# SELF-MANAGEMENT EUROPE ALERT

This is the second issue of the Alert of Self-Management Europe. These Alerts aim to contribute to greater awareness and accessibility of self-management support in patients, especially in those living with a chronic condition. The Alerts address healthcare professionals, managers and other stakeholders looking for practical recommendations how to implement practices that enhance self-management and patient empowerment.



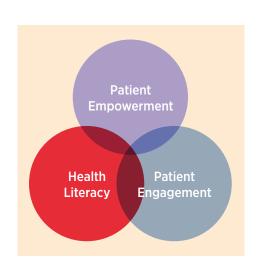
# **HEALTH LITERACY WHAT DOES IT MEAN?**

5/10 people lack
the skills needed
to manage health
and prevent disease

**Health Literacy** (HL) is the ability of people to obtain, interpret and understand basic health information and services AND use such information and services in ways that improve health. HL often only is associated with the ability to read or the understanding of information, but there is so much more to it. Health literacy also refers to people's knowledge, motivation, trust and competences to use that health information in daily life. On average, at least 1 in 10 adults in Europe have insufficient HL and almost 1 in 2 have limited (insufficient or problematic) health literacy. Although limited HL is more prevalent in some groups (e.g. the elderly and lower educated people) it happens in all ethnicities, ages, educational levels and genders. Besides that, **HL is not a stable characteristic of people**. It may change over time and across situations and therefore can also be improved.

# **HEALTH LITERACY WHY IT IS IMPORTANT?**

When patients are educated and empowered to act on health information, they can make **informed decisions** about the care that they receive. It also helps people take greater responsibility over their own health. For example, a patient who feels empowered can more easily tell a doctor that medical instructions are not clear. Patients may also more easily engage in preventive measures, as they have the information and knowledge on, for instant, what a healthy lifestyle behaviour entails. **HL is an important element of patient-centred care** as it supports patients to become partners in co-production of their own health and optimizes the quality of interaction between patients and healthcare providers. The literature shows HL is positively associated with better patient experience, improved self-care practices, and – at times – better health outcomes.



#### **HEALTH LITERACY DEPENDENT FROM MANY FACTORS**

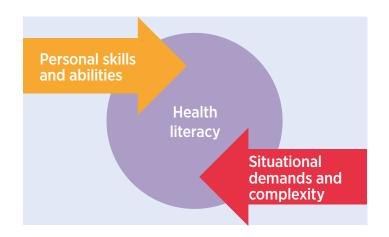
Limited HL is not solely a problem of the patient. Someone's level of HL is a result of the interaction of many factors:

- a patient's culture, education, language, and situational and emotional constraints;
- the knowledge, expertise and communication skills of health care professionals;
- the availability of communication and information materials in accessible language;
- the demands and complexities of the healthcare system.

This makes that tackling limited HL is a shared responsibility of patients themselves and the health care professionals and organizations they are involved with.

### HEALTH LITERACY FOLLOW A TWO-TRACK POLICY

Considering that multiple factors contribute to or affect HL, actions to improve HL should not only focus on the people with limited HL. **HL is everyone's responsibility!** Limited HL can be considered as a mismatch between patients and health care. When we want to improve HL we must consider in parallel a patient's knowledge and skills AND the knowledge and skills of health care professionals, the clarity of materials, and the accessibility of the health care system that individuals and providers operate within. So rather than focusing on one or the other, we must **follow a two-track policy**.<sup>3</sup>



# WHAT CAN WE DO?

#### **Patients**

- Be prepared! when meeting with a health care professional think of concerns and write questions down beforehand
- Ask questions when something is difficult or hard to understand
- Check if you understood everything correctly

## **Professionals and organisations**

- Give information and communicate in plair language and follow design standards
- Give clear, easy to follow verbal information and explain any medical terminology
- Check whether patients have understood what you have said
- Take care of an accessible environment
- Take care that all professionals in an organization are aware of health literacy issues end how to respond appropriately

# **LEARN MORE?**

There are many websites and organizations, both in the EU and at national level that offer tools and recommendations how to improve Health Literacy for patients, professionals and organizations. See for example <a href="http://healthliteracycentre.eu/">http://healthliteracycentre.eu/</a>,

https://www.cdc.gov/healthliteracy/researchevaluate/organization-assessment-tools.html, https://www.nala.ie/health-literacy/

# REFERENCES AND RESOURCES

- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: a systematic review and integration of definitions and models. BMC Public Health, 12, 80. doi:10.1186/1471-2458-12-80.
- Kristine Sørensen, Jürgen M. Pelikan, Florian Röthlin, Kristin Ganahl, Zofia Slonska, Gerardine Doyle, James Fullam, Barbara Kondilis, Demosthenes Agrafiotis, Ellen Uiters, Maria Falcon, Monika Mensing, Kancho Tchamov, Stephan van den Broucke, Helmut Brand, on behalf of the HLS-EU Consortium, Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU), European Journal of Public Health, Volume 25, Issue 6, December 2015, Pages 1053–1058, https://doi.org/10.1093/eurpub/ckv043
- Rademakers, J., Heijmans, M. Beyond reading and understanding: health literacy as the capacity to act. International Journal of Environmental Research and Public Health: 2018, 15(8), 1676

# **Contact Details**

For more information visit our website https://self-management.eu/selfmanagementeurope/

or contact us via email contact@self-management.eu

This is a publication by Self-management Europe











