Optimizing Health Literacy:

Improving Health and Reducing Health Inequities

A selection of information sheets from The Health Literacy Toolkit for Low- and Middle-Income Countries
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A selection of information sheets from
The Health Literacy Toolkit for Low- and Middle-Income Countries

Editors: Sarity Dodson, Suvajee Good and Richard Osborne
Overview

This series of information sheets introduces health literacy, its relevance to public policy, and the ways it can be used to inform the promotion of good health, the prevention and management of communicable and noncommunicable diseases, and the reduction of health inequities. It provides information and links to further resources to assist organizations and governments to incorporate health literacy responses into practice, service delivery systems, and policy.

The selection of information sheets found in this pack have been drawn from The Health Literacy Toolkit for Low- and Middle-Income Countries. World Health Organization (WHO) (Dodson S, Good S & Osborne RH [ed], 2015).

Audience

This publication seeks to inform:
- governments, politicians and policy makers at all levels
- academic institutions
- public, civil society, and non-governmental organizations, and practitioners
- relevant private sectors promoting health and well-being
- communities, community-based organizations and social networks
- WHO and other UN partners
- development organizations.

Contents

Overview

Audience

Forward

Information Sheet 1:
What is health literacy?

Information Sheet 2:
The relevance of health literacy for public policy

Information Sheet 3:
Responding to the health literacy limitations of communities

Information Sheet 4:
The Ophelia approach to optimizing health literacy

Information Sheet 5:
Health literacy recommendations for action

Information Sheet 6:
Resources for the development of health literacy policies and responses
Foreword

Education improves lives. Reading and writing are precious skills for many people in the world, and can have long-lasting benefits for future generations. We have learned from our public health experiences that educating women reduces child mortality and improves maternal and child health. However, understanding health-related information requires knowledge, experience, and skills, and accessibility of health information. This means that information needs to be not only available, but also readable and comprehensible. Health practitioners’ communication with patients and family members can be part of the therapeutic process, however, knowledge of health, health services, and resources will depend on levels of health literacy.

Health literacy plays an important role in how well individuals can access the health system and receive quality care. The World Health Organization recognized the importance of health literacy and included explicit calls for action in the Seventh Global Conference on Health Promotion in Nairobi in 2009. Since 1998, WHO had defined health literacy as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”.

Credit: WHO / SEARO
Although initially the responsibility for health literacy was focused on individuals, there is increasing recognition that governments, health and community service providers, researchers, and consumer groups are also equally accountable. Equitable and achievable access to health care must be promoted at the individual, organizational and policy levels to achieve globally agreed agendas such as the Millennium Development Goals (MDG).

The Nairobi Call to Action for Closing the Implementation Gap in Health Promotion 2009 identified five key strategies and actions for reducing health inequities and poverty and improving health and quality of life through health promotion implementation. One of the five key strategies was to improve health literacy and health behaviours by designing health interventions based on health, social and cultural needs. Development of health literacy interventions is an important strategy for assisting organizations to make health care and services more accessible, and for empowering people to improve their own health literacy, as well as that of their families and their communities.

Health literacy interventions have been implemented in most high-income countries. There are several tools that have been used to measure health literacy and assess how well individuals understand health information. However, these tools inadequately capture the breadth of the WHO definition of health literacy, and do not provide the necessary data for lower- and middle-income countries to make decisions about effective health literacy interventions for individuals and communities. Deakin University, in collaboration with the WHO Regional Office for South-East Asia, developed health literacy measurement tools which are suitable for use in low- and middle-income countries. The Information and Support for Health Actions Questionnaire (ISHA-Q) and Health Literacy Questionnaire (HLQ) are being used to better understand the health literacy strengths and difficulties of people from a range of socioeconomic and ethnic backgrounds, and of people living with disability or with long-term health conditions. The understanding generated through assessment of health literacy enables researchers and service providers to co-create health literacy responses that empower people to seek appropriate health and social services, as well as make health care and services more accessible.

The WHO Regional Office for South-East Asia has commissioned Deakin University to develop a toolkit for health literacy that can be used to guide health literacy initiatives in low- and middle-income countries. The selection of information sheets found in this pack have been drawn from “The Health Literacy Toolkit for Low- and Middle-Income Countries”, and provide an introduction to health literacy and the approaches that may be used to assess responses to health literacy. Enhanced health literacy and improved responsiveness to health literacy needs can contribute to reducing health inequity and improving the health of populations.

Dr Poonam Khetrapal Singh
Regional Director
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1

What is health literacy?

Health literacy is the term used to describe the ability to engage with health information and services.
Health literacy brings together many concepts that relate to what people and communities need in order to make effective decisions about health for themselves, their families and their communities.¹⁻⁶

Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health, or that have implications for health. Health literacy includes the capacity to communicate, assert and enact these decisions.⁷

Health-related decisions may be about a person’s own health, the health of another person, or the health of the community. These decisions may be made either by a group of people (e.g., a family or community) or an individual. The health literacy of individuals and communities influences (and is influenced by) health behaviours and the characteristics of society and the healthcare system.²⁻⁵ Further, it is context- and content-specific, so health literacy in one setting, or relating to one health decision, will be different from another.⁴

Individuals and communities have health literacy strengths and limitations that influence how effectively they engage with health information and services. Health and social service systems can also have strengths and limitations in their responsiveness to the health literacy of the people they serve.⁶⁻⁸

Health literacy responsiveness describes the way in which services, environments and products make health information and support available and accessible to people with different health literacy strengths and limitations.⁷
The interaction between health literacy and the health literacy responsiveness of services

People interact with information, environments, resources and supports as they make health decisions.

Healthy decision-making process

- Access
- Appraise
- Understand
- Decide

Health literacy responsiveness of services

- Availability
- Accessibility

...interacts with...

- Information
- Environments
- Resources
- Supports

...the health literacy of people making and supporting health decisions...

- Ability and willingness to engage with available information, environments, resources and supports
- Ability and willingness to communicate and assert decisions
- Ability and willingness to enact decisions and to solve problems appropriately

...and both influence the decisions made.
References


The relevance of health literacy for public policy

Effective responses to health literacy issues can improve health outcomes and reduce health inequities.
“A healthy population is a key requirement for the achievement of society’s goals. Reducing inequalities and the social gradient improves health and well-being for everyone.

Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion. Yet escalating costs for treatment and care are placing unsustainable burdens on national and local resources such that broader developments may be held back.”

Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010

Health outcomes result from multi-directional relationships among attributes of communities and community members, and the educational, environmental, economic and social service systems, products and infrastructures available to communities. The Health in All Policies (HiAP) approach recognizes that some of the main drivers of health lie outside the healthcare system. Information and services required to make informed health-promoting choices do not always reside within the healthcare system.

Consideration of the health literacy of communities within all policies will encourage the development of services, environments and products that:
1. enhance the ability of individuals and communities to engage with information and supports for health; and
2. improve the availability and accessibility of this information and support.

Actions to address health literacy issues will strengthen communities and reduce social and health inequities.
Health literacy is a potentially modifiable contributor to health inequities. Studies have shown correlations between low health literacy* and:

- increased hospital admissions and readmissions
- poorer medication adherence and increased adverse medication events
- less participation in prevention activities
- higher prevalence of health risk factors
- poorer self-management of chronic diseases and poorer disease outcomes
- less effective communication with healthcare professionals
- increased healthcare costs
- lower functional status and
- poorer overall health status including increased mortality.

Studies also suggest that differences in health literacy abilities may explain observed health inequities among people of different race and educational attainment.

To date, the evidence base for the link between health literacy and health outcomes includes studies from a wide range of countries from all regions of the world, including low- and middle-income countries.

*Note: Measures of health literacy used in many of these studies focused on a limited range of health-related literacy and numeracy skills.

Key resources:

Link: http://www.ahrq.gov/research/findings/evidence-based-reports/er199-abstract.html


Link: http://www.iom.edu/~/media/Files/PublicHealth/HealthLiteracy/2012-SEP-24/WorldHealthLit.pdf
The Nairobi Call to Action for Closing the Implementation Gap in Health Promotion identifies five key strategies and actions for reducing health inequities and poverty, and improving health and quality of life:

1. Building capacity for health promotion
2. Strengthening health systems
3. Partnering and intersectorial action
4. Community empowerment
5. Health literacy and health behaviours

To advance the health literacy and health behaviours strategy, policy is needed to generate actions that:

- support empowerment, e.g., by ensuring communities can access and act on knowledge and overcome any barriers;
- embrace information and communication technologies; and
- build and apply the evidence base, e.g., by developing systems to monitor, evaluate, document and disseminate health literacy.

Credit: WHO / SEARO / Andrew Caballero Reynolds
References


3 Responding to the health literacy needs of communities

Policies and practices must promote identification of health literacy issues and the implementation of targeted responses.
United Nations Economic and Social Council Ministers
Declaration July 9, 2009:
“We stress that health literacy is an important factor in ensuring
significant health outcomes and in this regard call for the development
of appropriate action plans to promote health literacy.”

Key message 1:
“Scale up effective health literacy interventions in order to
accelerate progress towards the achievement of the health-related
MDGs and public health commitments, including
the consideration of developing a regional action plan to
promote health literacy.”

Key message 2:
“Develop a country-specific set of recommendations
on the core content areas of health literacy and a set
of guidelines for undertaking measurement.”

Key message 3:
“To increase the level of health literacy and reduce maternal
and child mortality, HIV infections, under-nutrition as well
as tobacco use, unhealthy diet and physical inactivity, actions
must be taken by different professional groups in the health,
education and other sectors. Key stakeholders within and
outside the government sector at the national, regional
and global levels must also be involved.”

Key message 4:
“Actions should be taken to develop and deploy relevant
and sustainable national information programmes based
on the available technologies in the countries. There should
also be collaboration among countries in the region to
share best practices. Key indicators should be developed
to measure and evaluate the benefits of information and
computing technology [ICT] as a tool for enhancing health
literacy in the region.”

Key message 5:
“To inform policy development and practice in building
capacity so as to be able to develop and implement
interventions to enhance health literacy, immediate actions
are required to examine what capacity building areas are
relevant and how the capacity of those areas can be built
in countries at different levels of development, given the
different social, economic, and political contexts of the
countries in the Region, and the different health issues
that the countries confront.”
Considerations for the development and implementation of health literacy interventions in low- and middle-income countries

Low- and middle-income countries face hurdles to achieving a range of development and public health goals. Addressing the health literacy of individuals and communities, and barriers to people’s access to health information and services is critical to improving health and development outcomes.

Effective health literacy interventions respond to local needs and give consideration to local contexts. Local needs may range from the simplification of public health messages relating to diabetes prevention, or to the reduction of stigma associated with Ebola infection. Local contexts may vary in many ways, including the structure and function of healthcare systems, the use and availability of mass media (e.g., newspaper, radio, television, the internet), and cultural norms and learning preferences.

Co-creation of health literacy interventions with local stakeholders is an effective way to engage the community and discover novel solutions. For example, in Thailand, the Population and Community Development Association has used Thai humour to effectively raise public attention about taboo subjects such as contraception and HIV awareness.

Using available health and social resources optimizes the sustainability and scalability of health literacy interventions. Novel approaches to increasing the availability, affordability and quality of healthcare services are often used in low- and middle-income countries to address gaps in public services. Health care that is appropriate to and based within communities can decrease operating costs, increase staff availability and empower the local community.
References


The Ophelia approach is a system that supports the identification of community health literacy needs, and the development and testing of potential solutions. It allows easy application of evidence-based health promotion approaches to the field of health literacy.
The Ophelia approach\textsuperscript{1,2} involves the collaboration of a wide range of community members, community leaders, and workers to develop health literacy interventions that are based on needs identified within a community. Each Ophelia project seeks to improve health and equity by increasing the availability and accessibility of health information and services in locally-appropriate ways.

**Ophelia means**

Optimizing Health Literacy and Access to health information and services

**Key resource:**


Link: [http://www.biomedcentral.com/1471-2458/14/694](http://www.biomedcentral.com/1471-2458/14/694)
Examples of Ophelia projects working to optimize health literacy

The participatory, systematic and grounded nature of the Ophelia approach ensure its suitability for health literacy projects conducted across a broad range of settings, including communities within low- and middle-income countries.

Identifying health literacy needs and developing local responses to health emergencies in Lavender Hill, an informal settlement, Cape Town: Ophelia South Africa

http://www.mothersunite.org.za/efar/

Optimizing health literacy needs of people in Thailand (Warin Chamrap, Ubon Ratchatani): An Ophelia project

Credit: Ophelia Ubon
Health literacy and Whanau Ora Outcomes:
Ophelia New Zealand
www.nhc.maori.nz

Optimizing health literacy to improve health and equity:
Ophelia Victoria
www.ophelia.net.au

http://www.searo.who.int/entity/healthpromotion/documents/hl_advocacy_doc/en/
The Ophelia principles

The Ophelia principles guide Ophelia projects and ensure that, at each phase, the potential to improve health and equity through health literacy responses is optimized.²

Ophelia projects must:

1. Focus on improving health and wellbeing outcomes

2. Focus on increasing equity in health outcomes and access to services for people with varying health literacy needs

3. Prioritize local wisdom, culture and systems

4. Respond to locally-identified health literacy needs

5. Respond to the varying and changing health literacy needs of individuals and communities

6. Engage all relevant stakeholders in the co-creation and implementation of solutions

7. Focus on improvements at, and across, all levels of the health system

8. Focus on achieving sustained improvements through changes to environments, practice, culture and policy

² Information Sheet 4 in the series Optimizing Health Literacy: Improving Health and Reducing Health Inequities

http://www.searo.who.int/entity/healthpromotion/documents/hl_advocacy_doc/en/
The Ophelia phases: 1 to 3

Each phase of the Ophelia process\(^1\) is drawn from three well-established methodological approaches: intervention mapping\(^2\), quality improvement collaboratives\(^3\)-\(^8\), and realist synthesis.\(^9\)-\(^14\)

Tools and resources have been developed to support implementation of each phase.

Phase 1
Identifying the health literacy strengths and limitations of the local community

Phase 2
Co-creation of health literacy interventions

Phase 3
Implementation, evaluation and ongoing improvement

Health literacy data are systematically collected from a representative cross section of the community using a health literacy questionnaire and/or locally appropriate qualitative techniques. These data are analyzed and presented to stakeholders for discussion and interpretation. Effective local practices and innovative intervention ideas are then identified.

Local stakeholders make decisions about local priorities for action. Interventions with potential to respond to local health literacy limitations or improve information and service access and availability are designed and planned.

Health literacy interventions are applied within quality improvement cycles, where organizations develop and implement trials, and actively improve the effectiveness, local uptake and sustainability of the interventions.
References


Governments, organizations, practitioners and community members must work in partnership to address health literacy issues contributing to poor health outcomes and inequities within local communities.
Key messages

1. ‘Health literacy’ is the term used to describe the ability to engage with health information and services.
2. Individuals and communities have health literacy strengths and limitations that influence how effectively they engage with health information and services.
3. Health and social service systems have strengths and limitations in their responsiveness to the health literacy of the people they serve.
4. Effective responses to health literacy issues can improve health outcomes and reduce health inequities.
5. Policies and practices must promote identification of health literacy issues and the implementation of targeted responses.
Key considerations

The Ophelia principles* provide guidance to projects and help ensure that, at each phase, the potential to improve health and equity through health literacy responses is optimized.

* Ophelia means OPTimizing HEalth Literacy and Access to health information and services.


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The Ophelia principles:

1. Focus on improving health and wellbeing **outcomes**
2. Focus on increasing **equity** in health outcomes and access to services for people with varying health literacy needs
3. Prioritize **local wisdom, culture and systems**
4. Respond to **locally-identified health literacy needs**
5. Respond to the **variable and changing health literacy needs** of individuals and communities
6. Engage all relevant stakeholders in the **co-creation** and implementation of solutions
7. Focus on improvements at, and across, **all levels of the health system**
8. Focus on achieving **sustained improvements** through changes to environments, practice, culture and policy
Key recommendations for action

1 develop systems for measuring, monitoring and reporting:
   • the health of communities;
   • health behaviors within communities;
   • community engagement with health and community services;
   • the health literacy responsiveness of organizations; and
   • the health literacy strengths and limitations of communities.

   Note: Use a multi-dimensional measure of health literacy and/or qualitative methods to identify the health literacy strengths and limitations of communities and community members.

2 use available health, health behavior, service engagement, organizational responsiveness, and health literacy data to identify local needs. Identify:
   • groups of people that have poorer health outcomes or less-than-optimal access to services;
   • health issues or behaviors of concern for the community; and/or
   • barriers to service access, equity or availability. These barriers may exist within the health system or they may be broader social or environmental factors.

3 engage local, regional and/or national stakeholders in:
   • discussions about local needs and considerations;
   • discussions about universal precautions;
   • determining local priorities for action;
   • identifying interventions and strategies to address priority issues;
   • designing and developing interventions and strategies;
   • implementing and evaluating interventions and strategies; and
   • continuous quality improvement to ensure ongoing effectiveness and sustainability.

4 scale up effective interventions and strategies.

5 develop and implement policies that promote identification of health literacy issues and the implementation of targeted responses.

6 develop and implement policies that promote equitable access to information and services for all community members.
A growing number of tools and resources are available to assist policy makers, practitioners and organizations to develop and implement health literacy policies and responses.
Multi-dimensional tools for measuring health literacy

The Health Literacy Questionnaire (HLQ) is used to identify the specific health literacy strengths and limitations of people and communities. It examines nine areas of health literacy. The HLQ offers the potential for practitioners, organizations and governments to identify and understand the health literacy profiles of individuals and/or populations as a basis for intervention development. It is suitable for use in a range of different cultures and is available in several languages.¹²

Link: www.ophelia.net.au

Key resource:

Link: http://www.biomedcentral.com/1471-2458/13/658

The nine scales of the Health Literacy Questionnaire (HLQ)²

1. Feel understood and supported by healthcare providers
2. Have sufficient information to manage my health
3. Actively managing health
4. Have social support for health
5. Appraise health information
6. Ability to actively engage with healthcare providers
7. Ability to navigate the healthcare system
8. Ability to find good health information
9. Ability to understand health information well enough to know what to do

The Information and Support for Actions Questionnaire (ISHA-Q) was developed to measure health literacy in low- and middle-income country settings, and cultures where decision-making about health often occurs as a collective activity of family or peer groups. The ISHA-Q has fourteen core scales and ten supplementary scales for people with chronic illnesses, people with a physical disability, people who are blind and people who are deaf.

Link: www.ophelia.net.au

The fourteen core scales of the Information and Support for Health Actions Questionnaire (ISHA-Q)
Key reports and policies with a focus on health literacy

Health Literacy: A Prescription to End all Confusion
Institute of Medicine, National Academy of Sciences.
Washington, DC, 2004 (http://www.iom.edu/Reports/2004/

Health literacy and the Millennium Development Goals:
United Nations Economic and Social Council (ECOSOC) regional meeting background paper (abstracted)

Health Literacy Around the World: Part 1 Health Literacy Efforts Outside of the United States
Pleasant A. Institute of Medicine Roundtable on Health Literacy, 2012 (http://www.iom.edu/~/media/Files/Activity%20Files/

Health Literacy Interventions and Outcomes: An Updated Systematic Review
literacyup.pdf).

Health Literacy: The Solid Facts
health-literacy-the-solid-facts).

Making it Easy: a Health Literacy Action Plan for Scotland

National Action Plan to Improve Health Literacy

Nairobi Call to Action for Closing the Implementation Gap in Health Promotion
World Health Organization. Nairobi: 7th Global Conference on Health Promotion, October 2009 (http://www.who.int/
healthpromotion/conferences/7gchp/en/).

Improving Health Literacy for Older Adults: Expert Panel Report
United States Centers for Disease Control and Prevention. Atlanta, 2009 (http://www.cdc.gov/healthliteracy/
developmaterials/audiences/olderadults/index.html).
Key websites with a focus on health literacy

Optimising health literacy and access to health information and services: Ophelia ophelia.net.au

Harvard School of Public Health hsp.harvard.edu/healthliteracy/

International Union for Health Promotion and Education (IUHPE) iuhpe.org/

The Health Literacy Place knowledge.scot.nhs.uk/healthliteracy.aspx

Worldwide Universities Network Global Health Literacy Network http://wun.ac.uk/wun/research/view/literacy-network

Centre for Disease Control cdc.gov/healthliteracy/

World Health Organization who.int/healthpromotion/conferences/7gchp/track2/en/

Asian Health Literacy Association ahls-asia.org/

WHO European Healthy Cities Network euro.who.int/en/health-topics/environment-and-urban-health/activities/healthy-cities/who-european-healthy-cities-network

Key resource:

References


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A selection of information sheets from The Health Literacy Toolkit for Low- and Middle-Income Countries

The WHO Regional Office for South-East Asia
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for South-East Asia is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States
Bangladesh
Bhutan
Democratic People’s Republic of Korea
India
Indonesia

Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste