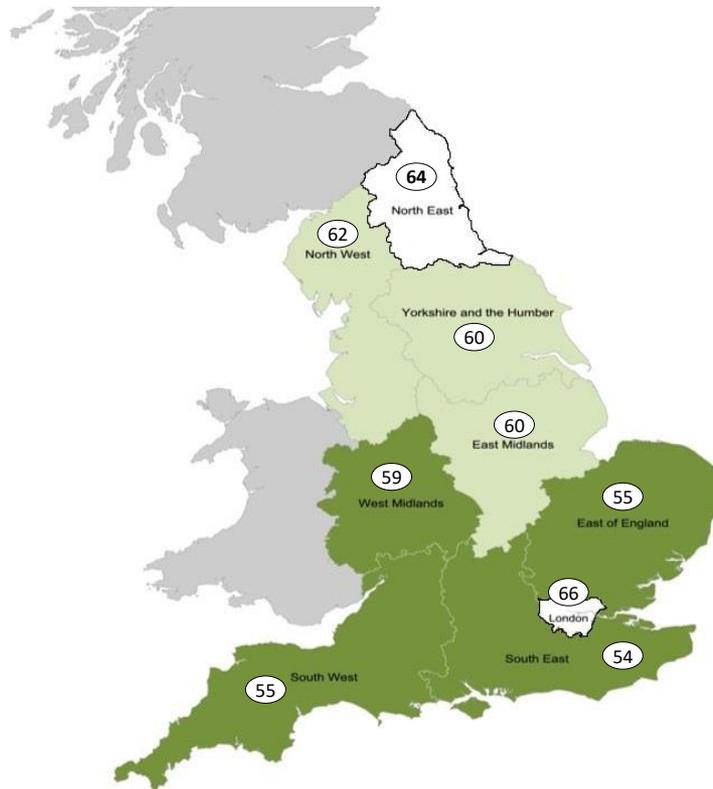
Health literacy empowers individual citizens and enables their engagement in collective health promotion action. A high health literacy of decision-makers and investors supports their commitment to health impact, co-benefits and effective action on the determinants of health... it is a critical determinant of health.

Shanghai Declaration. WHO 2016

Why is health literacy important?



Prevalence: the percentage of adults aged 16-65 years for whom health information is too complex

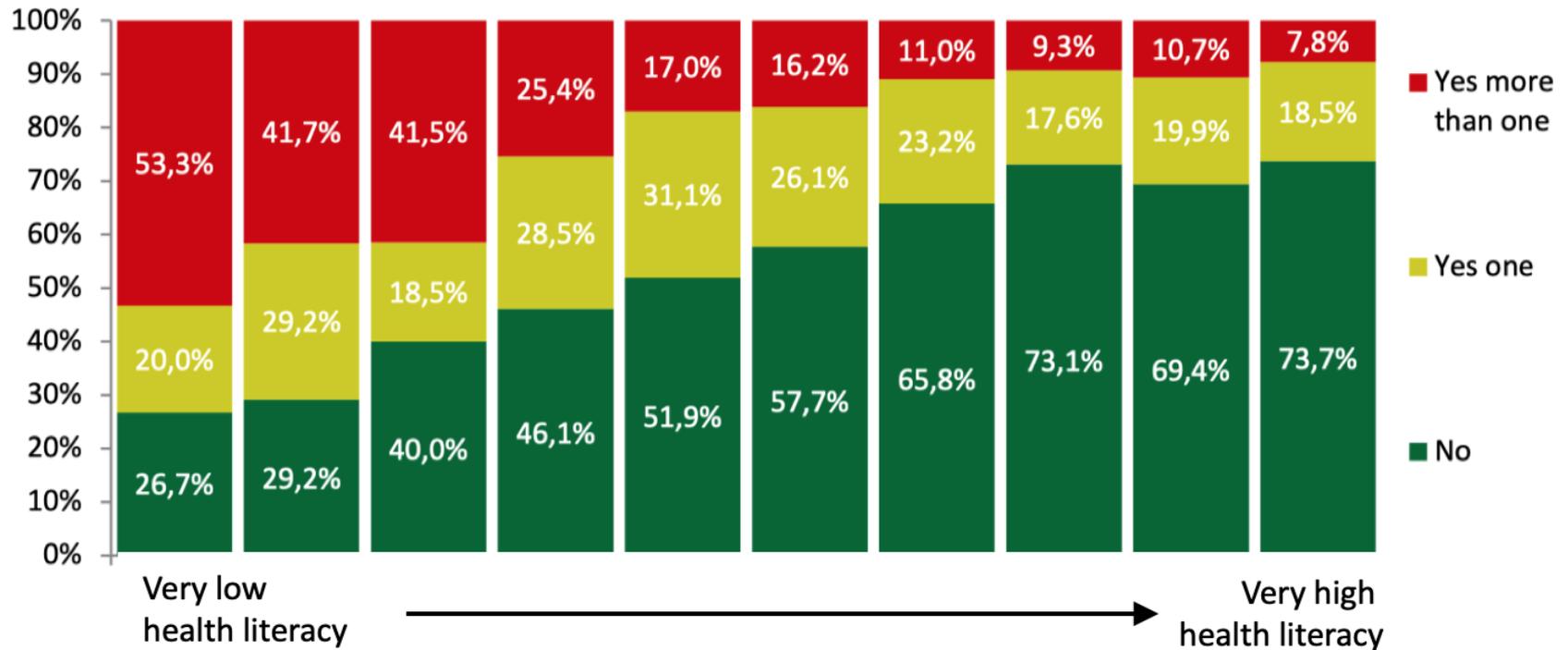


**Text (literacy)
AND
Numeracy
component of
health materials**

**National average
61%**

Rowlands et al (2015)

Impact: health literacy and long-term health conditions

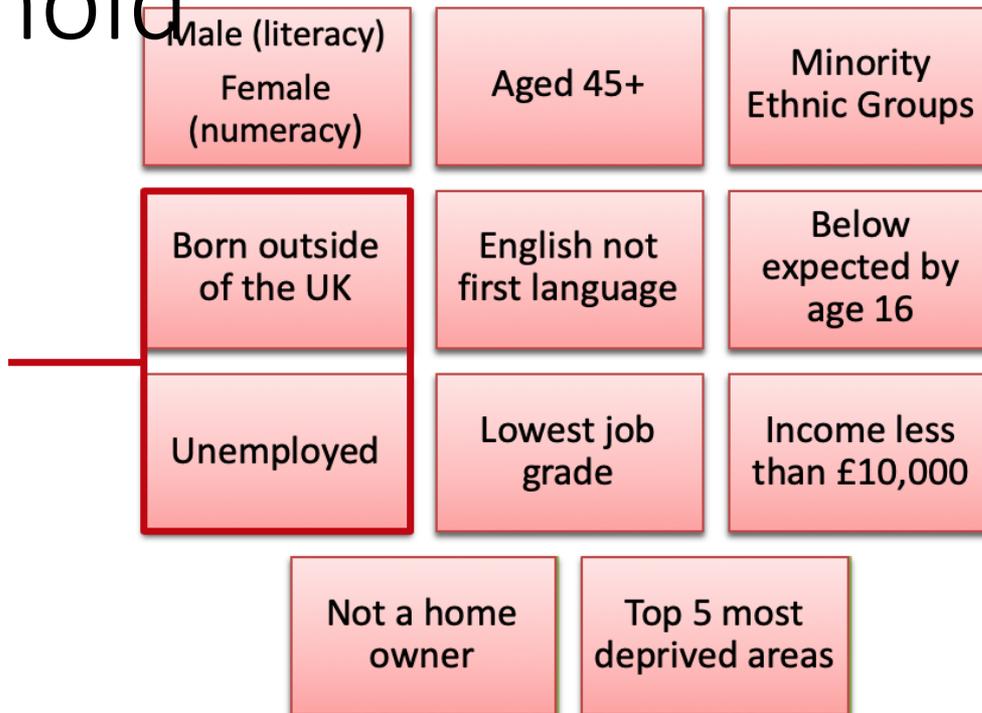


European health literacy survey 2012

Inequalities:

Characteristics of those at highest risk of being below the health literacy threshold

Not statistically significant when all factors considered together



Actions: what would happen if we increased health literacy in the most socially disadvantaged group?

	Low socio-economic status	Middle socio-economic status	High socio-economic status	All
% with a long-term health condition	40*	29	25	29

*risk of having a long-term health condition significantly associated with also having low health literacy

Data courtesy of the Health Service Executive Ireland

Learning from WHO Europe Region.
Existing policies and strategies and their
effectiveness for improving health
literacy at national, regional and
organizational levels

Publication:

What is the evidence on existing policies and linked activities and their effectiveness for improving health literacy at national, regional and organizational levels in the WHO European Region?

Copenhagen: WHO Regional Office for Europe; 2018 (Health Evidence Network (HEN) synthesis report 57).



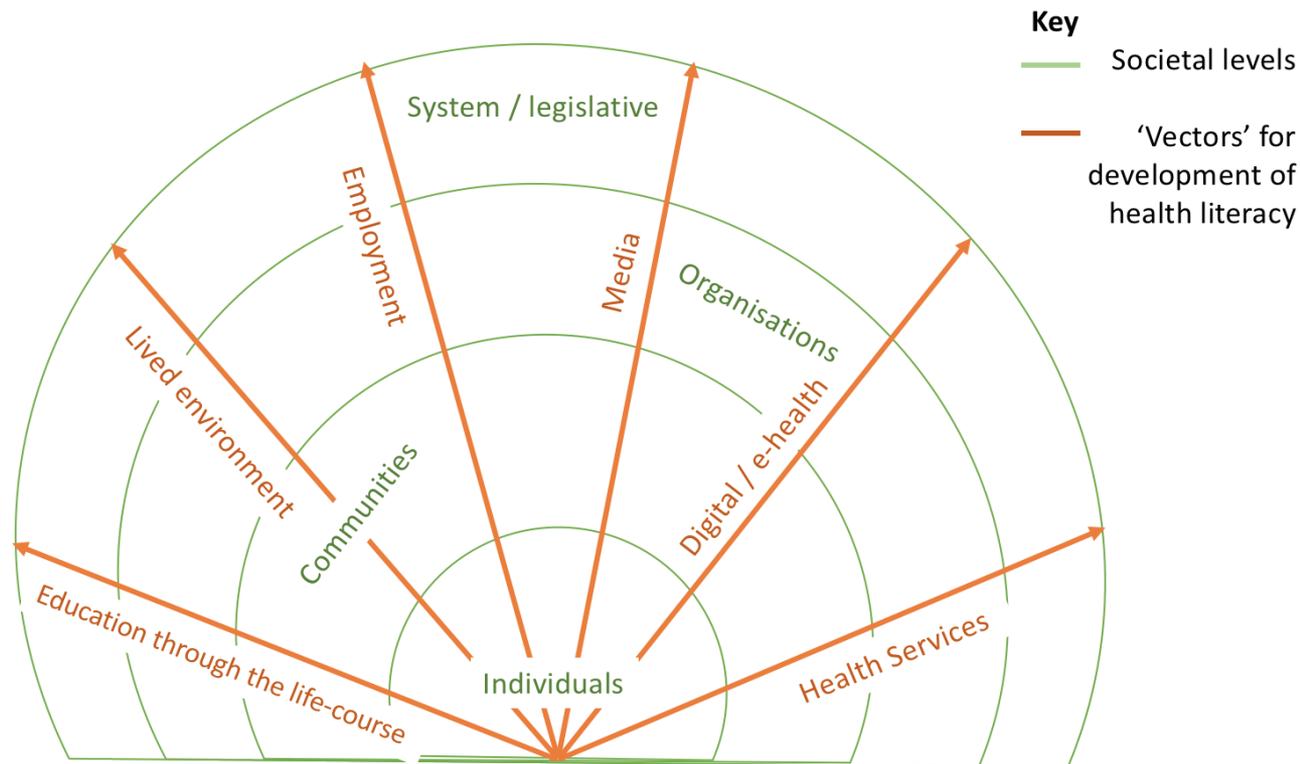
URL: <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2018/what-is-the-evidence-on-existing-policies-and-linked-activities-and-their-effectiveness-for-improving-health-literacy-at-national,-regional-and-organizational-levels-in-the-who-european-region-2018>

The approach

- The evidence synthesis used clear definitions of policy and health literacy, and clear inclusion and exclusion criteria.
- Policies were identified through
 - A rigorous search of peer-reviewed literature using a pre-defined search strategy
 - An internet search and secondary reference searching for 'grey' literature and
 - A web-based internet enquiry involving health literacy experts.

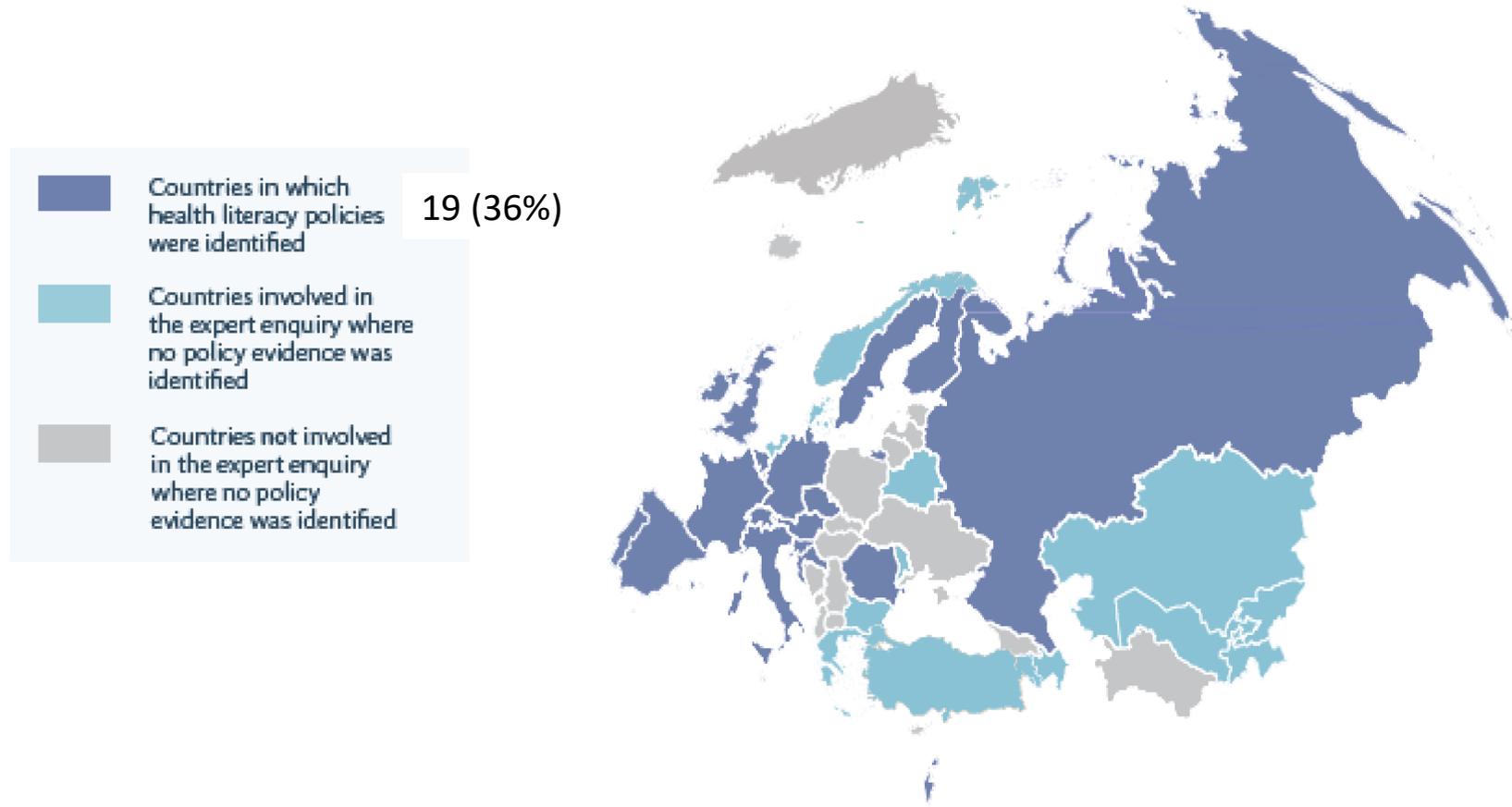


- A new health literacy policy framework was developed iteratively



- Evidence of impact of the policies was identified

Member States in the WHO European Region with health literacy policies



Key findings

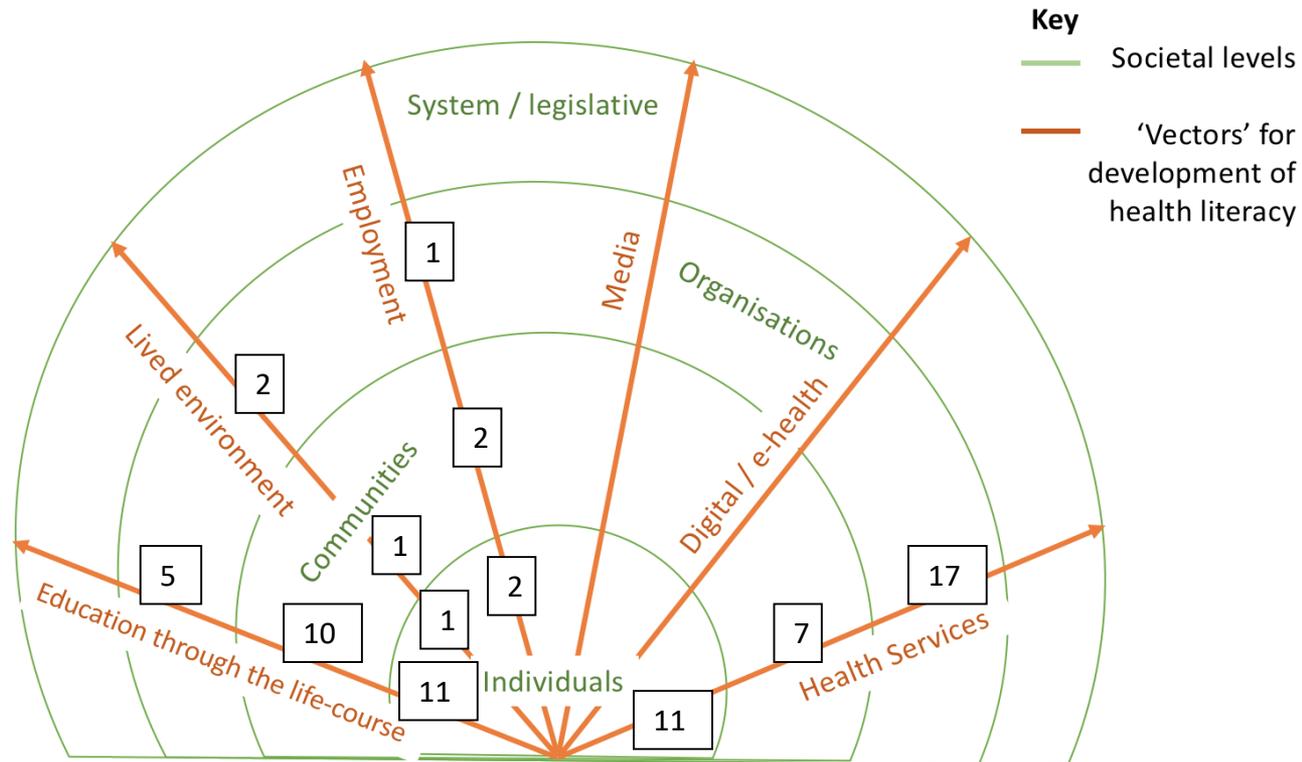
Antecedents:

- Low health literacy of individuals e.g. people, patients, workers
 - Low health
 - Health inequalities, vulnerable populations
 - Health behaviours
 - Lack of organisational health literacy
 - System / legislative: addressing social gradients, lifestyle, environmental safety, lack of awareness of health literacy at a policy level
- **Mismatch between stated antecedents and data**

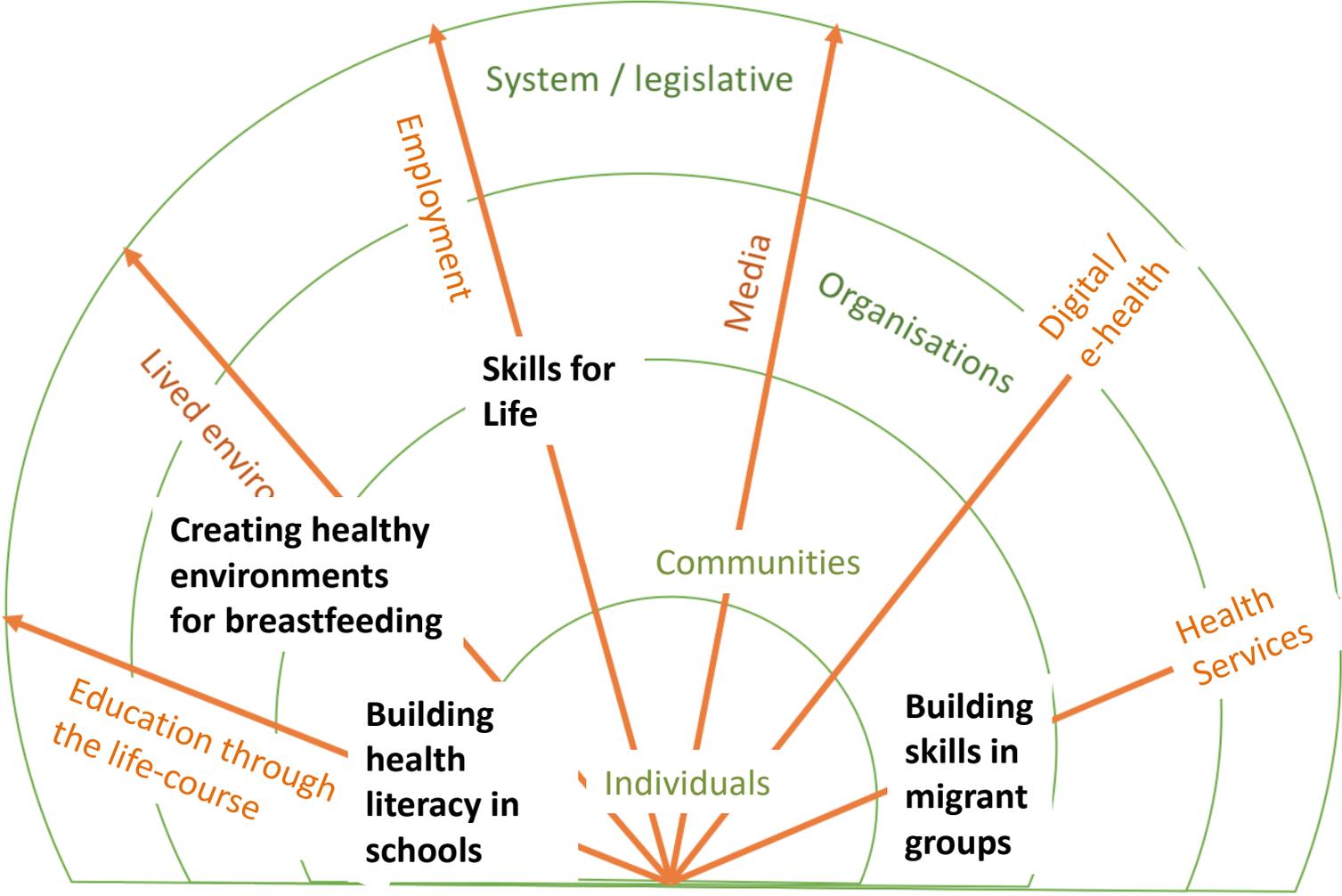
Actors

- Beneficiaries: patients, citizens, learners and students, employees, prisoners, vulnerable communities (migrants, Roma community) and population groups (older people, pregnant women), families
- Implementers:
 - Public sector organisations, not-for profit organisations (community groups, charities), private sector companies, trade unions
 - Local and national government: health, social services

Mapping findings against policy framework



Some examples



Building health literacy through education: **Finland**



All students in the Finnish school system

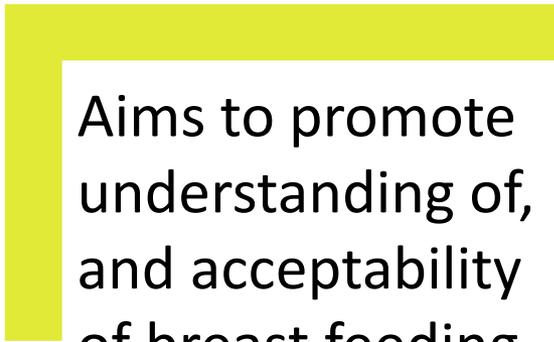
Aims to build health literacy in Finnish pupils throughout their school lives

Outcomes:
Evaluation has shown a satisfactory level of student development of health literacy

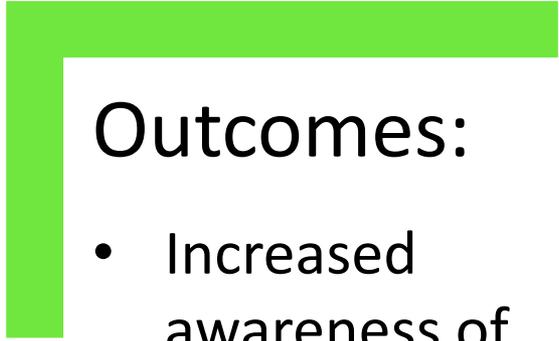
Creating healthy environments for breastfeeding: **Belfast**



Established in 46 city council buildings open to the public



Aims to promote understanding of, and acceptability of breast feeding



Outcomes:

- Increased awareness of the benefits of breastfeeding
- Increased acceptability of breast feeding

Belfast Healthy Cities 2014-15

Building health literacy in the workplace (Skills for Life programme): **UK**

Low skilled workers in the Army and the Postal service

Skilled for life programme and materials*

* Freely available

Outcomes:

- Increased knowledge: lifestyles, mental and physical health
- Improved diet, exercise and mental health
- Enthusiasm for continued wider learning

Building health literacy in migrant groups: **Sweden**

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graph LR; A[Newly arrived migrant women] --> B[Culturally sensitive sexual health training]; B --> C[Outcomes: Increased: -knowledge and language; -confidence to raise and discuss; -awareness of sexual and reproductive rights; and -empowerment.];
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Newly arrived migrant women

Culturally sensitive sexual health training

Outcomes:

Increased:

- knowledge and language;
- confidence to raise and discuss;
- awareness of sexual and reproductive rights; and
- empowerment.

Why consider health literacy in policy?

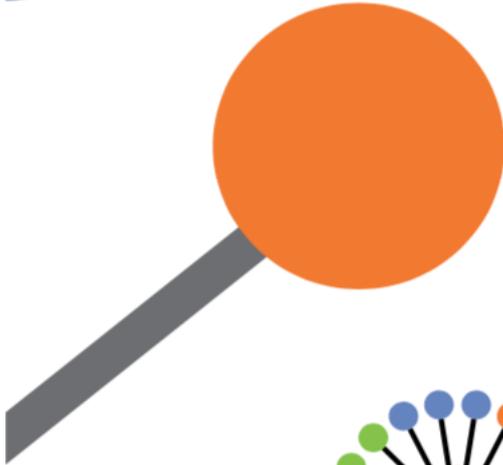
- Health literacy is a critical determinant of health. Building health literacy has the potential to empower individuals and communities and reduce health inequalities
- Need to move towards a health promotion and disease prevention approach rather than 'fire fighting' preventable illness
- Move towards a situation where people and communities demand health rather than accept the services on offer

How to include health literacy in policy

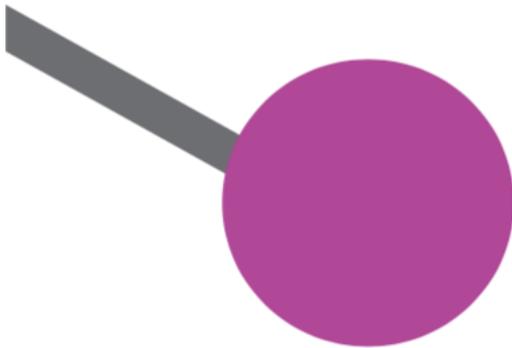
- Have health literacy as an outcome of activities across a range of societal areas
- Plan to gather data as a baseline and then at regular intervals: Northern Ireland Health Survey
- Develop activities at individual, community, organisation and system/legislative areas
- Look for societal and geographical areas where increased capacities of individuals, families and communities can lead to more health, less illness, and fewer inequalities **outside health systems**
- Proportionate universalism (Marmot) – put the most resources into individuals and communities with the most need

When to include health literacy in policy

- Ideally at the start
- With any new policy – introduce health literacy impact assessments
- Build in reviews
 - Are the policies leading to more health, less illness, fewer health inequalities?
 - Are policies leading to empowered individuals and communities actively shaping services and the environment?
- Measure



MAKING LIFE BETTER



**A WHOLE SYSTEM
STRATEGIC FRAMEWORK
FOR PUBLIC HEALTH**

2013-2023

June 2014



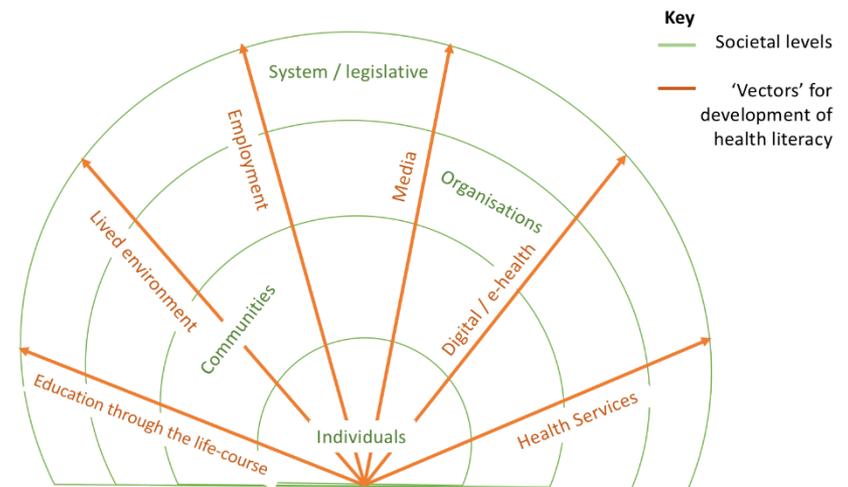
- Whole-society approach across many societal areas

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- Focuses on
 - health promotion and illness prevention through empowering individuals and communities
 - Proportionate universalism
- Contains a strong section on health literacy

Lessons from the WHO Policy Evidence synthesis

- Look at how health literacy might add to the areas outside the health system. Where would building individual and community capacities lead to greater health in lifelong learning, the lived environment, the workplace, the media, and digital / e-health?
- Include health literacy as a baseline and a monitoring tool to measure success



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Thank you

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