



# HELPE

Health Literacy in Physiotherapy Education

## Competencies for Physiotherapy in Health Literacy



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## Introduction

Based on the outcomes from the performed scoping review and stakeholder/expert meetings, competencies for physiotherapists in health literacy (HL) are developed as part of the Health Literacy Framework. These competencies form the basis for the elaboration of seven HL courses in physiotherapy education.

For the description of the competencies **three levels** are assumed (Murugesu et al., 2018; Koh et al., 2013):

- a) **Micro-level:** focusses on the direct interaction between the health care provider and clients
- b) **Meso-level:** addresses the organization of care, with a particular focus on optimizing existing structures and processes
- c) **Macro-level:** involves the general preconditions for implementing good care into practice.  
This includes, in particular, policy and related activities at the organizational or national level.

For each level, different tasks are identified and for the tasks, key competences are formulated together with enabling competencies. The **competency descriptions** within the **micro-level** are focused on health care and health prevention. The descriptions on this level follow a client-centered approach. The formulated competencies generally aligned towards the entry-level bachelor's degree. Nevertheless, it is possible to use these competencies for the master degree, particularly when applied in study contexts that are complex, unpredictable and require new strategic approaches. The descriptions of the **meso-level** are most appropriate for the master level. The focus of these competencies is on optimizing and improving organizational structures and systems. The **macro-level** includes, in particular, policy and related activities at the organizational or national level and for this it is not considered in the development of competencies for the PT curricula. Only general ideas for tasks are identified.

The description of the competencies differentiates between **bachelor and master degree** and follow the European Qualifications Framework (EQF) -descriptors (European Union, n. d.). EQF **Level 6** specifies advanced knowledge in the field of HL, with a critical understanding of theories and principles. It provides a range of cognitive and practical skills required to develop creative solutions to abstract problems. It manages complex professional activities, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development. EQF **Level 7** describes highly specialized knowledge, some of which stays at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research. It requires specialized problem-solving skills in research and/or innovation in order to develop novel understandings and procedures and to integrate knowledge from different fields. Further aims are to manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams.

The document is structured as follows. First, the tasks are formulated for each level. For each **task**, an introduction describes the **goal** and the **challenge** of the tasks in relation to HL. Second, **characteristics** from the literature are presented in a table in order to vary the operationalization of the tasks and enable combinations according to a modular principle. These aspects can be taken into account for developing HL courses and the implementation in the various teaching programs in physiotherapy education.

## Overview of the tasks

### **MICRO LEVEL (A)**

- A1. Perform and adjust effective communication to clients with limited HL
- A2. Investigate lifestyle conditions and risk factors with respect to the health status of clients with limited HL
- A3. Apply health-related educational skills to clients with limited HL
- A4. Support behavioral change and self-management of clients with limited HL
- A5. Apply and adjust digital technologies to clients' level of HL to enable self-management

### **MESO LEVEL (B)**

- B1. Improve organizational structures related to HL
- B2. Improve communicational management related to HL

### **MACRO LEVEL (C)**

- C1. Contribute to the transition towards HL systems in society
- C2. Contribute to better health outcomes for people with limited HL

## Competence descriptions

### MICRO LEVEL (A)

- A1. Perform and adjust effective communication to clients with limited HL
- A2. Investigate lifestyle conditions and risk factors with respect to the health status of clients with limited HL
- A3. Apply health-related educational skills to clients with limited HL
- A4. Support behavioral change and self-management of clients with limited HL
- A5. Apply and adjust digital technologies to clients' level of HL to enable self-management

## A1. Perform and adjust communication effective to clients with limited HL

**The goal:** Physiotherapists work with clients with limited health literacy (for instance older people, patients with chronic diseases, with low economic status, education and migration background) and their families, in order to gather and share essential information related to health literacy. They use effective communication skills and strategies in a client-centered way.

**The challenge<sup>1</sup>:** Physiotherapists are confronted with critical moments in their contact with clients with limited health literacy. They encounter various challenges in different stage of therapy, which arise important questions. How do physiotherapists support clients in their preparation for the consult? How do they communicate effectively during the consult and how do they gather adequate information? Does the client understand the provided information and do the physiotherapists clarify or adapt the information to the people with limited HL? Do physiotherapists use client-centered communication with understandable and general language? How do they establish a good collaborative and trusting relationship?

**The characteristics** describe different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting/Context	Drivers and barriers <sup>2</sup>	Client characteristics <sup>3</sup>
<ul style="list-style-type: none"> <li>▪ Hospital</li> <li>▪ Rehabilitation</li> <li>▪ Physiotherapy practice</li> <li>▪ Health center</li> <li>▪ Maternity clinics</li> <li>▪ School</li> <li>▪ ...</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual (language, knowledge, beliefs, ideologies, experiences, medical conditions)</li> <li>▪ Social/community (environment, social support, social norms, networks, culture &amp; traditions, health system &amp; providers)</li> <li>▪ Accessibility (interpreters, incentives, continuity of care, time/workload, communication skills)</li> <li>▪ Training (provider types, up-to-date verbal and written information, inter-sectoral)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Age</li> <li>▪ Gender</li> <li>▪ Ethnicity</li> <li>▪ Educational level</li> <li>▪ Cognitive ability</li> <li>▪ Cultural factors</li> <li>▪ Spiritual beliefs</li> <li>▪ Medical conditions - (Non)communicable diseases</li> <li>▪ Lifestyle risks</li> </ul>

<sup>1</sup> In accordance to Murugesu et al., 2018

<sup>2</sup> Based on Taggart et al., 2012

<sup>3</sup> Based on Taggart et al., 2012

## A1. Perform and adjust communication effective to clients with limited HL

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. establish a trusting professional relationship with clients and their families</b>	1.1. communicate through using a client-centered approach that encourages client trust and autonomy that is characterized by empathy, respect and compassion 1.2. respond to client's non-verbal behavior to enhance communication 1.3. create a shame-free environment and respond to emotions 1.4. anticipate and support clients' needs 1.5. be aware of one's own preconceptions and do not let them affect to one's work with clients 1.6. take nothing for granted 1.7. use, if necessary (medical) interpreter services
<b>2. elicit and synthesize accurate and relevant information, incorporating the perspectives of clients and their families</b>	2.1. use techniques of active listening (e.g. reflection, picking up patient's cues, paraphrasing, summarizing, verbal and non-verbal techniques) 2.2. use client-centered interviewing skills to effectively gather relevant information 2.3. determine (non-judgmental) causes of non-adherent health behaviors 2.4. use short and simple language 2.5. elicit clients' (prior) understanding of their health issues in a non-shaming manner 2.6. scan and assess actively situational elements to gain information 2.7. identify clients learning style preferences
<b>3. provide and reflect on the given information or his/hers family</b>	3.1. communicate clearly through plain language, avoidance of jargon, prioritization of information 3.2. offer strategies in place to ensure low-threshold access to the services 3.3. use teach-back to check understanding 3.4. assess and write comprehensible client information 3.5. use of visual aids (videos, images, self-drawing)
<b>4. promote participatory / shared decision making</b>	4.1. encourage clients or his/hers family to ask questions 4.2. involve clients or his/hers family in shared decision-making 4.3. educate clients or his/hers family to participate in shared decision-making (ask 3 questions-tool)



## A2. Investigate lifestyle conditions and risk factors with respect to the health status of clients with limited HL

**The goal:** Physiotherapist use a client-centered approach to collect and interpret information, to make clinical decisions and to identify clients with limited HL across different diagnosis. Their focus is on assessing and investigating lifestyle conditions, risk factors and their prevention. Their decision-making is informed by best practice and research evidence.

**The challenge<sup>4</sup>:** Physiotherapists need to involve clients with limited HL to participate more actively in their own care. This usually leads to better adherence to therapy and to more adequate management. The challenge for physiotherapists is to recognize clients with limited HL. The internalizing of teach back method facilitate contact and communication with clients with limited HL.

**The characteristics** describe different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting/Context	Diagnosis <sup>5</sup>	Client characteristics <sup>6</sup>
<ul style="list-style-type: none"> <li>▪ Hospital</li> <li>▪ Rehabilitation</li> <li>▪ Physiotherapy practice</li> <li>▪ Health center</li> <li>▪ Maternity clinics</li> <li>▪ School</li> <li>▪ ...</li> </ul>	<ul style="list-style-type: none"> <li>▪ Noncommunicable diseases (NCDs) (pulmonary conditions, metabolic syndrome, cardiovascular disease / coronary heart disease, atherosclerosis, hypertension, stroke, cancer, type 2 diabetes, obesity, physical impairment, musculoskeletal health (osteoporosis and arthritis)</li> <li>▪ Communicable diseases (e.g. Pandemic (covid 19))</li> <li>▪ Mental health (anxiety and depression)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Age</li> <li>▪ Gender</li> <li>▪ Ethnicity</li> <li>▪ Educational level</li> <li>▪ Cognitive ability</li> <li>▪ Cultural factors</li> <li>▪ Spiritual beliefs</li> <li>▪ Medical conditions</li> <li>▪ Lifestyle risks</li> </ul>
<ul style="list-style-type: none"> <li>▪ Curation</li> <li>▪ Prevention</li> </ul>		

<sup>4</sup> In accordance to Murugesu et al., 2018

<sup>5</sup> Based on Dean, 2009a, 2009b; Dean et al., 2020

<sup>6</sup> Based on Taggart et al., 2012

## A2. Investigate lifestyle conditions and risk factors with respect to the health status of clients with limited HL

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. recognize client with limited HL</b>	1.1.use assessment tools to identify limited HL 1.2.use or adopt teach-back method to check understanding 1.3.convey information better (communicate in a way that is easy to understand) 1.4.possess knowledge of epidemiology and etiology of risk factors for lifestyle conditions and their manifestation across the life circle 1.5.identify determinants of health and their interrelationship
<b>2. perform a client-centered clinical assessments</b>	2.1. prioritize issues to be addressed in a client encounter 2.2. elicit a history, perform a physical exam, select appropriate tests with the focus on risk factors for lifestyle conditions 2.3. use outcome measures, i.e. health status questionnaires, and risk factor assessment tools for the lifestyle conditions 2.4. interpret results of the examination for the purpose of goalsetting and management, disease prevention and health promotion
<b>3. establish a management plan</b>	3.1.establish goals of care in collaboration with clients and their families, which may include slowing disease progression, treating symptoms, achieving cure and improving function 3.2.establish a client-centered management plan

### A3. Apply health-related educational skills to clients with limited HL

**The goal:** Patient education about health and lifestyle related risk factors are becoming increasingly important for physiotherapists. Changes in care delivery, demographic shifts, shorter hospital stays, and increase in complexity as well as cultural diversity are factors that support the necessity of patient education. In addition, clients request more information and participation in decisions concerning their health. Moreover, lifestyle changes emphasized in secondary prevention require specific skills for patient education of clients with limited HL. Physiotherapists must be able to perform a variety of planned educational activities designed to improve patient health behaviors or health status, or both. They take into account the different perspectives and tailor task-based the relevant health information to the individual or community.

**The challenge<sup>7</sup>:** How can physiotherapists help clients or target groups to develop self-confidence, to understand and use health-related knowledge that promotes health and help them to make health-related decisions? Patient education is an important skill here. Different contexts (e.g. home, community or health clinic) requires however various approaches for patient education that focus particularly on (secondary) prevention. In patient/health education physiotherapists reduce the situational demands and complexity that enable well-informed and more autonomous health decision-making.

**The characteristics** describes different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting/Context	Patient/health education <sup>8</sup>	Management lifestyle risk factors <sup>9</sup>
<ul style="list-style-type: none"> <li>▪ Individual or group</li> <li>▪ Community (e.g. workplace, school, ...)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated scientific and general knowledge</li> <li>▪ Essential themes and topics in patient education</li> <li>▪ Individual/community experiences and concerns</li> <li>▪ Establish learning needs and readiness to learn</li> </ul>	<ul style="list-style-type: none"> <li>▪ Smoking reduction and cessation</li> <li>▪ Nutrition optimization</li> <li>▪ Weight control (weight reduction or gain, and normalization)</li> <li>▪ Physical activity (progressive increase in regular daily activity)</li> <li>▪ Structured exercise programs</li> <li>▪ Stress reduction and management</li> <li>▪ Sleep hygiene and optimization</li> <li>▪ Substance abuse cessation (e.g., alcohol and drugs)</li> </ul>
<ul style="list-style-type: none"> <li>▪ (Non)communicable diseases</li> <li>▪ Focus on (secondary) prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information giving and dialog</li> <li>▪ Motivation and lifestyle counseling</li> </ul>	

<sup>7</sup> In accordance to Nutbeam & McGill, 2019

<sup>8</sup> Based on Svavarsdóttir et al., 2015

<sup>9</sup> Based on Dean, 2009a, 2009b

### A3. Apply health-related educational skills to clients with limited HL

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. develop structured patient/health education</b>	1.1.adapt to different learning styles and align education accordingly 1.2.use a communication style that is suitable for clients with limited HL 1.3.capture individual learning needs by clients with limited HL 1.4.understand the role of facilitators and barriers for a healthy lifestyle 1.5.use for patients education culturally and socially appropriate and relevant visual aids, including objects and models
<b>2. base patient education on evidence</b>	2.1. evidence supporting the health-related knowledge and effectiveness of interventions 2.2. use up to date knowledge about how to change lifestyle and approaches
<b>3. provide individualized client centered education related to health and risk factors</b>	3.1. demonstrate instructions interactive, such that clients engage the information, to facilitate retention and recall 3.2. use examples or analogies to improve patients' comprehension 3.3. use effectively a teach back or "show me" technique for assessing patients' understanding 3.4. chunk information and check for understanding before moving to new information 3.5. support a high level of autonomy in decision-making 3.6. express a non-judgmental non-shaming respectful attitude toward individuals with limited health literacy skills
<b>4. provide community-based education related to health and risk factors</b>	4.1. promote health and prevent disease tailored to different settings and contents (e.g. school, workplace) 4.2. integrate social context and beliefs on health 4.3. personalize health information 4.4. focus on shaping or changing the environment or people's perception of the environment 4.5. reduce situational demands and complexity

#### A4. Support behavioral change and self-management of clients with limited HL

**The goal:** Behavior change begins with an appraisal of the client's basic knowledge and health beliefs. It is important to provide personalized health information, stressing the consequences and risks of health-related decisions. It is important to emphasize the importance of self-efficacy, the belief in one's own ability to act. Physiotherapists support in creating new meaningful behaviors or life roles and guide clients in taking an active role in self-management. Therefore, they build a trustful professional relationship. They help clients to deal with emotions such as anger, fear, frustration and depression and help clients to find a way to cope with failures. They incorporate motivation and sustainability into physical activity, exercise therapy or health recommendations. They support long-term effective self-management.

**The challenge<sup>10</sup>:** Physiotherapists guide clients in their self-management of health problems that are associated with physical and psychosocial consequences and lifestyle changes. They use an active approach and implement different self-management skills. Main focus is a behavior change and an active lifestyle during a long-term management.

**The characteristics** describes different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting/Context <sup>11</sup>	Self-management support <sup>12</sup>	Determinants of behavior <sup>13</sup>
<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Clinical setting</li> <li>▪ Workplace</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Disability</li> <li>▪ Emotions</li> <li>▪ Fatigue</li> <li>▪ Stress</li> <li>▪ Healthy lifestyle</li> <li>▪ Time management</li> <li>▪ Exercise</li> <li>▪ Relaxation</li> <li>▪ Communication</li> <li>▪ Work</li> <li>▪ Breathing techniques</li> <li>▪ Assertiveness</li> <li>▪ Ergonomics</li> <li>▪ Acceptance</li> <li>▪ Sleep hygiene</li> <li>▪ Posture</li> <li>▪ Social support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attitude</li> <li>▪ Self-efficacy</li> <li>▪ Social influence</li> <li>▪ Knowledge</li> <li>▪ Skills</li> <li>▪ Beliefs</li> </ul>
<ul style="list-style-type: none"> <li>▪ Sources of behavior</li> <li>▪ Intervention functions</li> <li>▪ Policy categories</li> </ul>		

#### A4. Support behavioral change and self-management of clients with limited HL

<sup>10</sup> In accordance to Hutting et al., 2019

<sup>11</sup> Based on Michie et al., 2011

<sup>12</sup> Based on Hutting et al., 2019

<sup>13</sup> Based on Hutting et al., 2019

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. recognize individual needs for change by clients with limited HL</b>	1.1.adopt an active listening communication style 1.2.use of motivating interviewing or relates techniques 1.3.use examples or analogies to improve patients' comprehension 1.4.help clients identify and address possible barriers to self-management 1.5.formulate feasible goal together with the clients 1.6.expresses a non-judgmental non-shaming respectful attitude toward individuals with limited health literacy skills
<b>2. facilitate an effective self-management</b>	2.1. develop an action plan 2.2. use a nonjudgmental approach 2.3. assist in identifying optimal strategies to reduce or avoid symptom exacerbation through shared problem solving and give feedback 2.4. link clients with resources, encourage goal setting and monitoring outcomes 2.5. promote self-efficacy and motivation 2.6. handle constructively with clients anxiety and possible depression 2.7. encourage clients to maintain personal health records
<b>3. foster behavior changes during long-term management</b>	3.1. support the clients to identify ways to measure the effectiveness of self-management 3.2. engage family and friends to keep clients on track 3.3. create partnerships for long-term support 3.4. ensure active follow up

## A5. Apply and adjust digital technologies to clients' level of HL to enable self-management

**The goal:** Using digital technologies can support behavior change that promotes and maintains health.. Physiotherapists increasingly use personally-related information in order to adapt provision of support to the unique and often changing needs of the individual client. Just-in-time adaptive interventions, in particular, have the opportunity to engage in healthy behavior (or susceptibility to negative behavior) and support the self-management. Different digital technologies and strategies are demonstrated.

**The challenge<sup>14</sup>:** Physiotherapist use digital technologies (information systems, assessments and therapy management systems). This enables them to individualize video-based training or exercises by means of monitoring systems, feedback and interventions such as voice assistance or games. They interact with and support people synchronously or asynchronously in different matters and lifestyles.

**The characteristics** describes different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting/ Content <sup>15</sup>	Target behavior <sup>16</sup>	Core self-managements skills <sup>17</sup>
<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Clinical setting</li> <li>▪ Worksite</li> <li>▪ Community</li> </ul>	<ul style="list-style-type: none"> <li>▪ Problem solving</li> <li>▪ Action planning</li> <li>▪ Physical activity</li> <li>▪ Training in own environment</li> <li>▪ Healthy eating</li> <li>▪ Taking medications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Problem solving</li> <li>▪ Decision making</li> <li>▪ Resource utilization</li> <li>▪ Forming of a patient/health care provider partnership</li> <li>▪ Taking action</li> </ul>
<ul style="list-style-type: none"> <li>▪ Smartphones/PC</li> <li>▪ Wearable technologies</li> <li>▪ Digital apps</li> <li>▪ Tracking systems</li> <li>▪ ...</li> </ul>		

<sup>14</sup> In accordance to Hutting et al., 2019

<sup>15</sup> Based on Hekler et al., 2016

<sup>16</sup> Based on Brady, 2012; Dean, 2009a, 2009b

<sup>17</sup> Based on Lorig & Holman, 2003

## A5. Apply and adjust digital technologies to clients' level of HL to enable self-management

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. identify technologies for information, assessment, intervention and interactive education and self-management</b>	1.1. analyze and synthesize appropriate digital technologies incl. usage of clients own technologies 1.2. adopt an active listening communication style for beliefs and needs regarding technologies and digital health literacy 1.3. promote self-efficacy and motivation in dealing with digital technologies 1.4. apply a client oriented recording in digital databases 1.5. expresses a non-judgmental non-shaming respectful attitude toward individuals with limited digital health literacy skills
<b>2. facilitate usage of technology for the needs of the clients with limited HL</b>	2.1. use of various technologies to motivate for technical devices 2.2. help clients identify and address possible barriers to digital health literacy and the usage of technologies 2.3. formulate feasible goals together with the clients to embed digital health and technologies in daily life
<b>3. facilitate an effective self-management with technologies</b>	3.1. develop an action plan 3.2. use a nonjudgmental approach 3.3. assist in identifying optimal strategies to reduce or avoid symptom exacerbation through shared problem solving 3.4. link clients with digital resources 3.5. provide feedback 3.6. encourage clients to maintain the usage of technologies
<b>4. foster behavior changes embedding technologies for long-term management</b>	3.1. support the clients to use the identified ways to improve self-management by digital health literacy 3.2. engage family and friends to keep clients on track 3.3. create partnership and digital networks 3.4. active follow up



## Competence descriptions

### MESO LEVEL (B)

- B1. Improve organizational structures related to HL
- B2. Improve communicational management related to HL

## B1. Improve organizational structures related to HL

**The goal:** Healthcare organizations need to create a culture and mechanisms that promote HL. Developing organizational HL requires a strong and clear connection between the vision of HL and its operationalization as an implementation strategy for client-centered care. Clients need a local and community-based environment that facilitates navigation, understanding, and use of health care information and services. Services, organizations, and systems have to promote an equitable access to HL. The structures and workflows within- and between organizations are structured in way that interactions between health care teams and clients respond a high quality HL.

**The challenge<sup>18</sup>:** Organizations have to build up systems that support an appropriate HL environment at the local and community-level and meet the needs of the population. Based in the HL vision operational strategies (incl. regarding to facilitators and barriers) for implementing HL need to be approved. The team and organizational staff are supposed to create structures to implement HL strategies and HL interventions, monitor results, and address HL as part of continuous quality improvement system.

**The characteristics** describes different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Setting	Vision (what) <sup>19</sup>	Operationalization (how) <sup>20</sup>
<ul style="list-style-type: none"> <li>▪ Hospital</li> <li>▪ Rehabilitation</li> <li>▪ Physiotherapy practice</li> <li>▪ Health center</li> <li>▪ Community</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mutuality of various factors (e.g. biopsychosocial, economic, environmental, cultural) that influencing health and health care</li> <li>▪ Promotion of equitable access</li> <li>▪ Expansion of health and HL</li> <li>▪ Culturally and linguistically health care strategies</li> <li>▪ Organizational strategies, capacities and implementation processes to HL</li> <li>▪ Access HL to e.g. living and working in organization, diagnosis, treatment and care, disease management and prevention, lifestyle development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Address interrelationship of literacy, culture and language</li> <li>▪ Consider operationals (e.g. clinical and financial) perspectives</li> <li>▪ Promote system change</li> <li>▪ Address demands - make it easier to navigate, understand, and use informations and services</li> <li>▪ Identify facilitators and reduce barriers</li> <li>▪ Secure sustainability of HL</li> <li>▪ Be proactive in meeting needs of populations</li> </ul>

<sup>18</sup> In accordance to Farmanova et al., 2018; Koh et al., 2013

<sup>19</sup> Based on Farmanova et al., 2018; Bremer et al., 2021

<sup>20</sup> Based on Farmanova et al., 2018; Bremer et al., 2021

## B1. Improve organizational structures related to HL

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. create a culture and mechanism that promotes effective HL</b>	1.1. raise awareness about HL and contribute to a culture that promotes HL 1.2. identify HL needs of clients/populations 1.3. facilitate improvements in the navigation and design of services and programs, policies, protocols, procedures, and preparation of workforce to deliver HL care 1.4. use assessments to determine performance and progress in promoting HL 1.5. create partnerships within the community to provide resources that can help meet clients' needs
<b>2. promote the implementation of HL</b>	2.1. recommend system-level changes to make organizations health literate sensitive and active influencing in multi-channels including digital channels 2.2. assist health services by providing practical strategies to address HL barriers for clients 2.3. facilitate the delivery of timely, outcomes-oriented care 2.4. monitor improvement during self-management by digital HL 2.5. take on new roles, such as scheduling interpreter services in advance, facilitating patient education 2.6. apply evidence and management processes to achieve cost-appropriate care
<b>3. link to supported systems</b>	3.1. support the use, development or adaption of picture-based materials for specific target groups or HL strategies 3.2. implement the teach-back tool or other relevant educational methods in the organization 3.3. support the use of digital tools and technologies for HL in clients digital operating environment 3.4. use clinical information systems that include automatic reminders for HL 3.5. facilitate the use of decision aids that meet the needs of clients with varying levels of HL
<b>4. promote quality improvement</b>	4.1. provide health organizations with self-assessment tool to guide and inform development related to HL

- |  |   |
|--|---|
|  | <p>4.2. target improvements in specific procedures (e.g. referrals for a service, development of personal care plans, and use of patient portals)</p> <p>4.3. encourage transparency of quality problems, and provide incentives for delivering high-quality care</p> |
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## B2. Improve communicational management related to HL

**The goal:** Significant amount of clients demonstrate insufficient knowledge of their medical conditions and have difficulties in completing basic forms. Thereby they less likely use preventive services and manage their health conditions sufficiently. One important measure to counteract this is to review organizational structures for the quality of communication management. The meso-level builds on the communication skills, which are acquired at the micro-level but focuses more on leadership and collaboration as well as on optimization of communication systems in health care (HC) organizations and communities. There is to verify the communication processes in intra- and interprofessional teams that promote the optimization of client-centered prevention and care.

**The challenge<sup>21</sup>:** Physiotherapist needs to contribute to the communicational improvement in health care delivery in teams, organizations and systems. They work with clients or communities to increase the communicational management in care delivery and in (interprofessional) teams.

**The characteristics** describes different selected elements from the literature that vary the operationalization of the tasks and that can be combined according to a modular principle.

Leadership and collaboration <sup>22</sup>	Communication in health care teams <sup>23</sup>	Optimizing communication in HC organization <sup>24</sup>
<ul style="list-style-type: none"> <li>▪ Create culture of safety and quality</li> <li>▪ Communicate HL integral to mission, structure, and operations</li> <li>▪ Promote HL training; raise awareness about HL and change behaviors</li> <li>▪ Reduce organizational HL barriers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaboration among health sectors and HC providers</li> <li>▪ Alignment of all HC services</li> <li>▪ Collaborative communication between primary and secondary care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify facilitators and barriers</li> <li>▪ Assure comprehensibility of medical and physiotherapy documents and information</li> <li>▪ Assure comprehensible communication style</li> <li>▪ Enable shared decision making</li> <li>▪ Promote cultural sensitivity</li> </ul>

<sup>21</sup> In accordance to Jager et al., 2019; Farmanova et al., 2018

<sup>22</sup> Based on Farmanova et al., 2018

<sup>23</sup> Based on Jager et al., 2019; Bachmann et al., 2013

<sup>24</sup> Based on Jager et al., 2019

## B2. Improve communicational management related to HL

<b>Key competencies</b> Physiotherapists are able to...	<b>Enabling competencies</b>
<b>1. contribute to the communicational improvement in health care delivery in teams, organizations and systems</b>	1.1. apply the science of quality improvement to contribute to improving systems of client care 1.2. identify high risk-situations and topics that require extra attention and resources to ensure safe communication 1.3. identify communication facilitators and barriers and apply influencing solutions 1.4. use effective documentation systems 1.5. collaborate effectively among health sectors and health care providers 1.6. implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
<b>2. respond to the needs of written and digital tools related to communication</b>	2.1. use of electronic health records that facilitate personalized online patient education, care coordination, and referrals 2.2. provide guidance for designing easy-to-read written materials and reviewing materials with clients 2.3. promote the use of nonprint alternatives such as pictures or other visual aids 2.4. apply different digital materials
<b>3. work and communicate effectively with service users and interprofessional teams</b>	3.1. engage in respectfully shared decision-making with clients and team-based 3.2. make clients more engaged and more informed 3.3. ensure that clients' decisions are informed in a linguistically and culturally appropriate way 3.4. solve problems (interprofessional) around clients goals 3.5. ensure that all relevant information is available 3.6. facilitates the formation of opinions in the group, encourages, and rewards team members to voice differing opinions 3.7. solve conflicts and enables a constructive negotiation in a healthcare team

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