



The Evolving Concept of the Health Literate Health Care Organization

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INTEGRATION OF HEALTH PROMOTION IN CLINICAL PRACTICE

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1. HEALTH LITERACY AN EVOLVING CONCEPT - ALSO IN EUROPE



1.1 Health Literacy is high on the **European Health Policy Agenda**

Luxemburg Declaration on Patient Safety (EC 2005)

Together for Health: A Strategic Approach for the EU 2008-2013

“Promotion of health literacy programmes for different age groups”

(Commission of the European Communities, 2007)

EU Health Programme 2008-2013:

“ It seeks to [...]generate and disseminate health information and knowledge..”



HEALTH 2020: “Health literacy is a key dimension of Health 2020, the European health policy framework.”

(Jakab Z. WHO Regional Director for Europe)

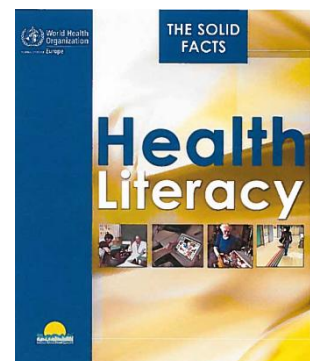


European Review of Social Determinants of Health.

(WHO Regional Office for Europe, 2012)

HEALTH LITERACY. THE SOLID FACTS (2013)

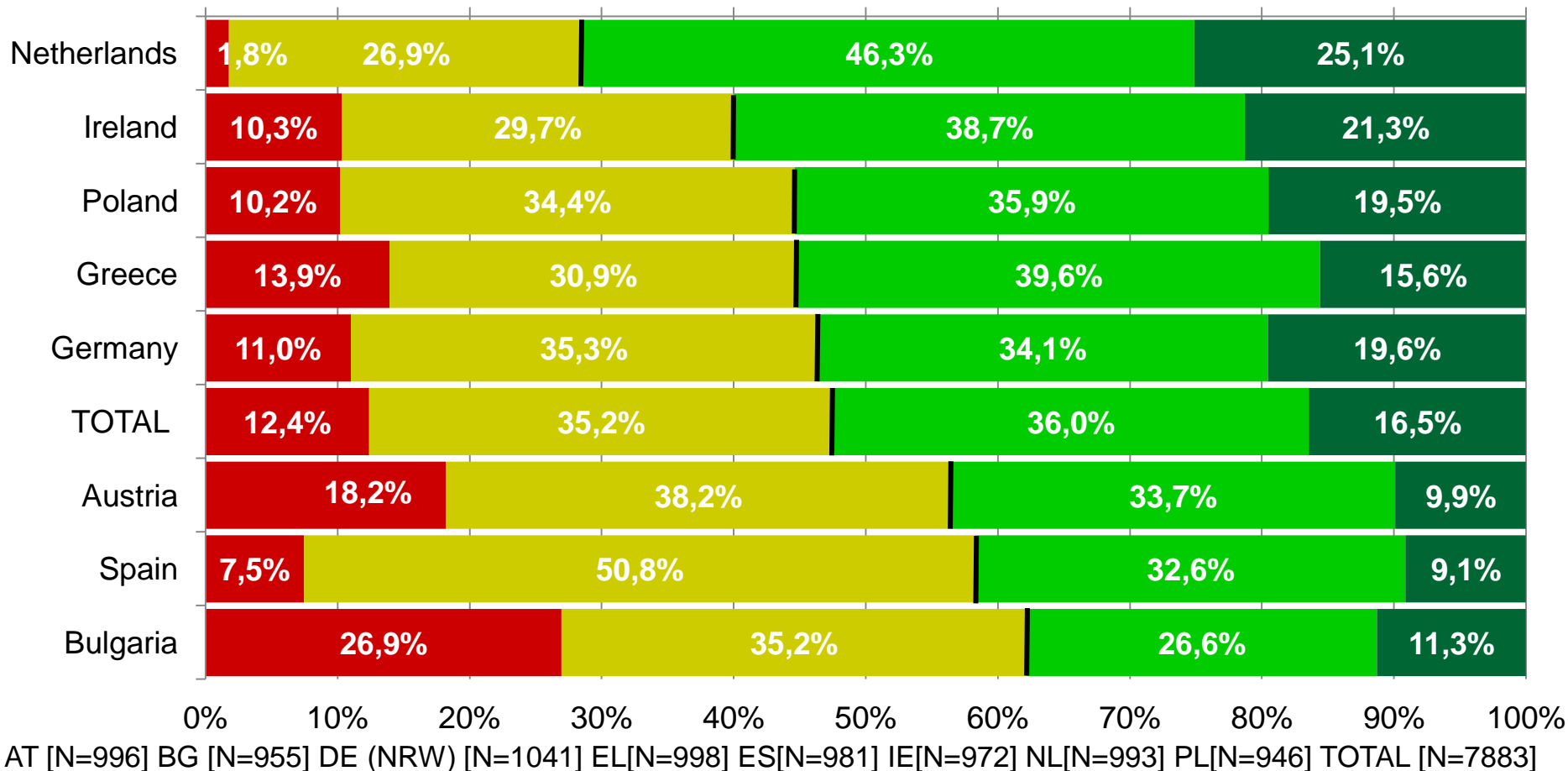
(WHO Regional Office for Europe 2013)





1.2 Limited Health Literacy is considerable In Europe & varies by Country! Percentage Distributions of Comprehensive HL Levels, for Countries and Total (HLS-EU 2012)

■ inadequate comp.-HL ■ problematic comp.-HL ■ sufficient comp.-HL ■ excellent comp.-HL





1.3 Health Literacy is a **key concept in Health Promotion** with a specific added value!

Relation to Health Promotion

- **Ottawa Charter (WHO 1986):**
 - „HP is the process to enable people to increase **control** over, and to improve their health“
 - HP principles: **Enable**, Mediate, Advocate
 - Action area 1: Build healthy public policy (HL iaP)
 - Action area 2: Create supportive **environments** (HL Settings)
 - Action area 4: Develop **personal skills** (HL competences)
 - Action area 5: Reorient **health services** (HLHCO)
- **Definition & HL is critical to empowerment (WHO 1998)**
- **HL as a HP outcome (Nutbeam 1998)**
- **Nairobi Call to Action (specific part on HL & health behaviors) (WHO 2009)**
- **Health 2020 (WHO 2012)**
- **Solid Facts Health Literacy (WHO 2013)**

Specific added input / value

1. HL is a **measurable** concept with different **instruments** available
2. HL focuses on **information management & communication** of people in different roles & settings
3. Evidence for **social gradient** of HL
4. Evidence that HL has an **impact** on
 - **health care** (patient compliance, outcomes, costs etc.)
 - **health behaviors**
 - **health**
5. HL is a **modifiable** health related social determinant of health
6. Effective **interventions** to deal with low HL or improve HL are available
7. Proposals for HL(HC) **organizations** & HL **settings** exist



2. WHAT IS MEANT BY HEALTH LITERACY – AN EXPANDED UNDERSTANDING



2.1 Necessary clarifications, when we talk of Health *Literacy*

What do we understand by this composite term?

1. „**Health**“ - **scope**?

- Narrow: Just absence of (somatic) disease > HL for illness management
- Wide: Comprehensive health as defined by WHO > HL for promoting positive somato-psycho-social health (including prevention & management of illness)

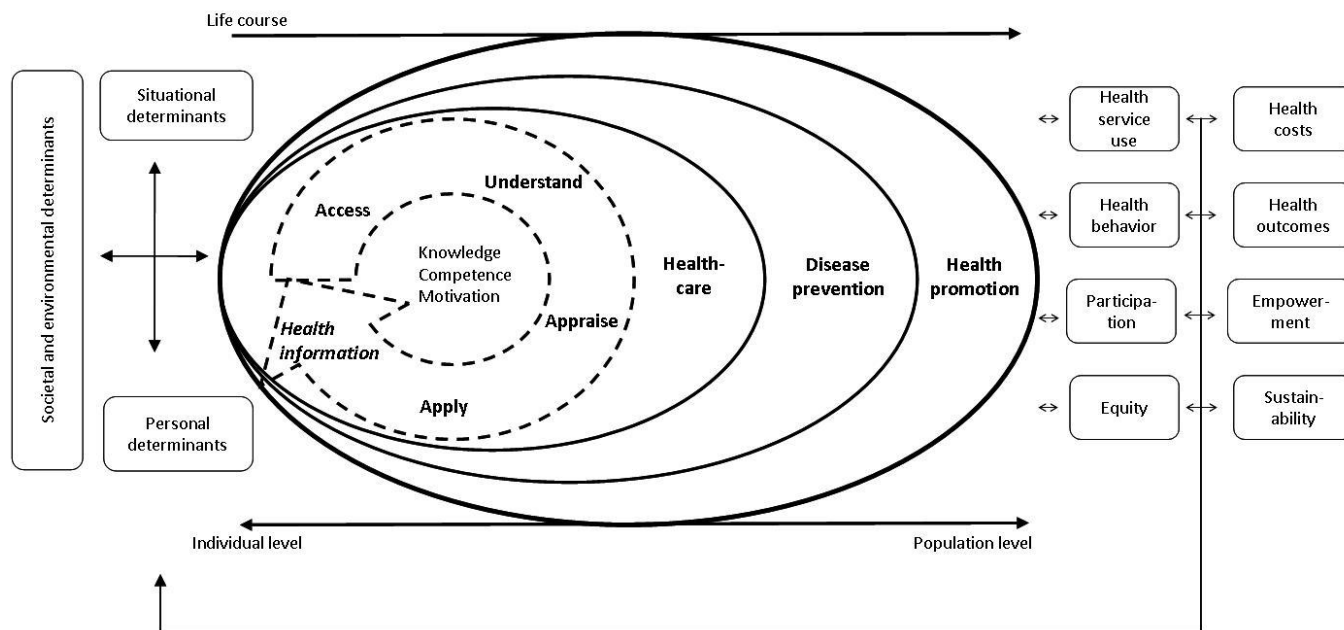
2. „**Literacy**“ - **scope**?

- Narrow: Just reading, writing, numeracy + specific knowledge (cognitive) = functional HL
- Wide: + communicative abilities, abilities to search information, ability to use information, ability to navigate systems (emotional, motivational, judgemental) = interactive & critical HL

3. **Health literacy what for?**

- For maintenance / improvement of health over the life-course by healthy **self-reproduction** / living by adequate **decisions** / actions (based on adequate **information**)
 - for which **tasks**, in which **roles** in which **organizations** / settings in which **function systems** / sectors of society
 - E.g. to find our way as a **patient** in a hospital within a health care system
- Other relevant roles: worker, student, consumer, citizen
- In the context of **health care organizations**: for **actual patients & family**, for **staff**, for **potential patients = inhabitants / citizens**

2.2 The HLS-EU comprehensive concept & definition of Health Literacy integrates existing Models and Definitions of Health Literacy (Sorensen et al. 2012) ??



“Health literacy is linked to literacy and encompasses 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.”

2.3 HLS-EU dimensions and matrix (Sorensen et al 2012) can be used for situations / systems as well

HL = ability to ...	Access / obtain (find) information	Understand information	Process / Appraise information	Apply / Use information
for health care (disease management)	1) Find information on disease management	2) Understand information on disease management	3) Appraise information on disease management	4) Apply information on disease management
for disease prevention	5) Find information on prevention	6) Understand information on prevention	7) Appraise information on prevention	8) Apply information on prevention
for health promotion	9) Find information on health promotion	10) Understand information on health promotion	11) Appraise information on health promotion	12) Apply information on health promotion

2.4 Health literacy, like literacy, is a relational concept



Source: Parker, 2009

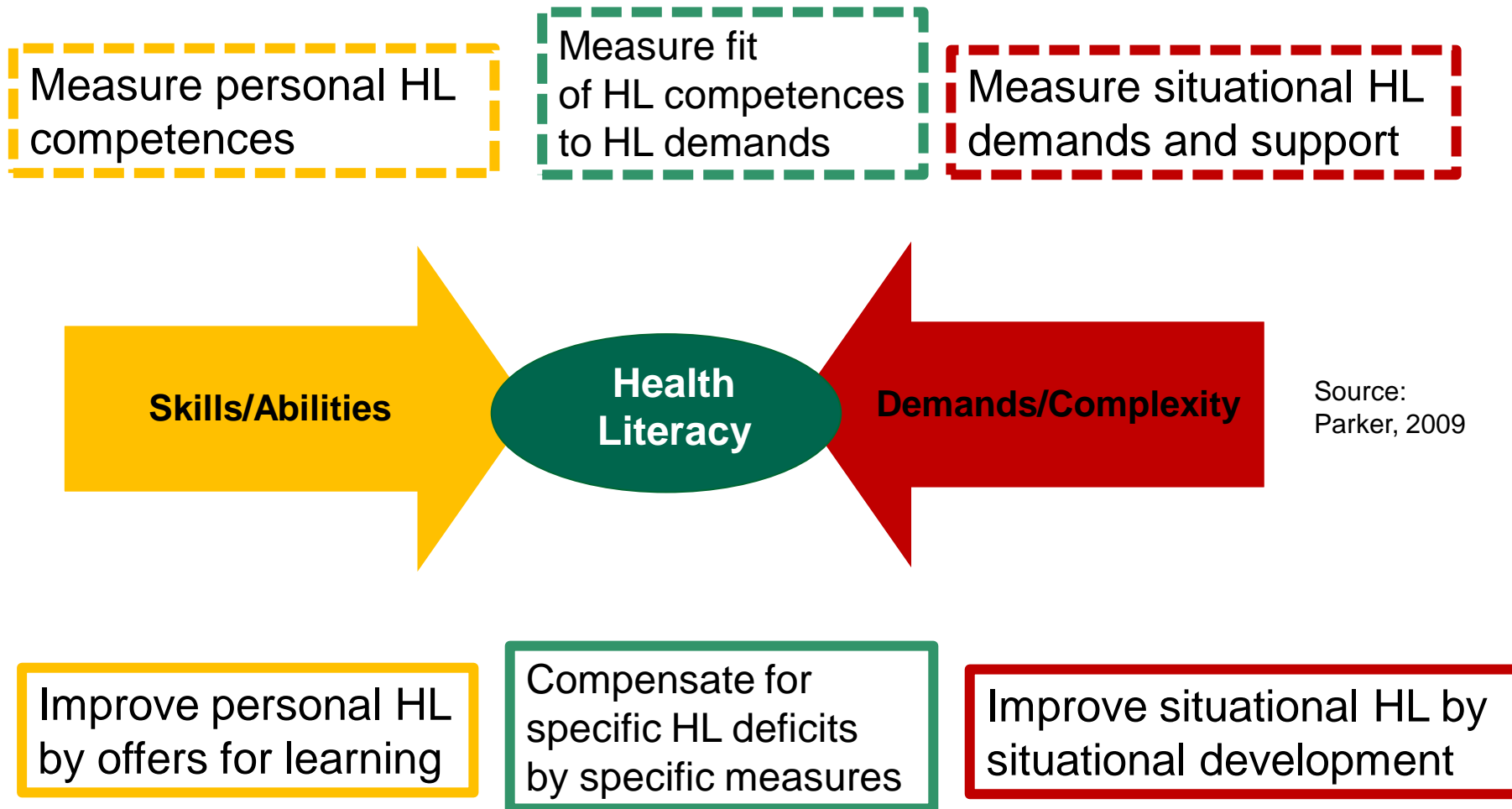
$$\text{Skills/Abilities} \times \text{Demands/Complexity} = \text{Health Literacy}$$

Health Literacy Equation: Source: Brach 2013

$$\text{Health Literacy} = f(\text{Personal Skills/Abilities}, \text{Situational Demands/Complexity})$$

Source: Pelikan 2013 (in tradition of Kurt Lewin)

2.5 That has consequences for measurement of & interventions for improving HL



Source:
Parker, 2009



2.6

Skills/Abilities

**Health
Literacy**

Demands/Complexity

Health information ...

Source: Parker, 2009

Ask questions, search
the web, use contacts

Use basic “literacies”
(think, read, calculate)

Use life experience,
personal judgment, ...

Use practical skills,
creativity, experiment,
consult, ...

Find

Understand

Appraise

Apply

Make information easily
available & accessible

Use easy language,
telling images, graphs,
layout, ...

Make sources &
evidence available

Support by counseling,
coaching, training



3. HEALTH LITERACY IN HEALTH / DISEASE CARE



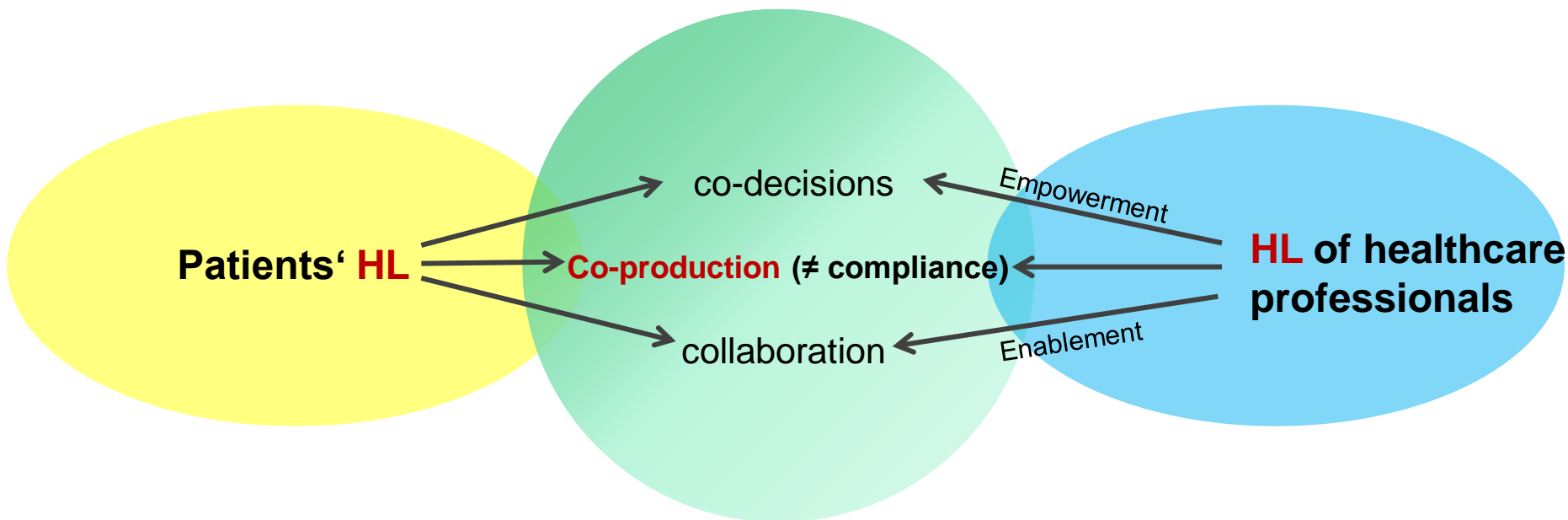
3.1 Why investing in HL within health Care?

Persons with reduced health literacy ...

- Use less preventive services
- Need more emergency treatment
- Are more often referred to hospital care
- Are less able to understand health information
- Are less able to take their medicines as prescribed
- Have less coproduction in treatment and care
- Have worse treatment results
- Have higher risks to suffer from treatment-related complications
- Have more avoidable re-admissions
- Cause about 3-5% of treatment related costs (Eichler, Wieser und Brügger 2009)
- → improvements in health literacy can help people AND improve the effectiveness and efficiency of the disease care system!

(See Berkman et al. 2011 and studies cited in Brach et al. 2012)

3.2 HL is a basis for effective co-production in health care



For a **change of paradigm** from compliance to **co-production** there are important

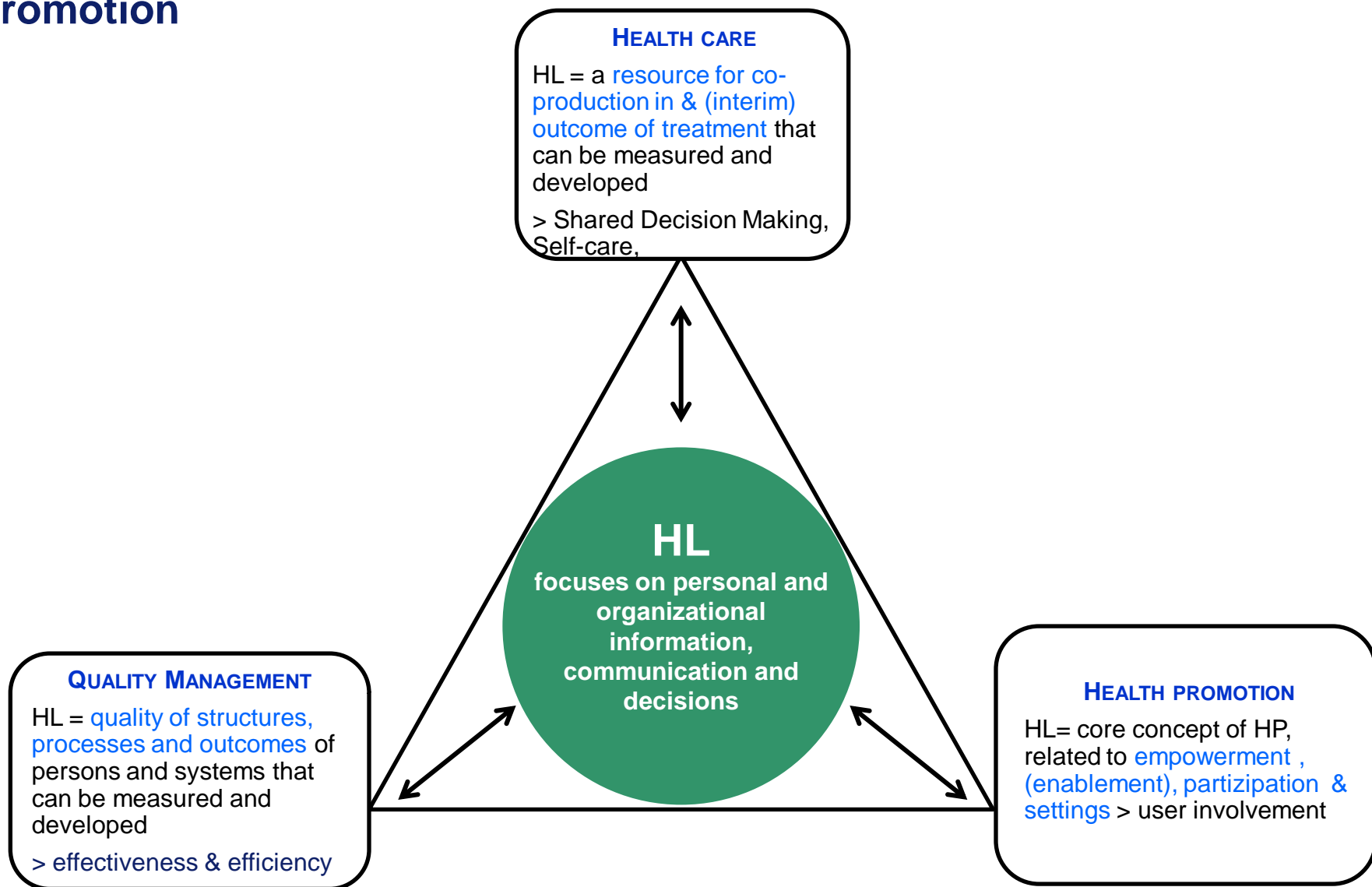
1. **normative** reasons (patients' rights & patient expectations, etc.)
2. **evidence** for HLs contribution to the **quality** of health care (effectiveness, efficiency & sustainability).
 - Adequate **access** into professional treatment system
 - > Better collaboration and compliance of patients in **diagnosis and therapy**
 - > Better quality of diagnoses and less **treatment errors**
 - > Less unplanned **re-admissions** & less **healthcare costs**



3.3 But health literacy is important in all stages of a patient's career

1. **For healthy living:** appraisal of and taking into account **health risks** & **health resources** continuously in everyday life
2. **For entry to sick role:** observation & appraisal of **symptoms of disease**
3. **Within sick role:** Decision on **self care/ use** of the professional health care system
4. **For entry to patient role:** Decision to **use** of specific institutions of health care system (navigating the system)
5. **Within acute patient role:**
 1. Description of symptoms and own life situation (& ability to ask relevant questions) during **anamnesis, medical round, exit interview**
 2. Cooperation in **diagnostic tests**
 3. Cooperation in **therapy** within and outside the health care system (shared decision making; compliance)
6. **Within chronic patient role:** **self-management capacity** to live a healthy life with a chronic condition

3.4 HL can be related to health care, quality management and health promotion





4. HEALTH LITERATE HEALTH CARE ORGANIZATIONS – THE IOM CONCEPT



4.1 Important steps towards the IOM concept (2012) and further on: System demands as „other side of the coin“ explicitly considered since 2000

- 2000: Strategy paper „Healthy People 2010“ defines HL for the first time as **product of individual abilities and system demands** and the strengthening of HL as national target
- 2003: First US population literacy survey including 3 questions on health (clinical, preventive and **system competencies**)
- 2003: Rudd „Communicating Health: Priorities and Strategies for Progress. Action Plans To Achieve the Health Communication Objectives in Healthy People 2010“ with first referrals to **developing the healthcare system**
- 2004: IOM publication “HL: A prescription to end confusion” – **demands trained staff, simple material, better signage, integration of HL into accreditation and certification systems**
- 2005: Publication Rudd.: **Navigating Hospitals: Literacy Barriers**. Literacy Harvest
- 2006: Paasche-Orlow & Wolf: HL **definition** : “An individuals´ s possession of requisite skills for making health-related decisions, which means that health literacy must always be examined in the **context** of the specific tasks that need to be accomplished. The importance of a **contextual appreciation** of health literacy must be underscored.
- 2006: Rudd & Anderson: The Health Literacy Environment of Hospitals and Health Centers: **Making your Healthcare Facility Literacy Friendly**.
- 2009: Parker, R. **Image for 2 sides of the coin**
- 2010: US Department of Health and Human Services (2010). National Action Plan to Improve Health Literacy: “We cannot expect people to adopt the health behaviors and take the actions we champion without clear communication, supportive activities to build skills, and **organizational changes to reduce the demands** of our recommendations”
- 2010: DeWalt, et al.: **Health Literacy Universal Precautions Toolkit**.
- 2012: Brach et al. IOM **concept** paper on 10 attributes of a **health literate organization**
- 2013: Brach: **Health Literacy Equation**
- 2013: Kickbusch et al: WHO Solid facts – Health literacy, chapters on **health literate settings**
- 2014: **IOM HLO indicator project**



4.2 A first proposal for a whole-systems HL approach

Discussion Paper

Ten Attributes of Health Literate Health Care Organizations

Cindy Brach, Debra Keller, Lyla M. Hernandez, Cynthia Baur, Ruth Parker, Benard Dreyer, Paul Schyve, Andrew J. Lemerise, and Dean Schillinger*

June 2012

**Participants in the activities of the IOM Roundtable on Health Literacy.*

The views expressed in this discussion paper are those of the authors and not necessarily of the authors' organizations or of the Institute of Medicine. The paper is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

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4.3 The concept of a health literate health care organizations (Brach et al.2012)

„A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health.”



This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.



4.4 Ten attributes of health literate (healthcare) organizations (Brach et al. 2012): A HL organization ...

1. Has leadership that makes HL integral to its mission, structure, and operations
2. Integrates HL into planning, evaluation, patient safety, quality improvement
3. Prepares the workforce to be HL and monitors progress
4. Includes populations served in the design, implementation, and evaluation of health information and services
5. Meets the needs of populations with a range of HL skills & avoids stigmatization
6. Uses HL strategies in interpersonal communications and confirms understanding at all points of contact
7. Provides easy access to health information and services & navigation assistance
8. Designs / distributes print, audiovisual, social media content that is easy to understand and act on
9. Addresses HL in high-risk situations, including care transitions and communications about medicines
10. Communicates clearly what health plans cover and what individuals will have to pay for services

■ General Change / quality / risk management ■ Relating to participation principle ■ Specific HL content US HC system



5. FURTHER DEVELOPING THE HLO APPROACH – THE EXPANDED VIENNA CONCEPT

5.1 Possibility & necessity to further develop the IOM concept

- Use a comprehensive understanding of health literacy
 - Focus on finding, understanding, applying + appraising information
 - Focus on treatment of disease + prevention + health promotion
 - Both sides of the coin: Reduce demands + improve literacy
- Relate better to quality movement
 - Structures, processes + outcomes (Donabedian)
 - Concept + standards / indicators / measurement (ISQUA)
 - Health literacy of patients + staff
- Relate better to other reform movements (e.g. Health Promoting Hospitals, Public Health)
 - Focus on treatment of disease + prevention + health promotion
 - Health literacy of patients + staff + community
 - Both sides of the coin: Reduce demands + improve literacy
 - Connect to national / regional policies and strategies
- Use more evidence
 - Studies on interrelations between health literacy of systems, clinical outcomes and quality of life of target groups



5.2 Extended definition of a health literate healthcare organization

A health literate healthcare organization ...

- makes it easier for **all stakeholders** (patients / relatives, staff / leadership and citizens) to **access, understand, appraise** and **use / apply disease- and health relevant information**
- and tries to improve personal **health literacy** for making judgements and taking decisions in everyday life concerning healthcare (co-production) , disease prevention and health promotion to maintain or improve quality of life during the life course.
- To achieve this comprehensive concept systematically and sustainable, a health care organization will have to apply **principles and tools of quality management, change management** and **health promotion** and to build specific organizational **capacities** (infrastructures & resources) for becoming more health literate.

5.3 The Vienna comprehensive, whole-system (HP) HLO concept - 12 thematic and 3 implementation areas (list to matrix)

HL of ... HL for ...	Stakeholder groups			D) Organizational strategies, capacities and implementation processes
	A) Patients	B) Staff	C) Community members	
Domain1: Access to, living and working in the organization	A1 HL for living and navigating	B1 HL for navigating and working	C1 HL for navigating and access	D(i) Organizational policies and capacity development for HLO implementation
Domain 2: Diagnosis, treatment and care	A2 HL for co-producing health	B2 HL for health-literate communication with patients	C2 HL for co-production in continuous and integrated care	
Domain 3: Disease management and prevention	A3 HL for disease management and prevention	B3 HL for disease management and prevention	C3 HL for disease management and prevention	D(ii) Monitoring of HL structures and processes
Domain4: Lifestyle development	A4 HL for lifestyle development	B4 HL for lifestyle development	C4 HL for lifestyle development	D(iii) Advocacy and networking for HLO dissemination

5.4 Measuring of all three aspects of HL for HLO



Source: Parker, 2009

Measuring individual skills / abilities by tests, e.g.: REALM, TOFHLA, NVS; Chew's 3

Measuring perceived difficulty of health relevant tasks (= fit skills /demands), e.g.: HALS, HLS-CH, **HLS-EU**, HLQ

Measuring situational / contextual demands / complexity, e.g. by: Readability forms, CAHPS, AHRQ Pharmacy HL Assessment Tool



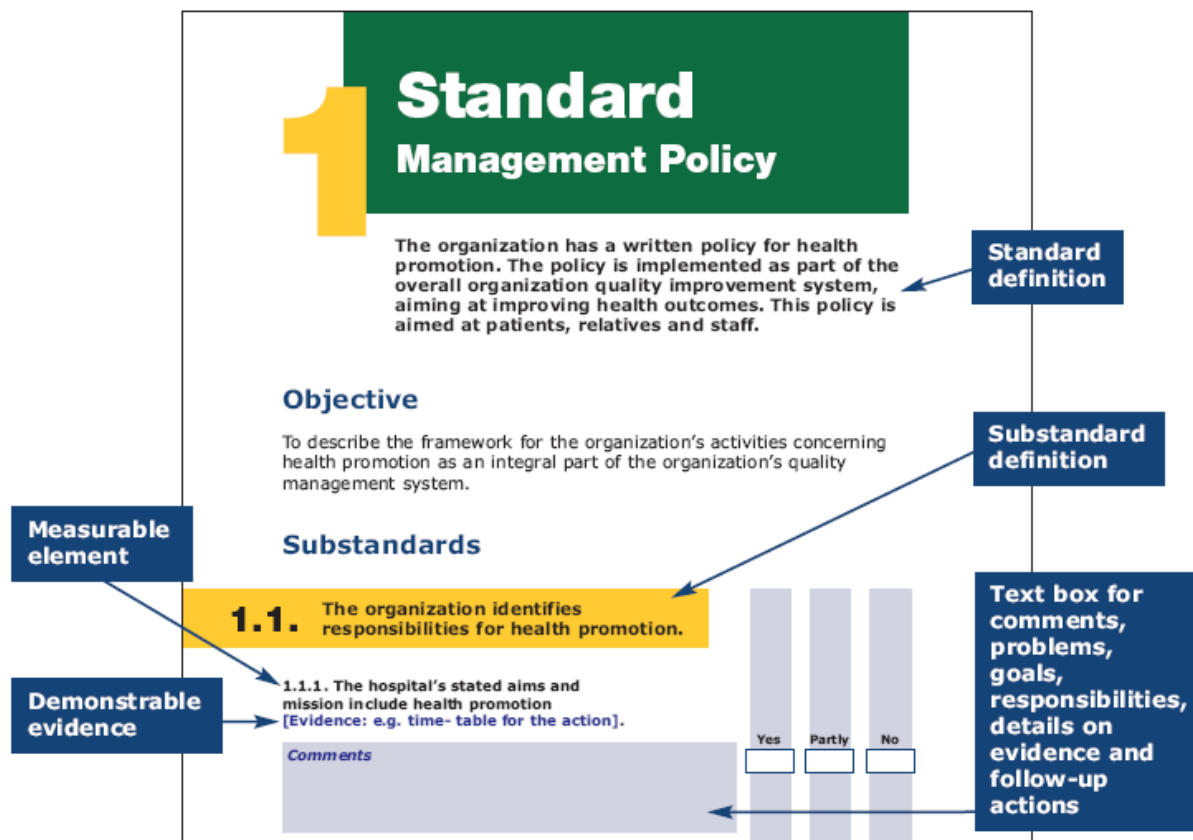
6. NEXT STEPS IN IMPLEMENTING THE HLO APPROACH – DEVELOPING STANDARDS AND INDICATORS FOR A COMPREHENSIVE VIENNA CONCEPT



6.1 Developing standards – what can we build upon?

- Tools following Brach et al. (2012)
 - Instruments to measure the quality of oral and written communication
 - Tools to measure cultural competence
 - Tools on navigation systems
 - Selected standards in existing accreditation / certification tools (e.g. Joint Commission)
 - Conceptual considerations for areas where there are no standards yet
 - HPH Standards as an example of good practice
- But, there is no collection of standards yet to cover all areas of the proposed comprehensive Vienna HLO concept

6.2 Example: HPH Standards (Gröne 2006)





6.3 The ISQUA process for standard development

1. Establishing need for new standards, priorities
2. Relationships with other standards considered
3. Standards development plan
4. Standards based on research, guidelines, technical input
5. Involvement of interested parties in development process
6. Clear scope and purpose of standards
7. Clear standards framework
8. Clear wording of standards
9. Testing/Piloting of standards
10. Approval of standards by standards setting body
11. Information and education to users and assessors
12. Timeframes, transitional arrangements for implementation
13. Satisfaction with standards monitored, data evaluated



6.4 Ongoing pilot study in Austria

- Summer / autumn 2013: Literature survey on concepts and tools
- Autumn 2013 / winter 2013/14: Development of draft tool
- March 2014: Expert panel on draft tool
- Spring / summer 2014: Motivating hospitals to participate
- October 2014-January 2015: Survey of organizational HL
- Spring 2015: Analyzing and publishing



6.5 Nine Standards, 22 Sub-Standards (160 measurable elements)

	Patients	Staff	Community	Organizational capacities and processes
Domain 1: Access to, living and working in the organization	Standard 3: Navigation 3.1 Barrier-free contact via internet and telephone 3.2 Easy-to-follow information on how to reach the organization 3.3 Orientation support in the entrance area 3.4 an easy-to-understand navigation system 3.5 Free access to health information in the organization			
Domain 2: Diagnosis, treatment and care	Standard 4: HL communication with patients 4.1 in face-to-face interactions 4.2 in written and audio-visual communication 4.3 by enabling communication in patients' own language 4.4 also in high-risk situations	Standard 2: Developing the competence of staff 2.1 for diagnosis, treatment, care and discharge / transfer 2.2 for health promotion and prevention	Standard 7: Promoting regional HL by 7.1: continuity and cooperation of care	Standard 1: Management policy and organizational structures , 1.1 HL as organizational responsibility 1.2 Quality assurance of HL Standard 8: Participative development of materials and offers 8.1 Participation of patients 8.2 participation of staff Standard 9: Advocacy and dissemination
Domain 3: Disease management and prevention	Standard 5: Promote patient HL for 5.1 disease management and prevention	Standard 6: Promote staff HL for 6.1 managing and preventing (occupational) health risks		
Domain 4: Lifestyle development	Standard 5: Promote patient HL for 5.2 lifestyle development	Standard 6: Promote staff HL for 6.2 lifestyle developments	Standard 7: Promoting regional HL by 7.2 contributing to public health	



6.6 HLO Standards 1-2 – selected indicators

1 The organization has a policy, organizational structures and resources for health literacy.

1.1 Health literacy is understood as an **organizational responsibility**.

→ HLO is part of the organization's mission statement.

1.2 The organization assures **quality assurance for health literacy**

→ HLO-relevant data are routinely collected in patient surveys.

2 The organization trains staff to communicate with patients according to health literacy principles

→ All staff with patient contact are trained in HL-related tools and techniques such as “ask me 3” or teach-back.

→ Staff receive regular feedback on their communication quality.



6.7 HLO Standard 3-4 – selected indicators

3 The organization ensures a supportive physical environment and navigation support

- Everyday words or symbols are used in the navigation system (e.g. “kidney diseases” instead of “nephrology”)
- the same symbols / words are used throughout the organization (e.g. always “toilet” or always “washroom”)
- Free health information on frequent diseases is available for patients and visitors
- Free health information on lifestyle issues is available for patients and visitors.

4 The organization ensures that patient communication follows principles of health literacy.

- The understanding of patients is checked in every encounter.
- Written information is never used instead of, but always in support of oral communication
- Written information is designed following HL principles (size of letters, spacing, selection of photos, graphs, ...)



6.8 HLO Standard 5-6 – selected indicators

5 The organization contributes to improving the health literacy of patients and relatives.

- The organization provides information and training on self-management and prevention after discharge and / or brings patients in contact with organizations providing such services (e.g. other healthcare providers, adult education).
- The organization offers information and training for caring relatives.
- The organization provides information and training on developing healthy lifestyles and / or brings patients in contact with organizations providing such services (e.g. other healthcare providers, adult education).

6 The organization improves the health literacy of its staff.

- All staff are informed about health-related risks at work and how to protect themselves against them (e.g. patient lifting).
- Staff are informed about how to improve their lifestyles



6.9 HLO Standard 7-9 – selected indicators

7 The organization supports health literacy in the region.

- The organization collaborates with other organizations (e.g. schools, enterprises) in the dissemination of health related information.
- The Organization participates in health fairs to disseminate information to the public.

8 Services and materials are developed and evaluated in participation with target groups.

- Feedback of target groups on the understandability and usability of materials is systematically sought before routine usage of materials.

9 The organizations supports dissemination and acts as role model

- HLO related activities and outcomes are part of the organization's annual report.
- The organization informs staff in training about HLO
- The organization reports about its experiences at conferences / professional meetings / in publications.

6.10 Intervening in all three aspects of HL by HLO



Source: Parker, 2009

Improve personal HL by offering consultation, coaching, education, training

Compensate for specific HL deficits of vulnerable groups by offering specific compensatory measures (translation services, case management)

Decreasing situational demands on HL & increasing situational resources for HL by, e.g.: telephone hotlines & websites, guidelines & training for communication & simple language, teach back, ask three



7. CONDITIONS FOR IMPLEMENTATION OF EXPANDED VIENNA CONCEPT



7.1 Necessary conditions for implementing HLO systematically & sustainable

- 1 – a comprehensive and connective concept
- 2 – available instruments
- 3 – developed organizational capacities and structures
- 4 – a supportive environment



7.2 Organizational capacities – infrastructures and resources for health literacy

- Supportive leadership
- Integration into organizational goals and strategies
- Clear personal responsibility
 - Interdisciplinary steering group
 - Earmarked working time
- An earmarked budget
- Training the staff
- Defining aims, performance indicators, and implementation measures
- Regular monitoring and reporting



7.3 A supportive societal environment

- Supportive health policy
- Legal and economic incentives
- Training and further education of health care professionals
- National / regional competence centres
- Scientific support for developing measurements & interventions
- Networking and exchange between all relevant stakeholders including representatives of target groups



8. SUMMARY & RECOMMENDATIONS



8.1 Summary: Health literacy ...

- HL is relevant for all areas of life
- HL is of specific relevance for the disease care system
 - Can significantly contribute to better treatment outcomes
 - Can support health promotion and disease prevention in Health Care
- There are already concepts, instruments and practice experiences for implementing HL in disease care organizations
 - The IOM HLO concept is a whole system approach which has been blended with the HPH approach by the Vienna concept of HLHCO
- But there is need for further development and capacity building in Europe
- Examples from Austrian health policy:
 - HL is included in framework of national health goals
 - Agreement on goal implementation (Zielsteuerungsvertrag) between ministry of health, federal countries and social insurance carriers
 - An Austrian Health Literacy Platform has been established
 - HLO is accepted as specific measure to improve HL in Austria



8.2 Recommendations

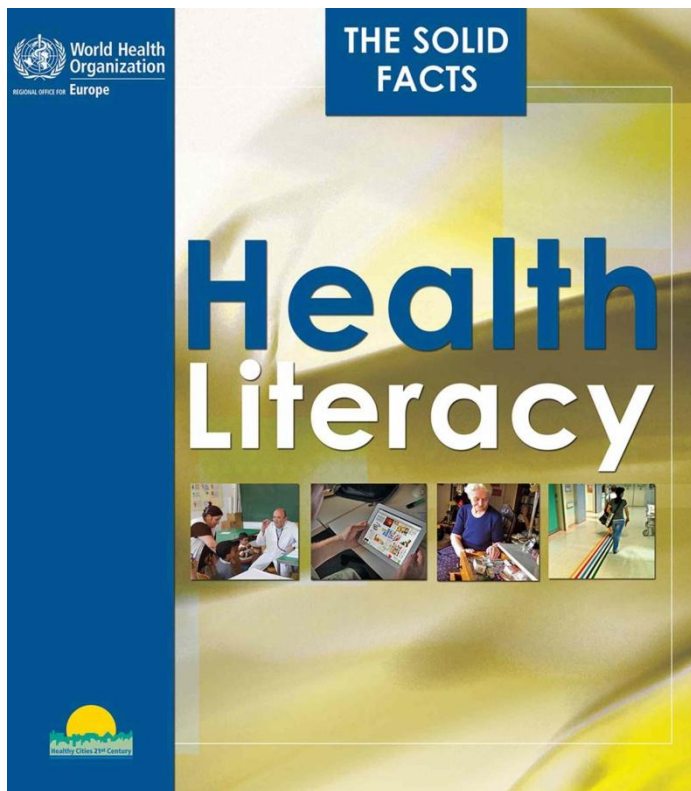
- The further integration of health literacy into disease care, prevention and health promotion needs
 - Sustained political support
 - A clear, connective and tested concept
 - Instruments for measurement and implementation
 - A strengthening of organizational capacities – infrastructures and resources
 - Legal requirements and financial incentives
 - Integration into professional training and further education
 - National / regional competence centres (instruments)
 - Scientific support (data, evidence)
 - Organization of networking and exchange between all stakeholders



9. REFERENCES



9.1 References: Examples for strengthening health literacy-friendly settings



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- Brach, C.,** Keller, D., Hernandez, LM., Baur, C., Parker, R., Dreyer, B., Schyve, P., Lemerise, AJ., Schillinger, D. (2012): Attributes of Health Literate Organization, Discussion Paper, Institute of Medicine of the national academies. http://www.iom.edu/-/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_HLit_Attributes.pdf
- Brach, C.** (2013): Becoming a Health Literate Organization: Tools for Community Health Centers. Presentation 3.April 2013 at the Center for Delivery, Organization and Markets.
- DeWalt, D.A.,** Callahan, L.F., Hawk, V.H., Broucksou, K.A., Hink, A., Rudd, R. & Brach, C. (2010). *Health Literacy Universal Precautions Toolkit*. (Prepared by North Carolina Network Consortium, The Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, under Contract No. HHS290200710014.) AHRQ Publication No. 10-0046-EF) Rockville, MD: Agency for Healthcare Research and Quality.
- Kickbusch, I., Maag, D.** (2008): Health Literacy. In: Heggenhougen, H.K., Quah, S.R. (Eds.), *International Encyclopedia of Public Health*, Vol. 3. (pp.204-211). San Diego: Academic Press.
- Kickbusch I,** Pelikan J M, Apfel F, Tsouros A D (Eds.) (2013): Health literacy. The solid facts. Copenhagen: Copenhagen: World Health Organization– Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf
- Levin-Zamir, D,** Peterburg Y. (2001): Health literacy in health systems – perspectives on patient self-management *Health Promotion International*, 16;1:87-94.
- Nutbeam, D.** (2000): Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15 (3), 259-267.
- Nutbeam, D.** (2008): The evolving concept of health literacy. *Social Science & Medicine*, 67 (12), 2072-2078.
- Parker, R.** in World Health Communication Association (2009): Health Literacy, Part 1 „The Basics“. WHCA Action Guide.
- Pelikan, J.M., Dietscher, C., Schmied, H.** (2013): Health Promotion for NCDs in and by Hospitals: A Health Promoting Hospital Perspective. In: McQueen, D. (Ed.), *Global Handbook on Noncommunicable Diseases and Health Promotion* (pp.441-460). New York, Heidelberg, Dordrecht, London: Springer.
- Pleasant, A. & Kuruvilla, S.** (2008): A tale of two literacies: public health and clinical approaches to health literacy. *Health Promot. Int.* 23(2) 152-159.
- Rudd, R.** (2005): Navigating Hospitals: Literacy Barriers. Literacy Harvest
- Rudd, R.E. & Anderson, J.E.** (2006). *The Health Literacy Environment of Hospitals and Health Centers – Partners for Action: Making your healthcare facility literacy-friendly*. National Center for the Study of Adult Learning and Literacy and the Health and Adult Literacy and Learning Initiative, Harvard University School of Public Health.
- Sorensen, K., Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., (HLS-EU) Consortium** (2012): Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12 (80).
- WHO** (1986): Ottawa Charter for Health Promotion. In World Health Organization (Ed.), Geneva: WHO.
- WHO** (1998): Health promotion glossary. Geneva: WHO



THANK YOU FOR YOUR ATTENTION!

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