Health Literacy for Healthy Ageing

POLICY BRIEF FOR HEALTH ORGANISATIONS

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Further reading on the activities in the IROHLA project:
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Further reading on health literacy research in the IROHLA project:
www.healthliteracycentre.eu

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Summary

Why is health literacy important for European health organisations?

Health literacy is the degree to which people are able to access, understand, appraise and communicate information in relation to health and disease. Health literate people are able to understand messages concerning healthy living, can discuss their needs and demands with health care professionals, and can take informed decisions to stay healthy and manage existing health conditions. Health literacy enables people to maintain quality of life. In Europe only half of the adult population has sufficient levels of competencies linked to health literacy. In particular, older persons, people with a lower level of education, with lower socio-economic status or from migrant or minority communities face health literacy problems[1].

Older people have to cope with more chronic health problems than younger people, and consequently face more physical, mental and social challenges due to ageing[2]. The capacity of many older people to manage their health or adhere to medical treatments often falls short compared to the required needs. Improving health literacy in the ageing population therefore is a priority[3].

What can health organisations do?

Health care and welfare organisations are stakeholders in the health system, for example providing health or social services, providing education or training, or financing health care. Also professional organisations or interest groups of users or families belong to this group. These organisations play a role in health promotion, and disease prevention, cure and care.

1. Health organisations can improve quality and efficiency of work by incorporating health literacy in all strategies and work plans for health care and healthy ageing. They can improve substantially on communication and decision support to older patients when applying recommendations from the IROHLA project[4]. They can make e-health and m-health better accessible to older age groups. They can support families and communities that assist older people in healthy living, for example by involving peer supporters or community volunteers.
2. Health organisations can become better accessible, so that older people easier find their way, make appointments, or understand written or oral information. Focus on person-centred care offers health care workers the possibilities to communicate effectively with older people, especially when clients face difficulties in understanding medical treatments[5].
3. It is important address health literacy in a comprehensive manner, linking activities for individuals and communities with activities for professionals and organisations. Changing the culture in organisations requires a long-term follow up. [4]

What is the expected impact?

Improving the health literacy of older people will improve their capacities to stay healthy and manage chronic conditions. It will give them access to innovative communication technologies. It will enhance adherence to medical treatments. It will increase equity in access to health services and contribute to active and healthy ageing and increasing healthy life expectancy.

Improving health literacy communication will also improve work satisfaction and effectiveness of health care workers, who can respond to the demands of vulnerable groups in society. Health systems become more effective and sustainable, due to more efficient utilisation of health services[6].

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1 Why focus on health literacy?

Health literacy makes a difference

Health literacy is the degree to which people are able to access, understand, appraise and communicate information in relation to health and diseases. Health literacy enables people to cope with the demands of different health situations in order to promote and maintain good health during the life course. Health literacy therefore is an essential asset to stay healthy and to recover quickly after falling ill. Health literacy helps to maintain people's quality of life[7].

Health literacy is based on a balance of needs and capacities: when people are seriously or chronically ill, they have to take more complicated decisions than when they are healthy. Emotional, physical or mental conditions have an effect on health literacy and the abilities of people to manage their own health[8].

Health literacy is more likely to be challenging for people with lower levels of education, with lower socio-economic status, coming from migrant or minority communities, and also for people with mental health problems. Over half of the adult population in Europe has inadequate health literacy [1,2] Health literacy is especially important for older people, who have to cope with more health problems than younger people and face more physical, mental and social issues due to ageing.

If older people are better able to take informed health decisions, they can use health services more effectively, adhere better to medical plans. As a result they are able to continue participating in society[9]. Health literacy facilitates active and healthy ageing.

Health literacy is a priority for health organisations

Many organisations in health care in Europe are involved in activities tackling inequities in health, in programmes for older vulnerable groups, or in activities promoting self-management and adherence to medical plans. Strengthening health literacy as part of those activities has a positive effect on the quality and accessibility of health services and can reduce associated costs. As the figure shows, to be effective it is necessary to address health literacy topics in relation to access, quality and costs in conjunction. Strengthening health literacy therefore is a common interest of health care providers, public health organisations, training institutions and organisations financing health care.

This policy brief shortly describes the approach in health literacy activities and mentions the essential components of a comprehensive health literacy strategy. It provides an overview of effective interventions for strengthening health literacy, especially for older people. It elaborates quick wins in health and social care.

2 What can be done to address health literacy?

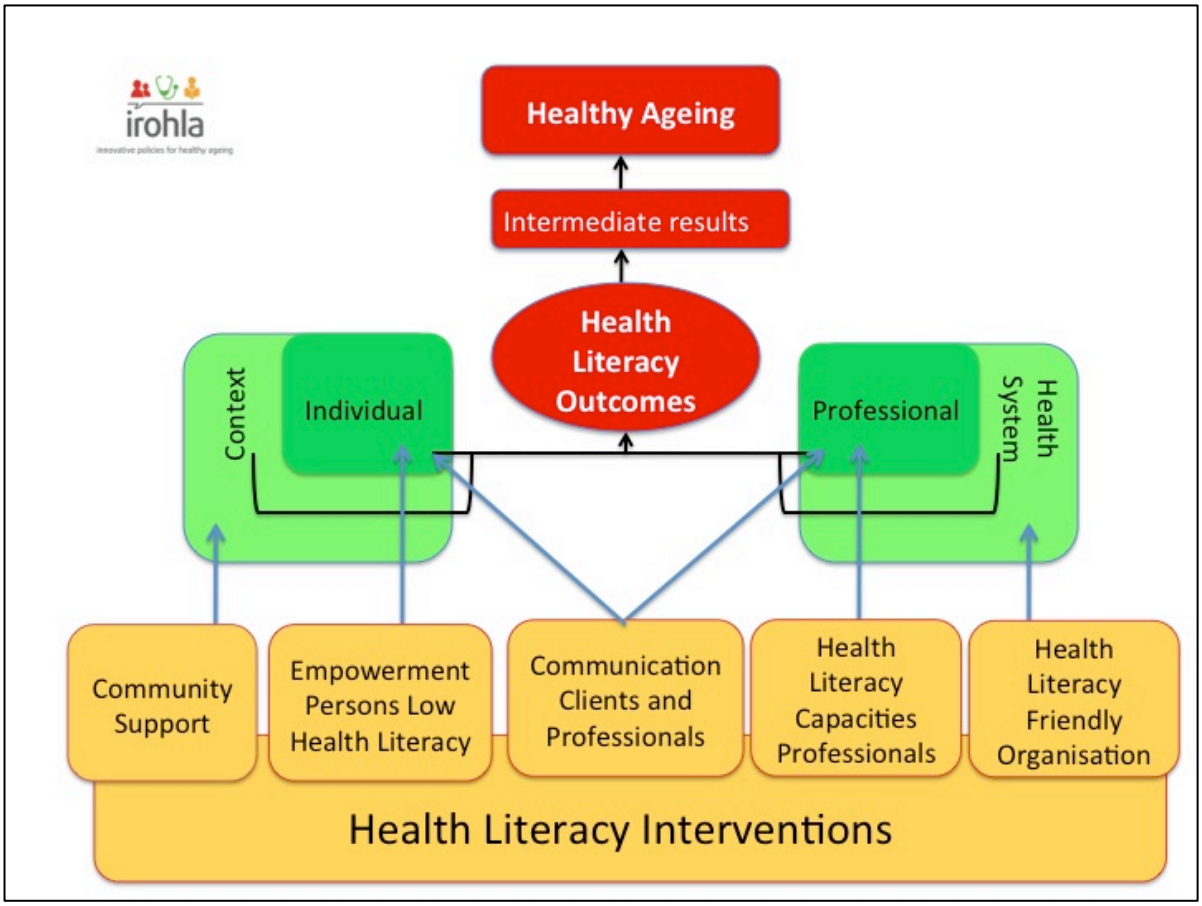
2.1 A comprehensive approach

Health Literacy requires a comprehensive approach

Research in the IROHLA project shows that better health literacy outcomes can be achieved when interventions take place in four areas:

- Empowerment of the older persons with low health literacy
- Strengthening the social support systems: family, caregivers, communities
- Enhancing the competencies of health workers in communication and interaction
- Improving the health system to become more accessible for all groups in society

When these activities take place simultaneously and when they reinforce each other, the effects are much stronger than when addressing issues in isolation: the comprehensive approach is effective. The IROHLA project identified 20 successful interventions targeting individuals, communities, professionals and health systems (mostly combining two or more activities for more target groups in one intervention) and tested and validated interventions.



Empowering older persons

Interventions to enhance the capacities of older persons with low health literacy are effective. The IROHLA project identified effective empowerment activities for older people from lower socio-economic groups, or from migrant or minority communities[10-13]. The World Health Organization makes a strong case for people-centred care, supporting this empowerment approach[5].

Within the European Union, there is a large heterogeneity of cultures, ethnic groups, socio-economic conditions and health care systems. To be effective, health literacy policies have to take this diversity into account. Therefore the IROHLA project validated interventions in at least three countries.

Improvement of health literacy starts with self-confidence

Example

The Chronic Care Model is used in many different countries with local adaptations. The core of the model is the interaction between a motivated and active patient and a prepared and pro-active team of professionals. Systematic use in design of health care programmes is effective.

Individuals with low health literacy often have a low self-esteem. Self-confidence in problem solving capabilities is essential for people when addressing their health needs. When professionals apply a person-centred approach they can contribute to building the capabilities and motivation of persons involved. Shared decision-making is a way to empower persons in treatment relations[14,15].

In the IROHLA project, ICT-based health interventions (e-health and m-health) were analysed, leading to criteria for suitable applications for older people[16]. E-health for older people is successful when it is user-friendly (simple and accessible), useful (showing effect, inviting continued use), and appropriate (fitting in a health plan). Innovative e-health and m-health applications can be very useful for older people when they are properly introduced[17]. These applications are best used in combination with face-to-face interventions, telephone messaging, etc. [18] The Internet can serve as source of information for health, if it is easy to read and reliable.

Example

Apps for tablets in homecare programmes in Germany and the Netherlands provide easy communication with nurses and caregivers for planning care activities, etc. They provide information on services of homecare organisations. They enable ordering of medicines and give alerts on medicine intake. These apps also facilitate social contacts with distant family and friends.

E-health and M-health can assist in strengthening health literacy

Golden tips for developing apps for older people[19]

1. Understand the privacy concerns of your older users. They are more worried about the reliability of information. They are very cost-conscious as regards paying for apps.
2. Understand the capacities of your older users, who have lower levels of computer literacy. They need time to learn using the apps. They prefer simple and focused apps.
3. Understand what appeals to older adults. For example, apps that break social isolation and enable communication with family are popular.

Social support

Policies and strategies in the area of social coherence, support to care givers and empowerment of family members contribute to better health literacy outcomes[20-22]. Organisations and institutions in the welfare, educational and commercial sectors can enhance health literacy of older people by improving reading and writing skills, introducing computer skills, and by providing access to understandable information[23]. Welfare organisations can facilitate networks for older people[24,25]. The IROHLA project found evidence of effects on health literacy of a community-based participatory approach to create an inclusive society where vulnerable groups are empowered to become resilient improves [26].

Networking and peer support as effective activity to improve health literacy

Example

The Southampton's Cities in Balance project has managed to bring people and organisations together. It has created social engagement networks. This has generated new partnerships and activities between organisations, and built social capacity.

Often it is motivating for older persons to get support from peers, who have overcome similar problems and live in similar circumstances. Community networks (meeting in person or virtually) offer opportunities for better self-management. Participation in networks is better when thresholds for joining are low, when there is a focus on positive aspects of interaction, and when there is a follow-up in an informal setting[28].

Competencies professionals

Health services in Europe are ready for a paradigm shift in interaction between professionals and clients: there is substantial evidence that improved communication by health workers will result in better outcomes of health interventions.

Research in the IROHLA project shows that training of health workers is effective when combined with long-term follow-up and with innovative communication tools[29-34].

Training institutions in health care and professional organisations play a role in maintaining communication skills[33]. In the IROHLA project training programmes for health professionals were validated[34]. The IROHLA project developed innovative communication tools using comic strips[35].

Regulations with regard to informed consent based on the European Convention of human rights can be used as instrument to put communication in health care higher on the agenda of health organisations.

Improving communication

Interaction between users and professionals is improved when both parties are equally able to communicate. Users need more self-confidence, and professionals need to use methods of person-centred communication.

For older people it is best to use multiple means of communication: face-to-face, folders, brochures, phone, or electronic media and frequent follow up. It is effective to package messages in different formats and repeat them frequently.

Example

Ask-Me-3 encourages patients to ask, and physicians to answer, three basic questions during every medical encounter.[30]

- *What is my main problem?*
- *What do I need to do (about the problem)?*
- *Why is it important for me to do this?*

Accessible health services

Health organisations, like public health organisations, care providers and health insurers can become health literacy friendly organisations. They have to facilitate professionals to communicate clearly, which requires time and skills. They can take measures to establish continuity of care[36]. When health organisations remove barriers for access to services more people can benefit from care[37]. Health organisations can give people a voice in changing organisations and in addressing relevant issues to improve health literacy: joint decision making and co-creation lead to more efficient utilisation of services[38]. Policies in the area of quality of care or patient safety can become more effective when they include interventions that enhance health literacy[39].

Creating a health literacy friendly environment in health organisations

Access to care by ageing client groups needs more attention. Physical access to buildings has improved over the last years. Some health institutions and municipalities are improving public transport and neighbourhood security. Health institutions offer help with registration via automated systems. Signs and routing are simplified for older people.

Health institutions can learn from patient panels and client boards to understand users' perception of quality of care.[37]

Example

The Environmental Scan done by persons with personal experience of low health literacy identifies barriers to access in health facilities, and shows potential improvement in making the hospital "health literacy proof".
Continuing professional development in communication and feedback keeps health workers motivated.

2.2 Two times three steps to reach a health literate society

Taxonomy of health literacy interventions

The IROHLA project analysed over 300 interventions described in the scientific literature and formulated a health literacy taxonomy[40]. The taxonomy describes interrelated clusters of activities to achieve change, either for individual persons or for groups or organisations.

In strengthening individual health literacy competencies the aim is to realise sustainable behavioural change, for which knowledge and skills are essential. The most important is to support people to maintain a level of health literacy and continuously strengthen abilities to take healthy decisions.

For communities and organisations the aim is to create an environment, which is conducive for all groups in society and which stimulates the development of competencies or mitigates limitations due to lower levels of health literacy.

Three Steps for Individual Persons with Low Health Literacy, Caregivers and Professionals			
Objectives		Activities	Examples
1	Inform and educate	Provide easily accessible and understandable information in plain language	Redesign information materials; use innovative communication. Develop easily accessible websites or apps. Integrate health literacy into adult literacy programmes. Sensitise professionals about health literacy and their role in patient support.
2	Teach skills	Teach people how to handle concrete situations in real life	Develop computer literacy among older people. Instruct them how to use e-health apps. Train older people and professionals in communication, asking the right questions, testing whether answers were understood.
3	Support behavioural change and maintain it over time	Help people to acquire a positive attitude to overcoming health literacy challenges and keep it up over time	Changing behaviour takes time: ensure follow up, e.g. telephone, home visits, community clubs, or virtual communities. Motivate older people, and also health care professionals in (virtual) communities.

Three Steps for Communities and Health Care Institutions			
Objectives		Activities	Examples
4	Strengthen contextual support	Mobilise and empower relatives, friends, communities to support persons with health literacy needs	Train caregivers in understanding and handling the health issues of older people. Organise clubs or meeting places for social contacts among older people. Facilitate mutual support groups.
5	Facilitate involvement of individuals at the system level	Give people a voice in changing organisations and in addressing relevant issues for improvement of health literacy	Develop e-health together with users. Develop training courses with the future clients. Use patient panels to give feedback on performance of health institutions and to give suggestions.
6	Remove barriers to care	Change the social, cultural or physical environment and make it easier for people to obtain access to the support they need	Make signboards and (electronic) appointment systems in hospitals easy to understand. Send reminders for appointments. Give tablets or iPads for communication in homecare. Provide transport for older people.

3 Next steps for health organisations

- Integrating health literacy in quality of care programmes in health institutions will contribute to their success. A personalised patient approach will lead to better adherence to medical plans and improved self-management. Health literacy will make informed consent more meaningful. It will increase the overall quality of health services.
- There is a clear business case for health literacy: more efficient use of health services and better adherence to prevention and treatment will reduce the overall costs of health care.
- Improved knowledge of health literacy in health organisations and enhanced capacities of health workers will lead to better work satisfaction and efficiency of the workers. Therefore integrating health literacy in medical and paramedical training programmes will be effective.
- Empowering older people and their social environment is the mandate of community organisations. Capacity building for health literacy as part of social welfare programmes is an example of introducing health in all policies.

4 About the IROHLA Project

4.1 Project Activities

The main objective of the IROHLA project was to introduce evidence-based guidelines for policy and practice to member states, and to encourage them to take a comprehensive approach to improving health literacy in the ageing population.

The project has assessed the quality and feasibility of interventions or practices in the ageing population, which contribute to improving health literacy in the health care sector, in the commercial sector, and in the social sector. The project has validated and when necessary adjusted selected evidence-based interventions. The project identified 20 key interventions, which together constitute a comprehensive approach to addressing health literacy needs of the older people (listed in this policy brief).

The Guidelines for Policy and Practice were presented during the 3rd European Health Literacy Conference on 17 November 2015.

The IROHLA consortium was led by the University Medical Center Groningen (UMCG) and consisted of 22 partners: academic institutions, health promotion organisations, network organisations for health promotion and healthy ageing, health insurance companies, as well as business companies operating in the health sector. The consortium covered nine countries, but because of incorporated network organisations it actually reached nearly all EU member states.

The broad composition of the consortium brought together knowledge from different scientific disciplines, and a wide range of practitioners and interest groups. The inputs of business mainly in the domain of Information and Communication Technology helped to focus on innovations.

4.2 Project Funding

The total budget for IROHLA project was € 3.750.000. The project received a financial contribution from the European Union through the 7th Framework Programme of € 2.900.000 under Grant Agreement No. 305831.

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Information on the project and implementation is available on www.irohla.eu

The Guidelines for Policy and Practice are available on www.healthliteracycentre.eu

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8	National Institute for Health Development (OEFI)	Hungary
9	EuroHealthNet	Belgium
10	Institute of Preventive Medicine, Environmental & Occupational Health (Prolepsis)	Greece
11	Italian National Institute on Aging (INRCA)	Italy
12	Federal Centre for Health Education (BZgA)	Germany
13	AGE – Platform Europe	Belgium
14	European Social Insurance Platform (ESIP)	Belgium
15	Regional Agency for Health Marche Region	Italy
16	Hanze University of Applied Sciences Groningen	The Netherlands
17	Cambo Industries Digital	Greece
18	Live Online Coaching	Germany
19.	IP-Health Vitalinq	The Netherlands
20.	Educational TV-NL (ETV)	The Netherlands
21.	Noordhoff Publishers	The Netherlands
22.	Federal Association of Health Insurers in Germany (AOK)	Germany