

# **Health Literacy: A brief overview of the concept**

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**10th European Health Promotion Conference  
Trondheim, Norway, 24-26 November 2018**

# Not a new concept ...



- The concept of « literacy »
  - To be literate = being “knowledgeable or educated in a particular field or fields”
  - Increased attention since the mid 20<sup>th</sup> century
    - The ability to identify, understand, interpret, create, communicate, compute and use printed and written materials associated with varying contexts (UNESCO)
    - Enlarged to a range of competences considered important to function in the 21<sup>st</sup> century
- Application to the health sector since the 1970s

# An expanding concept ...



- Expanding **scope and meaning**
- Expanding **scientific research**
- Growing **political interest**

# Expanding scope and meaning of health literacy

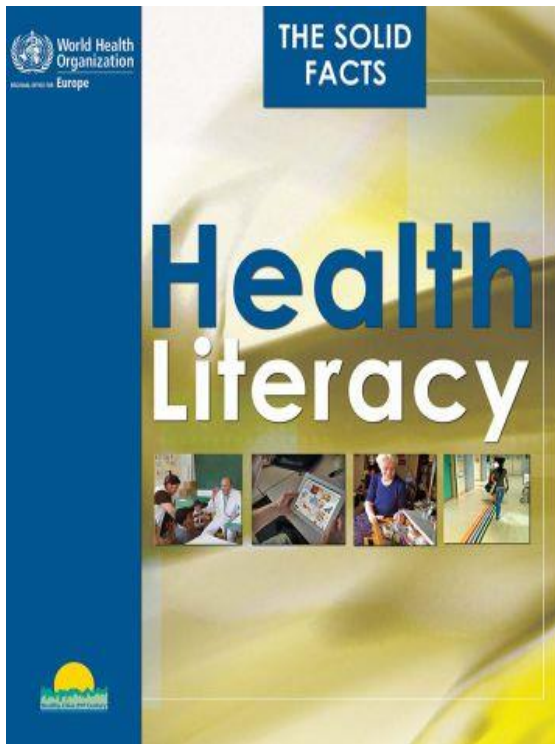


- From medical to public health literacy
  - Initial emphasis on individual competencies in the context of health care (« *medical health literacy* »)
  - Since the last decade enlarged to a broad set of competences that are also relevant for disease prevention and health promotion (« *public health literacy* »)



- From purely functional to interactive and critical health literacy
  - **Functional HL**: the ability to handle words and numbers in a medical context
  - **Interactive** and **critical HL**: information seeking, decision making, problem solving, critical thinking, communication, social, personal, and cognitive skills that are necessary to function in the health system

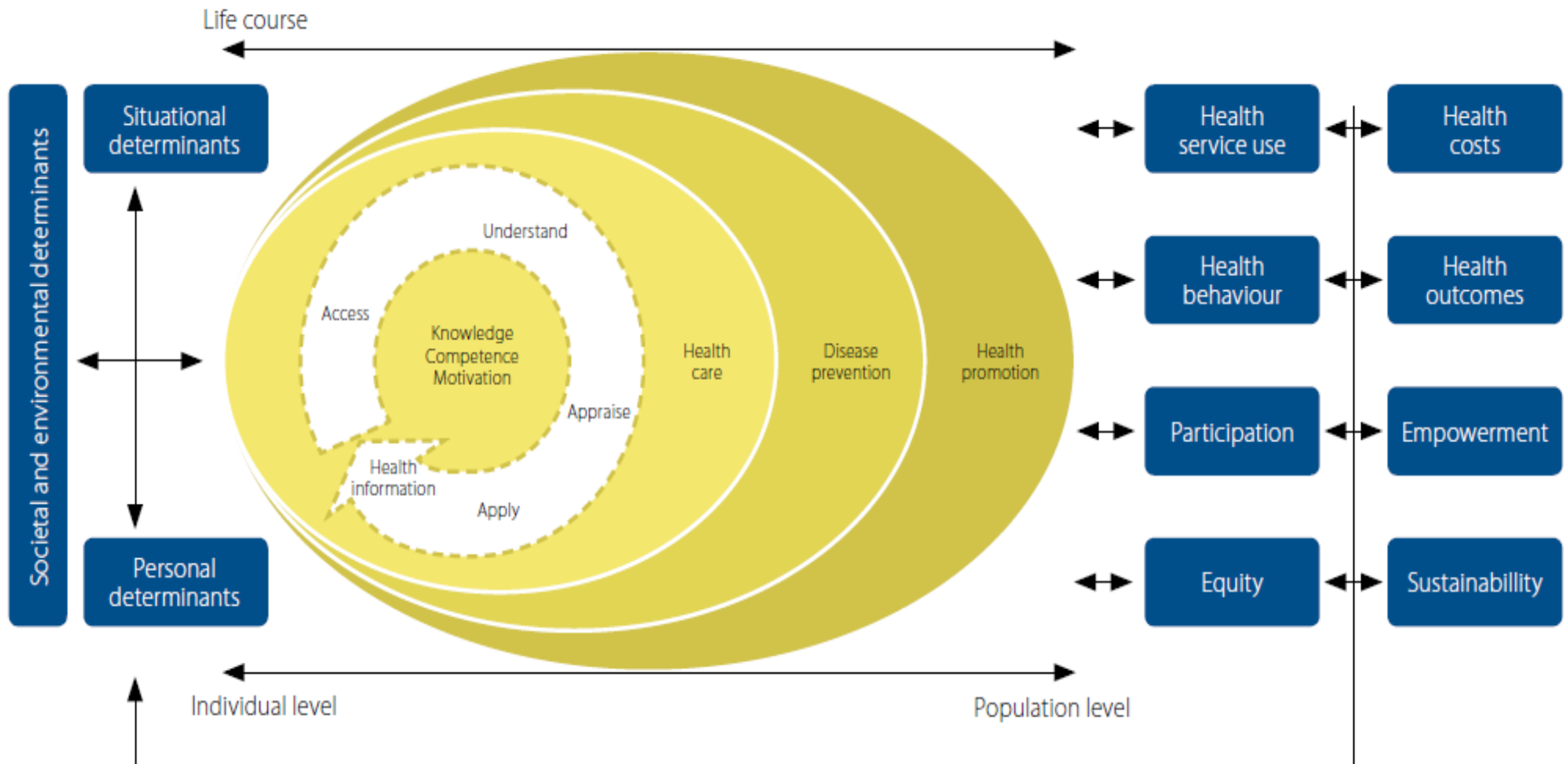
# A multidimensional concept



*« A person'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»*

Sørensen et al., Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 2012;12:80

# A Conceptual model of Health Literacy

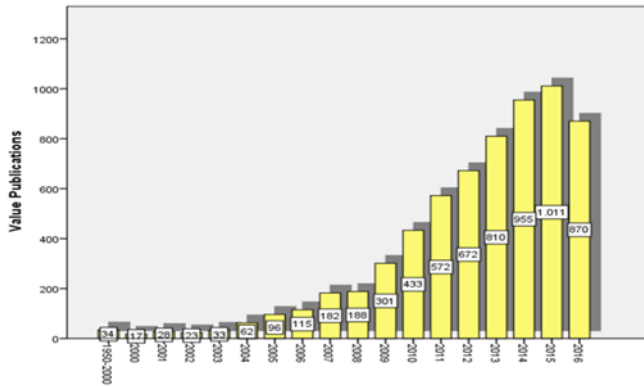


Sørensen et al., Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. 2012;12:80

# Expanding research on Health Literacy



- First research articles on health literacy published in the late 1970s
- More than 7500 publications on health literacy listed in Pubmed today
  - 70% published in the last five years
  - > 1000 new publications each year
  - More than 3573 have “health literacy” as a major MeSH term (introduced in 2010)
- + 8000 publications in Scopus
- 135 0600 records on Google Scholar
  - 9000 in 2017 alone



# Growing recognition of the importance of Health Literacy



- UN

- Considers HL important for the achievement of targets related to the Sustainable Development Goals



- WHO

- Improving health literacy is one of the priorities in the strategy document for the European Region « Health 2020 »
  - HL was one of the three priorities of the 9GCHP (Shanghai, 2016)

- EU

- HL is an item for attention in the EU Health Programme « Health for Growth » (2014-2020)

- National level

- Several countries around the globe recognize the importance of health literacy and put policies in place to address low HL

Rowlands et al. (2018) What is the evidence on existing policies and linked activities and their effectiveness for improving health literacy at national, regional and organizational levels in the WHO European Region? Copenhagen: WHO Europe; 2018





# Importance of Health Literacy

Health Promotion International, 2018, 1-17  
doi: 10.1093/heaprod/day062  
Article



## Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review

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### Summary

While socioeconomic disparities are among the most fundamental causes of health disparities, socioeconomic status (SES) does not impact health directly. One of the potential mediating factors that link SES and health is health literacy (HL). Yet although HL can be considered a modifiable risk factor of socioeconomic disparities in health, the relationship between SES, HL and health disparities is not well understood. This study reviewed the evidence regarding the mediating role of HL in the relationship between socioeconomic and health disparities. Medline, Cinahl, Embase, PsycInfo, Eric, Web of Science, Google, Google Scholar, Mednar, Doaj and Worldcat were used to retrieve studies that specifically addressed socioeconomic and socio-demographic factors related to low HL levels, as well as the mediating role of HL in the relationship between SES and disparities in health outcomes. Selected studies were assessed for methodological quality. Sixteen published studies were retained for inclusion and content analyzed using the constant comparison method. The review indicates that disadvantaged social and socioeconomic conditions contribute to low HL levels, whereby low SES, and particularly educational attainment, is the most important determinant of HL, and that HL mediates the relationship between SES and health status, quality of life, specific health-related outcomes, health behaviors and use of preventive services. HL can be considered as a modifiable risk factor of socioeconomic disparities in health. Enhancing the level of HL in the population or making health services more accessible to people with low HL may be a means to reach a greater equity in health.

**Key words:** health literacy, socioeconomic status, mediating role, social determinant of health, health disparities

### INTRODUCTION

Socioeconomic status (SES) is linked to a wide range of health related lifestyles and to poor health outcomes

(Adler and Newman, 2002). As such, socioeconomic disparities, traditionally measured through levels of education, income and/or occupation, are considered as the

- A determinant of the quality of health care
- A determinant of health outcomes and health care costs
- An outcome of health education (as a strategy of health promotion)  

Nutbeam, D. (1998). Evaluating health promotion - progress, problems and solutions. *Health Promotion International*, 13(1), 27-44.
- A possible mediator of the relationship between SES / education and health outcomes

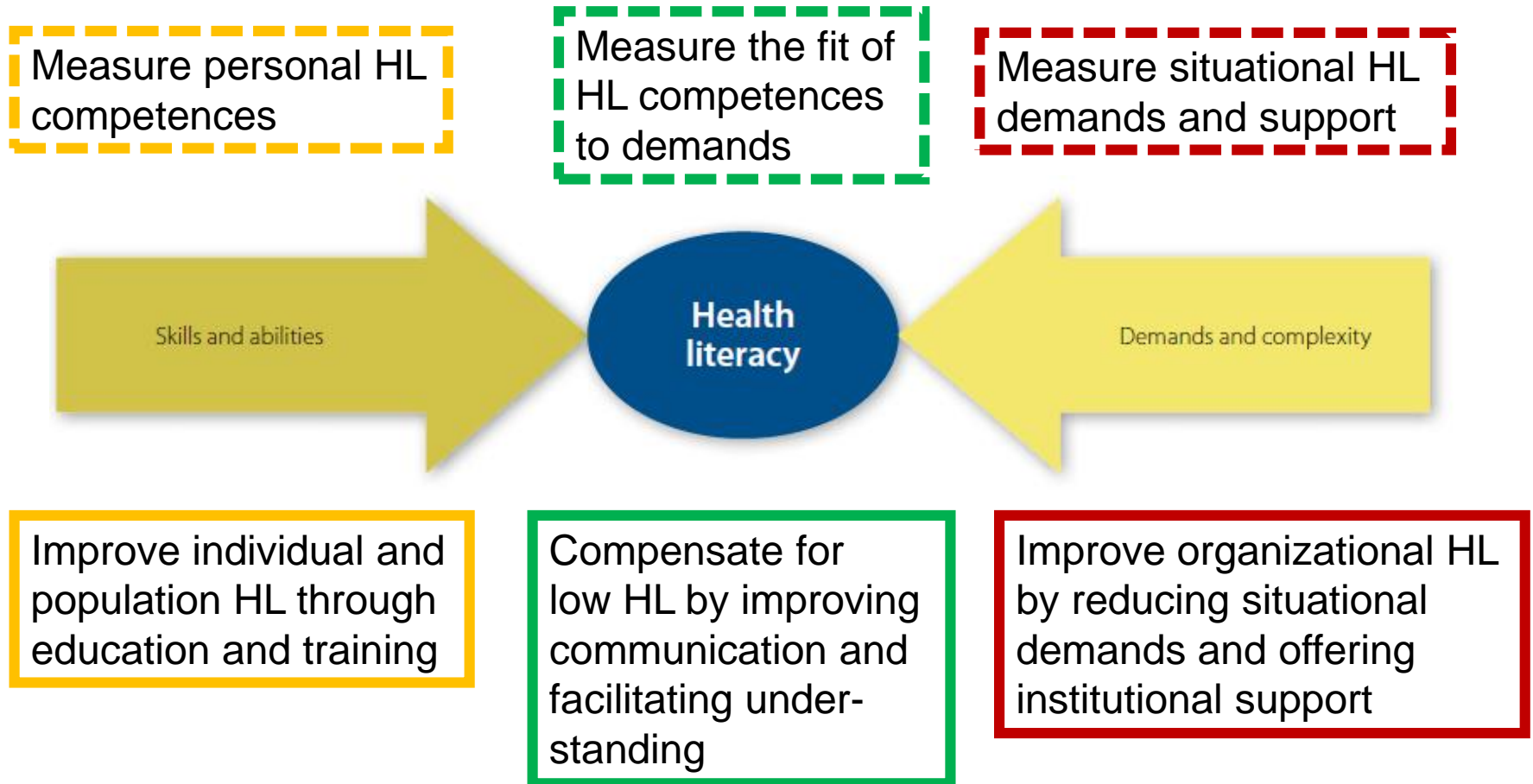


# Measuring Health Literacy

- A large range of measures available, with important differences in terms of objectives and target groups
  - 133 instruments listed in the **Health Literacy Tool Shed**
  - HL Screening in a clinical context: Rapid Estimate of Adult Literacy in Medicine (**REALM**), Test of Functional Health Literacy (**TOFHLA**), Newest Vital Sign (**NVS**)
  - Population survey: National Assessment of Adult Literacy survey (**NAAL**), Health Literacy Questionnaire
- European Health Literacy Survey (HLS-EU)
  - Concept validated tool of 47 self-report items
  - 12 sub-scales addressing difficulties in accessing, understanding, appraising and applying information to make decisions in health care, disease prevention, and health promotion
  - Used to collect data on 8000 respondents in 8 EU countries
  - Used on a total of 10,024 respondents in 6 Asian countries (Indonesia, Kazakhstan, Malaysia, Myanmar, Taiwan, Vietnam)
  - Short forms of 16 and 6 items increasingly used (Belgium, France, Portugal, Italy, Sweden, ...)



# Addressing low health literacy





# What further developments regarding health literacy can be expected?

- A shift from measuring health literacy to addressing low health literacy (education + workforce development)
- A shift from individual health literacy to health literate organizations and systems
- A growing attention for digital health literacy and for other literacies (e.g., media literacy)
- A shift from isolated small scale efforts to partnerships
- A shift from local, small scale efforts to global policies



“Literacy isn't just about reading, writing, and comprehension. It's about culture, professionalism, and social outlook.”

— Taylor Ellwood