

Inventory of good practices

Examples of good practice to promote health education and strategies to advance health literacy

Compiled by the
Social Cohesion and Integration Division
Directorate General of Democracy
Council of Europe Secretariat General
May 2013

Content

| | |
|---|----|
| 1. Introduction..... | 4 |
| 2. Examples of good practice to promote health education..... | 5 |
| 2.1 Childhood and adolescent education | |
| 2.2 Health literacy-related leadership | |
| 3. Health literacy capacity building..... | 7 |
| 3.1 Health professionals | |
| 3.2 Other professionals | |
| 4. Health literacy in communication..... | 9 |
| 5. Health literacy as addressed in high risk situations..... | 9 |
| 6. Strategies to advance health literacy..... | 10 |
| 6.1 Ten attributes for health literate systems | |
| 6.2 Issues that need to be addressed in order to strengthen health literacy | |
| 6.3 Proposals and suggestions for strengthening health literacy | |

1. Introduction

One of the aims of the Council of Europe health project 2012-2013 is to promote health education and health literacy. Health literacy is the capacity to make sound health decisions in the context of everyday life and is a critical empowerment strategy to increase people's control over their health, their ability to seek information and to assume responsibility.

This inventory was compiled by the Secretariat of the Council of Europe (Social Cohesion and Integration Division of the Directorate General of Democracy) to provide member states with examples of good practice in health education and the promotion of health literacy. The strategies to advance health literacy will be useful for wide-range health policy design and long-term health policy planning.

The inventory is based on the replies to the "Survey on a citizens' consultation platform on the right to the protection of health", which was prepared by the Council of Europe in cooperation with the European Health Literacy Network (Maastricht University, the Netherlands) in 2012 and was disseminated to the Ministries of Health of the Council of Europe's member states via the European Committee for Social Cohesion (CDCS).

Twenty-two countries have replied to the survey, have shared their experiences and have provided examples of good practice.

A Summary Report was presented and discussed at the International Workshop "Model of a citizens' consultation platform on the right to the protection of health", Strasbourg, 8-9 November 2012, attended by about 40 health professionals and representatives of patient organisations.

A key partner in the organisation of that Workshop was the South East European Health Network. Under its Israeli Presidency (1 July -31 December 2012), the Network provided valuable input and actively participated in the Workshop.

After the Workshop, participants provided the Council of Europe Secretariat with additional examples of good practice on citizens' consultation, patients' rights protection, health promotion, and health literacy, which have also been included in this inventory.

The inventory aims to provide inspiration for managing complex health care systems/citizens environments and for building national strategies to advance health education and health literacy of the population.

2. Examples of good practice to promote health education

2.1 Childhood and adolescent health education

| Country | Examples |
|----------------|---|
| Austria | <p>The “health literacy in basic education” project is a pilot project which integrates health education into the curricula of people who are continuing their basic education at an adult age. This group of people can be considered as particularly in need of training in health literacy, being a group in a situation of vulnerability due to reduced capacities and resources.</p> <p>At present, the Federal Ministry of Education and Cultural Affairs plans a revision of the principles of instruction. Health Literacy and Health Education will be considered within these new principles. In 2011, 10 framework targets for health were developed. One of these targets deals with health literacy for all population groups (including children and young people). Another health target deals explicitly with the health of children and young people stressing also the importance of education and life competencies.</p> <p>“Information Centre for health education” in schools (GIVE Servicestelle für Gesundheitsbildung). The Federal Ministry of Education, the Federal Ministry of Health and the Red Cross finance this Information Centre conducted by the Austrian Youth Red Cross.</p> <p>The Project “Health Literacy” (April 2011- March 2012) was financed by the Federal Ministry of Labor, Social Affairs and Consumer Protection.</p> |
| Czech Republic | <p>Within the Framework Educational Programme for Basic Education, there is an area “Humans and Health “which includes topics such as Health Education and Physical Education. (Health) education is also influenced by other strategies, for example one of the tasks of the</p> |

| | |
|--|--|
| | <p>National Action Plan of Child Accident Prevention 2007-2017, prepared by the Ministry of Health, requires the incorporation of child injury prevention into the school curriculum. At present, the accident prevention programme is being prepared also for kindergartens. The Framework Educational Programmes for relevant levels of education define basic requirement on (health) knowledge and cognitive functions of relevant age groups and types of schools. The Ministry of Health cooperated by supporting children and young people's education on healthy lifestyles, prevention of substance abuse, violence and injury prevention, first aid, mental health, etc. According to the Healthcare Services Act N. 372/2011 Coll., as amended, physicians must consider the opinion of children and young people on the method of healing; especially for serious medical interventions (such as chemotherapy or amputation).</p> |
|--|--|

2.2 Health literacy-related leadership

| Country | Examples |
|---------|---|
| Israel | The Israeli government currently has a “Minister responsible for improving the government services to the public” . |
| Romania | The project “Increasing Access to High Quality Primary Prevention Services for Children and Adolescents 2009-2011” was financed by the Norwegian Cooperation Programme and co-financed by the Ministry of Health of Romania. The project through its four components, research, LIFE campaign, increasing the institutional capacity, and improving legislation, had the aim to increase the number of children and young people leading a healthy lifestyle. The Ministry of Health of Romania organizes and finances several health promotion and education-for-health campaigns in schools, per year to observe international and European health-related days, e.g. the organisation of the campaign “Healthy behaviors for healthy teeth!” celebrated on the International Oral Health Day (20 March), |

| | |
|--|--|
| | aimed to improve the use of effective prevention measures in children, by increasing awareness about the importance of oral health and risk factors. |
|--|--|

3. Health literacy capacity building

3.1 Health professionals

| Country | Examples |
|----------------|--|
| Austria | Health education is part of the education and training of all high-level health professions in Austria and is fostered by the publication of the “ Health Literacy ” Newsletter. http://www.fgz.co.at/Health-Literacy-Gesundheitskompetenz.668.0.html |
| Germany | The Federal Centre for Health Education (<i>Bundeszentrale für gesundheitliche Aufklärung - BZgA</i>) was established with the aim of preserving and promoting human health. It was assigned with the tasks of elaborating principles and guidelines concerning the content and methods of practice of health education and of providing basic and advanced training of professionals in the field of health education. |
| Israel | The Israel Center for Medical Simulation MSR was established in 2001 and is dedicated to improving both medical and human-relation skills of healthcare professionals. Simulation courses in "Communication Skills in Patient-Physician Encounters" are organised for medical students, with actors posing as patients in complex scenarios. This is one example of how to try and improve HCPs communication skills. Attending such a course is mandatory in some medical schools. |

3.2 Other professionals

| Country | Examples |
|----------------|--|
| Austria | <p>Health education has been embodied as a principle of instruction in the curricula of academic secondary schools and other educational institutions, for all sectors.</p> <p>Competency training on health literacy “Knowledge makes you strong and healthy” includes trainings for patients and consumers and on health literacy for insurance organisations.</p> <p>The Women’s Health Centre, (<i>Frauengesundheitszentrum Graz</i>) http://www.fgz.co.at/</p> <p>Graz promotes health literacy of women and men in several ways: the organisation offers individual health counseling, trainings and workshops to increase health literacy of women and men, provides an online-guide for finding good health information on the internet, sends out newsletters on health literacy and provides evidence-based health information and counseling for women.</p> |
| Germany | <p>The Federal Center for Health Education (<i>Bundeszentrale für gesundheitliche Aufklärung - BZgA</i>) http://www.bzga.de/ has a particular focus on health literacy activities for professionals who are located outside the health sector since individual competencies on health matters are much more shaped by professionals from the education and social service sectors (kindergarten, school, social work, leisure time).</p> |
| Moldova | <p>The Awareness raising campaign “Be healthy Moldova, wherever you are”, aims to increase the level of the health knowledge among the young generation.</p> |

4. Health literacy in communication

| Country | Examples |
|-------------------|--|
| Azerbaijan | The “National Conception on Health Communication” , prepared by the Public Health and Reform Centre of the Ministry of Health. |
| Portugal | “Saúde 24” (Health Line 24) , an initiative of the Ministry of Health, aims to meet the health-related needs expressed by citizens, helping to expand and improve access to services and rationalize the use of existing resources by routing in a more appropriate way the users towards the National Health Service. It offers screening, counseling and referral in disease situation, accessible via telephone or chat (people with special needs); it also provides therapeutic counseling to clarify issues on matters related to medication. |

5. Health literacy as addressed in high-risk situations

| Country | Example |
|----------------|--|
| Austria | The Project “Alpha-Power im Gesundheitsbereich” aims to raise awareness and develop the skills of health professionals for treating people who are not (sufficiently) competent in the German language. |
| Hungary | The TÁMOP governmental programme implemented by the National Institute for Health Development 2012-2014 aims to increase health literacy of the population and specific vulnerable groups. |

6. Strategies to advance health literacy

6.1 Ten attributes for health literate systems and examples

(by Kristine Sorensen, European Health Literacy Network, Maastricht University, the Netherlands)

| A Health Literate Organisation | Examples |
|--|--|
| 1.Has leadership that makes health literacy integral to its mission, structure, and operations. | Develops and/ implements policies and standards. Sets goals for health literacy improvement, establishes accountability and provides incentives. Allocates fiscal and human resources. Redesigns systems and physical space. |
| 2.Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement. | Conducts health literacy organisational assessments Assesses the impact of policies and programmes on individuals with limited health literacy. Factors health literacy into all patient safety plans. |
| 3. Prepares the workforce to be health literate and monitors progress. | Hires diverse staff with expertise in health literacy. Sets goals for training of staff at all levels. |
| 4. Includes populations served in the design, implementation, and evaluation of health information and services. | Includes individuals who are adult learners or have limited health literacy. Obtains feedback on health information and services from individuals who use them. |
| 5. Meets needs of populations with a range of health literacy skills while avoiding stigmatisation. | Adopts health literacy universal precautions, such as offering everyone help with health literacy tasks. Allocates resources proportionate to the concentration of individuals with limited health literacy. |

Inventory of good practices and strategies

| | |
|---|--|
| 6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact. | <p>Confirms understanding (e.g. using the Teach-Back, Show-Me, or Chunk-and-Check methods). Secures language assistance for speakers of languages other than English.</p> <p>Limits to two to three messages at a time. Uses easily understood symbols in way-finding signage.</p> |
| 7. Provides easy access to health information and services and navigation assistance. | Makes electronic patient portals user-centered and provides training on how to use them. Facilitates scheduling appointments with other services. |
| 8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on. | Involves diverse audiences, including those with limited health literacy, in development and rigorous user testing. Uses a quality translation process to produce materials in languages other than English. |
| 9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines. | Prioritizes high-risk situations (e.g. informed consent for surgery and other invasive procedures). Emphasizes high-risk topics (e.g., conditions that require extensive self-management). |
| 10. Communicates clearly what health plans cover and what individuals will have to pay for services. | Provides easy-to-understand descriptions of health insurance policies. Communicates the out-of-pocket costs for health care services before they are delivered. |

6.2 Issues that need to be addressed in order to strengthen health literacy

(based on the replies to the Survey)

- Financial resources
- Reach out to (migrant) minority groups and overcome language barriers
- Quality and accessibility of currently available health information
- Effective tools to motivate and enable citizens to get engaged in projects and programmes
- Rapidly changing information on healthy behavior and health technologies
- Inability to use new communication technologies appropriately
- Vested interests of other stakeholders
- Level of commitment of main actors (politicians in health, education and social affairs; medical professionals, health insurance providers, health care providers)
- Evidence-based methods for information adaptation
- “Health literacy” as a multilayered interdisciplinary topic

6.3. Proposals and suggestions for strengthening health literacy

(submitted by the respondents to the Survey)

- Increase funding for health literacy
- Introduce health literacy as a relevant (cross cutting) topic in the education system
- Recognize and emphasize the multi-layered and cross-sectoral nature of health literacy
- Cooperate stronger with media to provide good health information
- Improve current health system information and make it more understandable and more accessible
- Include NGOs as partners in the implementation of health literacy actions
- Educate trainers for health literacy
- Systematically link health literacy with prevention measures and activities
- Address key stakeholders to increase political support for health literacy
- Ensure consistency of information provided to citizens
- Adapt communication to patients’ social and cultural background
- Start with health education as early as possible

Inventory of good practices and strategies

- Hold round tables and trainings for the general population and doctors about the right to protection of health
- Establish a National Commission on improving citizens' health, chaired by the highest ranking member of the government and co-chaired by a member of an NGO
- Raise the health literacy of politicians.