Health literacy in the older population
How it can contribute to sustainable health systems

BRIEF FOR POLICY MAKERS IN EU MEMBER STATES

irohla
innovative policies for healthy ageing

IROHLA Consortium
November 2015

www.healthliteracycentre.eu

Published by IROHLA project consortium
Intervention Research On Health Literacy of the Ageing Population in Europe

Suggested reference:

IROHLA consortium. Health literacy in the older population. How it can contribute to sustainable health systems. Brief for policy makers in EU member states. Groningen: IROHLA consortium; 2015

Further reading on the activities in the IROHLA project:
www.irohla.eu

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

The research leading to these results was done within the framework of the IROHLA project co-ordinated by the University Medical Center Groningen, and has received funding from the European Community (FP7 2007-2013) under grant agreement no 305831.

Summary

Why is health literacy important for EU member states?

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 their 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 face more physical, mental and social challenges[2]. The capacity of many older people to manage their health often falls short compared to the required needs. By improving health literacy older people are better able to use health services effectively and adhere to medical plans. Health literacy contributes to active and healthy ageing[3].

What can governments do?

1 National and regional governments have responsibility for equity and sustainability of health services. They set the standards for accessibility to health promotion, prevention, cure and care. Focus on health literacy can contribute to achieving equity and sustainability[3].

2 Ministries of health can produce a national health literacy policy or strategy, as several countries in the EU already have done, guiding the health and welfare sector[4]. A comprehensive health literacy approach is effective, focusing not only on individuals and communities, but also on health professionals and organisations.

3 The IROHLA project finds that incorporating health literacy in all policies that involve health care or healthy ageing, is likely to lead to more effective programmes[5]. For example public health programmes and patient safety and health care quality programmes benefit from easily understandable health information for the population and more accessible and acceptable e-health and m-health applications. Families, communities and volunteers can effectively assist older people in healthy living. Health organisations can become more health literacy friendly [4].

4 In health services person-centred care has proven to be beneficial: when health care workers are able to communicate effectively with older people, adherence to medical treatments improves. When hospitals and health facilities become more accessible, older people can more easily find their way, make appointments, or understand written or oral information.

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 result in more effective and sustainable health systems, due to more efficient utilisation of health services 6. It will increase equity in access to health services. It will make healthcare more efficient. Most of all, it will contribute to active and healthy ageing and increasing healthy life expectancy, one of the EU targets for 2020.

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Website version refers to pages in the portal **www.healthliteracycentre.eu** where statements are further elaborated and backed up by evidence.

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 then health promotion, disease prevention and adherence to medical plans will be easier. In general, when older people are better able to manage their own health, they can use health services more effectively and they are able to continue participating in society[9]. Health literacy facilitates active and healthy ageing.**

Health literacy contributes to sustainable health systems

In the last decade, improving access and quality of care has increased the costs of health services considerably in Europe. The ageing of the population in Europe has been an important factor contributing to these increased costs. EU Member States are now aiming for a new balance between access to health services, quality of health care and costs of health-related activities.

Strengthening health literacy and enabling older people to make informed choices for their health has a positive effect on quality and accessibility and can reduce the demand for health services and associated costs. Therefore, health literacy is part of the solution to achieving sustainable health systems. Health literacy among the older population is one of the areas of attention of the European Innovation Partnership of Active and Health Ageing [10].

Many Member States of the European Union are addressing health literacy issues, for example in policies tackling inequalities in health, in programmes for older vulnerable groups or in activities promoting self-management and adherence to medical plans. Some countries have specific policies in the area of health literacy [4]. This policy brief describes the essential components of health literacy policies and provides insight into evidence of effective interventions for strengthening health literacy, especially for older people.

2 What can be done to address health literacy?

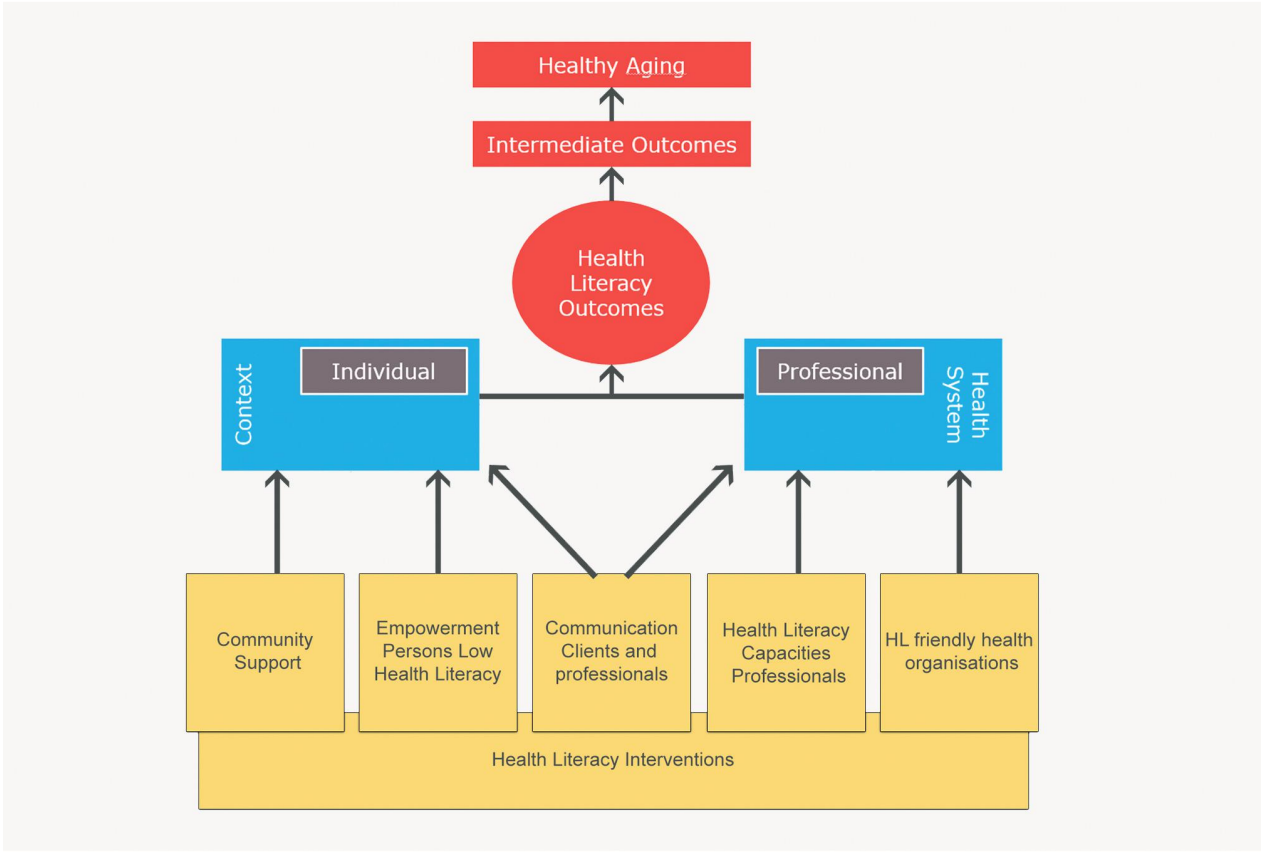
2.1 A comprehensive approach

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 communication and interaction competencies of health workers
- 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 in one intervention) and tested and validated interventions.



Empowering older persons

It is time for governments to embrace the health empowerment of people. Interventions to enhance the capacities of older persons with low health literacy are effective, especially when these people are suffering from (multiple) chronic diseases. The World Health Organization makes a strong case for people-centred care[16].

Older people from lower socio-economic groups or from migrant or minority communities can manage their health conditions through people-centred care[11-15].

In the IROHLA project, ICT-based health interventions (e-health and m-health) were analysed, leading to criteria for suitable applications for older people. These applications have to be accessible (easy to use, simple), acceptable (focused on needs of older people), and suitable for long-term use (fitting in with medical plan)[17].

Community support

Policies and strategies in the area of social coherence and support to care givers contribute to better health literacy outcomes[18-20]. Organisations and institutions in the welfare, educational and commercial sector can enhance health literacy of older people by, for example, improving reading and writing skills or introducing computer skills [21,22]. Welfare organisations can facilitate networks for older people, especially for vulnerable groups and ethnic minorities [23,24,25].

Capacities professionals

Governments can stimulate a paradigm shift in health care: communication by health workers is crucial to improving the outcomes of health literacy interventions. Research in the IROHLA project shows that training of health workers combined with long-term follow-up and use of communication tools is effective[26-30].

Simultaneous development of communication skills for patients and professionals has a positive effect and increases mutual understanding.

Training institutions in health care and professional organisations play a role in maintaining communication skills[31]. In the IROHLA project training programmes for health professionals were validated[32].The IROHLA project developed innovative communication tools using comic strips[33].

Improve the environment for access to care

Health organisations, like public health institutions, care providers and health insurers can become health literacy friendly organisations. They have to facilitate professionals to communicate clearly, providing them with time and skills[34]. When health organisations remove barriers for access to services more people can benefit from care[35].

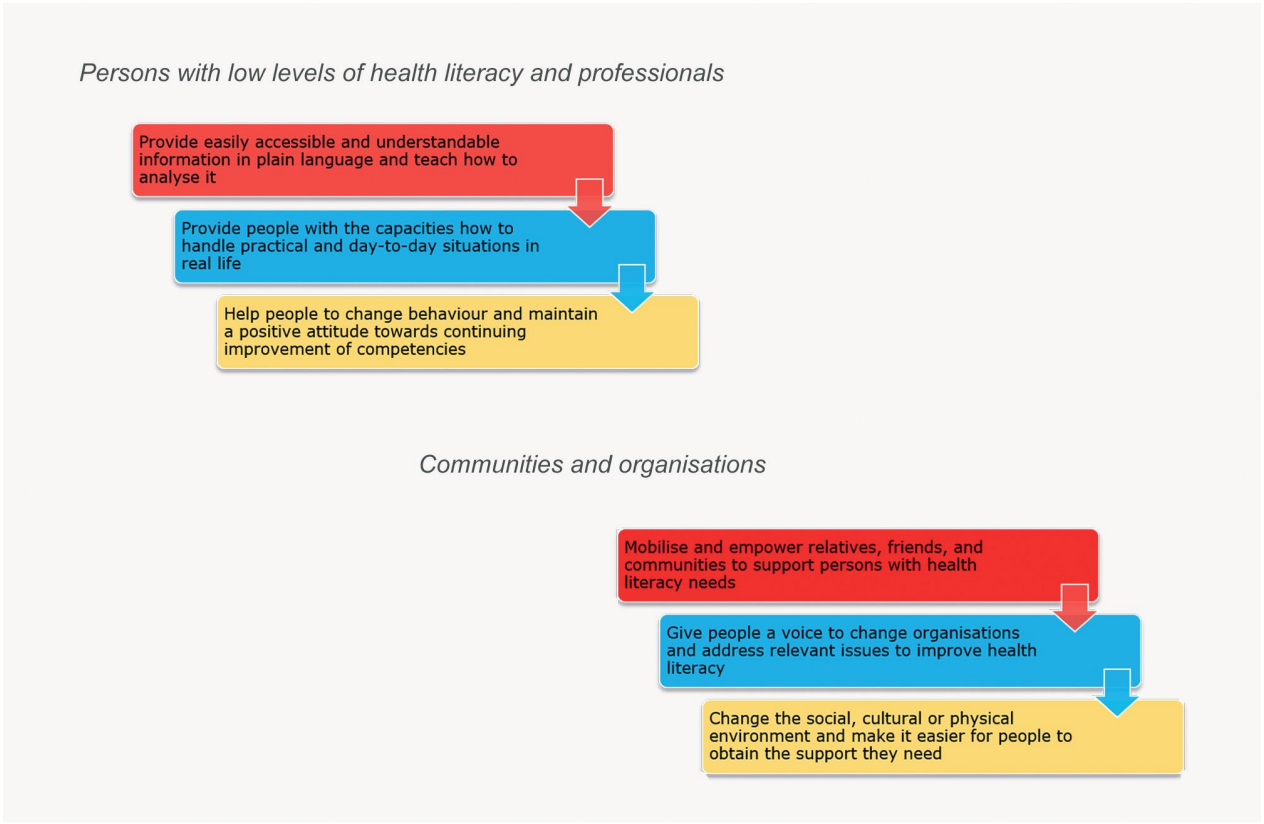
Regulations with regard to informed consent based on the European Convention of human rights can reinforce communication in health care. Health organisations can give people a voice in changing organisations and in addressing relevant issues to improve health literacy: joint decision making and co-creation lead to more efficient utilisation of services[36]. Policies in the area of quality of care or patient safety should include interventions that enhance health literacy[37].

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[38]. 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 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.National policies or action plans can facilitate the transition. Authorities have a role in monitoring changes in health literacy.



3 How to address health literacy in policies

3.1 Health literacy in the European Union

1 The European Union aims for effective, accessible and resilient health systems in Europe[39]. Healthy ageing is an important priority given the demographic changes in Europe. The EU foresees changes in the health systems to address issues of ageing. Health literacy for older people can be incorporated in policies and action programmes like the European Partnership for Active and Healthy Ageing has already done.

2 The European Union promotes e-health and m-health as part of the Digital Agenda[40]. The health literacy criteria developed by IROHLA for usability, usefulness and sustainability provide critical advice for all IT applications, as they will enhance utilisation by all groups in society. Regulations and inter-company standards will contribute to more effective use of these innovations.

3 An increasing body of knowledge on health literacy in Europe asks for EU-guided actions for scaling up and for monitoring implementation of health literacy policies and action plans of member states.

4 Research and development in the area of health literacy during the life course will contribute to the healthy ageing of the European population. Further research into cost-effective interventions is necessary to improve the sustainability of health systems.

3.2 Health literacy in national policies

1 Many EU member states have developed specific policies and action plans for health literacy. Other countries could follow their example and take lessons learned from those policies as described by IROHLA[41]. The EU could support this by systematically monitoring the implementation of these strategies. Measuring the effects of interventions within a framework will contribute to better understanding and further development of the comprehensive approach and will allow for creation of the synergies between activities.

2 Health literacy can be integrated in all national and regional policies and strategies that focus on quality and equity in health or on health promotion. Improving health literacy will not lead to further increase in costs related to the health of the ageing population.

3 Integrating health literacy interventions in programmes for healthy ageing will empower older people to manage their own health. There is room to improve healthy ageing strategies in many member states[42,43]. Health ageing will enable older people to participate in society for a longer period of time and contribute to the economy and wellbeing.

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.

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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1	University Medical Center Groningen (UMCG)	The Netherlands
2	CBO – TNO organisation	The Netherlands
3	University of Groningen (RUG)	The Netherlands
4	Jacobs University, Bremen	Germany
5	Baltic Region Healthy Cities Association	Finland
6	National University of Ireland, Galway	Ireland
7	Norwich Medical School, Faculty of Medicine & Health Sciences	England
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

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Financial support from

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