

GPS - GOOD PRACTICE IN PUBLIC HEALTH

Health Literacy from a structural perspective - a path to equity in health?

Resumé

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Health Literacy from a structural perspective

-a path to equity in health?

The Danish Society of Public Health and the Danish Health Literacy Network, in collaboration with Danish experts and practitioners, have developed a policy brief with eight recommendations to improve health literacy in Denmark from a structural perspective. The policy brief was launched at the annual meeting of the Danish Society of Public Health in September 2019. The recommendations aim to prevent low health literacy and its consequences for Danish citizens by targeting health services at the organizational level. Concrete measures and tools are introduced as part of the recommendations to support their implementation.

The recommendations can be integrated into current health strategies, including the ongoing efforts to achieve the 17 UN Global Goals for Sustainable Development, and thereby contribute to the equitable distribution of health in the Danish population.

Recommendation 1: Integrate health literacy into Danish health policies and strategies

- Given the increasing complexity of health information, health literacy should directly or indirectly be addressed by all Danish national and local health policies and strategies.

Recommendation 2: Develop health literacy throughout the life course

- Health literacy should be integrated into and across sectors within and outside the health system to ensure that health literacy needs are met throughout all stages of the life course.

Recommendation 3: Include health literacy in health education curricula

- Health literacy should be prioritized and integrated into educational curricula in pre- and postgraduate training of healthcare professionals.

Recommendation 4: Integrate health literacy at organizational levels

- Organizational health literacy responsiveness should be developed at all levels in the Danish healthcare system – municipal, regional and national and also in private and voluntary organizations.

Recommendation 5: Integrate health literacy into partnership and co-creation processes

- In cross-sectional collaborations and partnerships, health literacy builds bridges between different stakeholders and common ground for communication and reference.

Recommendation 6: Measure and monitor health literacy using local and national data

- Regular analysis of individual health literacy and organizational health literacy responsiveness should be undertaken nationally and locally among the general population and in relevant vulnerable groups. Digital health literacy should be measured when appropriate.

Recommendation 7: Develop, test and evaluate health literacy interventions

- More interventions with a focus on health literacy should be developed, tested and evaluated in different contexts and settings. These should capitalize on dynamic interactions between practice and research.

Recommendation 8: Consider health literacy in all forms of health communication

- All verbal, written, and digital health communication should consider potential differences in people's health literacy needs.

What is Health Literacy?

Health literacy is *“the combination of personal competencies and situational resources needed for people to access, understand, appraise and use information and services to make decisions about health”*.*

Health literacy has a crucial impact on activities related to health promotion, prevention, treatment and rehabilitation in everyday life including:

- understand and interpret health information in the public space
- interact with health professionals
- make and maintain to decisions regarding health
- manage one's own health and self-care
- achieve access to and navigate health service

In an increasingly digital world, digital health literacy is a crucial component of health literacy. Digital health literacy relates to an individual's ability to use digital technologies to access and apply health information.

Health literacy responsiveness relates to *“the way in which services, organizations and systems make health information and resources available and accessible to people according to health literacy strengths and limitations”*.*

Why is Health Literacy Important from a Structural Perspective?

Health literacy is associated with other social determinants of health such as age, sex, education, social status and ethnicity. It is also a personally embedded resource and risk factor associated with health, health practice and the use of healthcare. From a structural public health perspective, the health literacy of a population can be understood as a societal resource that:

- increases citizens' management of their health
- increases the ability of organizations, institutions and systems to meet people's health needs
- supports the development of health promoting environments
- promotes equity and integration of health in all policies

Health literacy can change and manifest differently in different contexts depending on the demands and complexities an individual encounters when managing their health. Health literacy is thus not only an individual determinant but also a societal determinant that can be addressed at structural, professional and population levels. Structural interventions that promote health literacy at political, community, and organizational levels are crucial.

Responding to health literacy can improve a healthcare professional's understanding of social inequalities in health. It can also be a useful concept to help uncover needs and barriers for individuals to gain access to and benefit from health services. Further, in understanding and responding to health literacy needs, healthcare professionals will be particularly cognizant that some individuals in certain situations or life phases may be particularly vulnerable in a demanding and complex health system.

A focus on health literacy can promote interaction and build bridges across professions and sectors and between organizations and institutions working in health. Organizational health literacy responsiveness does not just apply to health institutions such as hospitals, medical practices and municipal health institutions. It also applies to institutions such as patient associations, athletic associations, schools and educational organizations, libraries, supermarkets, companies and workplaces. These organizations all communicate information regarding health and may offer services that affect an individual's health and well-being.

* Definitions of the International Union of Health Promotion and Education: <https://journals.sagepub.com/doi/abs/10.1177/1757975918814421?journalCode=pedb>

Background information

The Danish Society of Public Health works to promote the health and well-being of the population, to prevent disease, to restrict the consequences of disease, and to reduce differences in health in different social groups.

Every year the Society releases a new GPS (Good Practice in Public Health), which is a position paper on current public health issues based on evidence and solid practical experience.

For more information: <http://www.danskselskabforfolkesundhed.dk/>

The Danish Health Literacy Network (DHLN) is a national forum for debate and exchange of experience regarding health literacy across disciplines and sectors with an emphasis on integration across research and practice. The DHLN is an interest group associated with the Danish Society of Public Health.

For more information: <https://www.linkedin.com/groups/8572152/>

Health literacy from a structural perspective - a path to equity in health? - the original Danish report

GPS - God Praksis for folkeSundhed - Sundhedskompetence i et strukturelt perspektiv - En vej til lighed i sundhed? (Hovedrapport)

<http://www.danskselskabforfolkesundhed.dk/gps---health-literacy.3765.aspx>

