

# Health Literacy

Health literacy in physiotherapy practice



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# Learning outcomes

You are able to:

- explain the importance of HL for the physiotherapy profession
- describe the role of physiotherapists as client educator
- describe communication strategies



# Physiotherapy and Health Literacy



Image 1. Senior male patient meet therapist to receive medical consultation

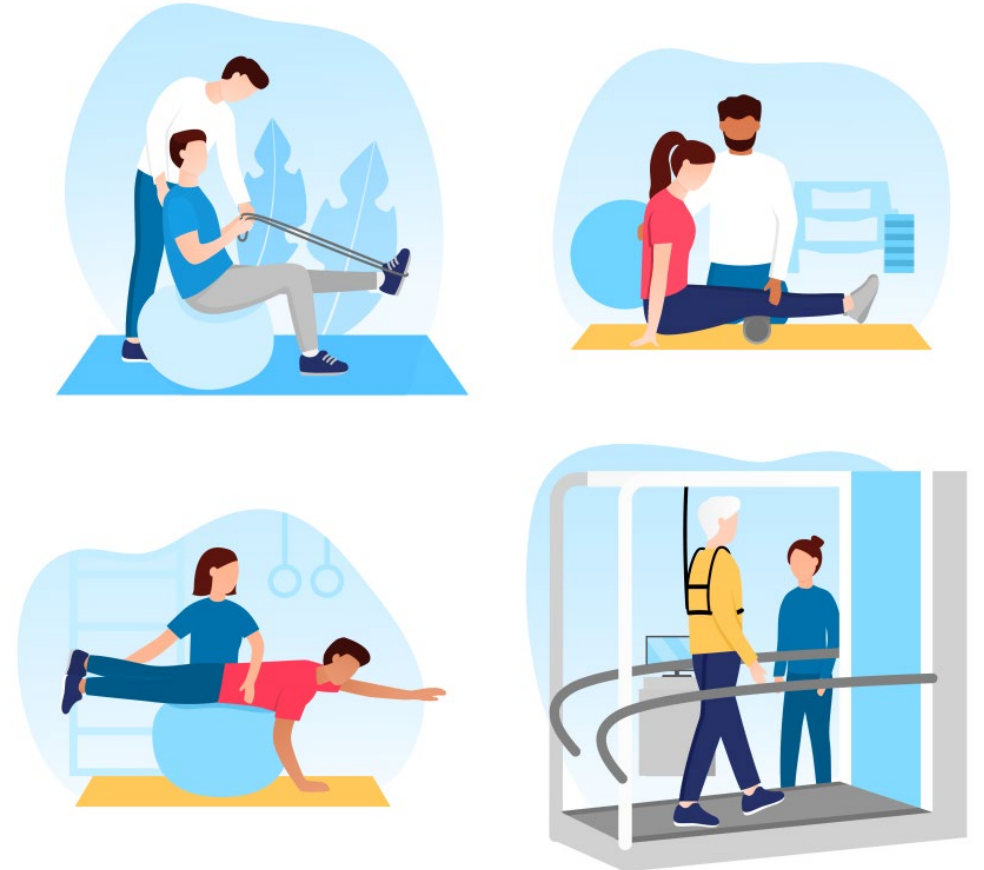


Image 2. Physiotherapeutic rehabilitation

# Role of physiotherapists

- recognize the signs of limited HL
- identify clients HL level
- adjust communication
- develop and apply adequate intervention strategies



Image 1. Senior male patient meet therapist to receive medical consultation

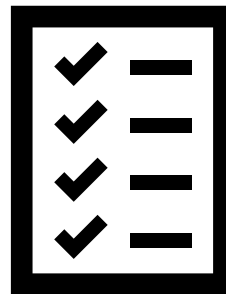


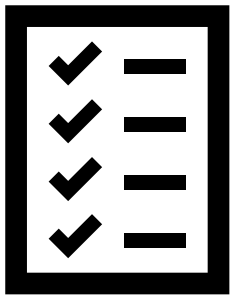
Image 3. Healthy lifestyle

# Signs of limited health literacy

- Incompletely or inadequately completed forms
- Frequently missed therapy appointments
- Inability/difficulty to name and take correctly medications
- Inability to follow instructions referred by other health professionals
- Inability to comprehend/complete their home exercise program, or disease management tasks
- Refusing to read written instructions or asking the therapist to read to them



# Evaluation of the level of HL and strategies



- simplifying forms/improving the readability of printed information
- client-centered language and feedback conversations
- appropriate communication strategies
  - use plain language and clear sentences
  - ask questions
  - give feedback
  - “teach back” method



# Evidence-based client education

- clarifying diagnostic uncertainties
- providing possible therapy options
- explaining the purpose and possible success of treatment
- clarifying associated risks and burdens
- informing about the patient's rights to refuse one treatment or choose alternative one
- support by developing problem-solving strategies

„business as usual“



Image 4. Conversation client/doctor

# Adapt your attitude

Awareness of own attitude towards using health literacy communication skills and/ or teaching strategies

- plain language communication, which is the avoidance of medical jargon
- Teach-Back, which is a teaching strategy that has the patient teach back to the provider the information just presented to them and also include skills related to shared decision making and promoting self-management.



# What should be considered when choosing a health information source?

The choice of health information source depends also on the specific cultural, sociodemographic and cognitive characteristics of the individual



To identify the preferred and the optimal source of health information for the individual client



To provide accurate and reliable health information resources in a compatible form



# References

Image 1: [Senior male patient meet therapist to receive medical consultation](#) by [fizkes](#) from [shutterstock](#), free license by [shutterstock](#)

Image 2: [Physiotherapeutic rehabilitation](#) by [mentalmind](#) from [shutterstock](#)

Image 3: [Healthy lifestyle](#) by [Chinnapong](#) from [shutterstock](#), free license by [shutterstock](#)

Image 4: Conversation client/doctor from PowerPoint® für Microsoft 365 MSO (Version 2205 Build 16.0.15225.20172) 64 Bit

All icons/pictograms from PowerPoint® for Microsoft 365 MSO (Version 2205 Build 16.0.15225.20172) 64 Bit )

# Literature

- Bunge, M., Mühlhauser, I., & Steckelberg, A. (2010). What constitutes evidence-based patient information? Overview of discussed criteria. *Patient Education and Counseling*, 78(3), 316–328. <https://doi.org/10.1016/j.pec.2009.10.029>
- Ennis, K., Hawthorne, K., & Frownfelter, D. (2012). How Physical Therapists Can Strategically Effect Health Outcomes for Older Adults With Limited Health Literacy. *Journal of Geriatric Physical Therapy*, 35(3), 148–154. <https://doi.org/10.1519/JPT.0b013e31823ae6d1>
- Hironaka, L. K., & Paasche-Orlow, M. K. (2008). The implications of health literacy on patient-provider communication. *Archives of Disease in Childhood*, 93(5), 428–432. <https://doi.org/10.1136/adc.2007.131516>
- Lopez-Olivo, M. A., & Suarez-Almazor, M. E. (2019). Digital Patient Education and Decision Aids. *Rheumatic Disease Clinics of North America*, 45(2), 245–256. <https://doi.org/10.1016/j.rdc.2019.01.001>

# Health Literacy

## Prevalence and risk factors of HL



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# Learning outcomes

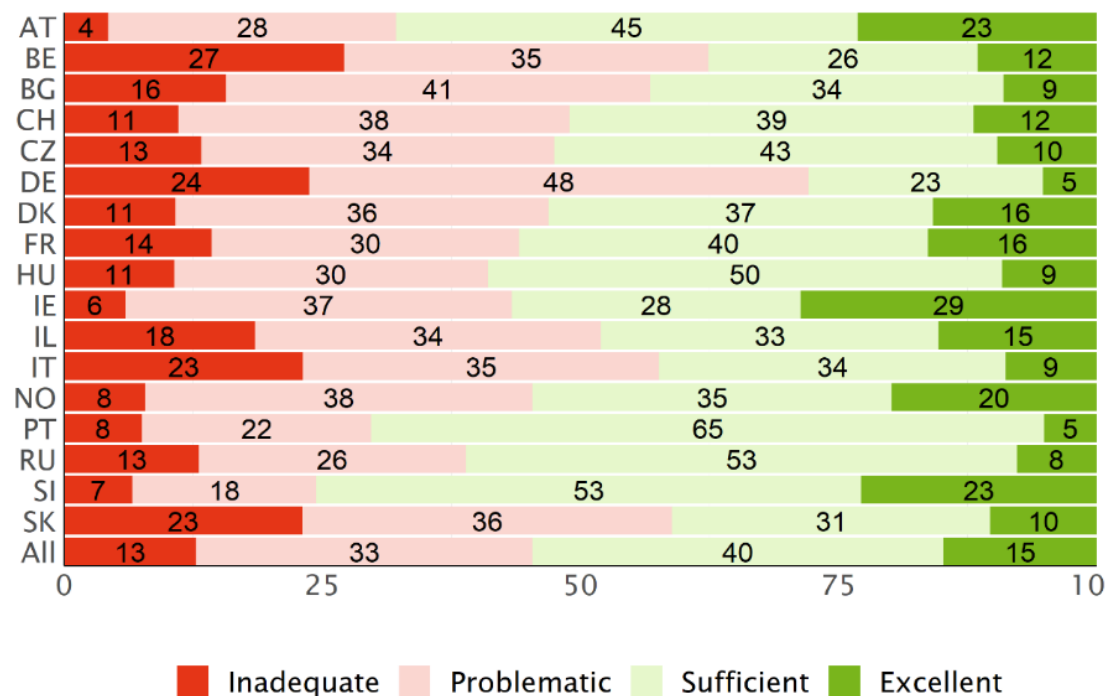
You are able to:

- describe the prevalence of health literacy in Europe and in your country
- explain the (risk) factors that influence the clients' individual level of HL



# Health Literacy in Europe

Figure 5.4:  
Percentage of respondents by categorical level of General HL as measured by the HLS<sub>19</sub>-Q12, for each country and the mean for all countries



Source: HLS<sub>19</sub> Consortium



# Which groups of people have a higher percentage of limited health literacy?

- People with financial deprivation
- People with low social status
- People with low education
- People with migration background
- Elderly people

Quenzel et al. (2016); Sørensen et al. (2015)



Image 2. People

## Risk factors that may influence HL

- education level
- financial status
- social and socioeconomic conditions
- demographic and socio-political factors
- age
- language skills
- reading and arithmetic skills
- cultural and religious specificity
- chronic disease
- disease severity
- physical and cognitive abilities
- access to health education materials
- health-related experience
- parental influences



# References

Image 1. Results of European Health Literacy Survey, 2019. The HLS19 Consortium of the WHO Action Network M-POHL (2021): International Report on the Methodology, Results, and Recommendations of the European Health Literacy Population Survey 2019-2021 (HLS19) of M-POHL. Austrian National Public Health Institute, Vienna

Image 2. [People](#) by [maljuk](#) from [shutterstock](#)

All icons/pictograms from PowerPoint® for Microsoft 365 MSO (Version 2205 Build 16.0.15225.20172) 64 Bit )

# Literature 1

- Mantwill, S., & Schulz, P. J. (2017). Low health literacy and healthcare utilization among immigrants and non-immigrants in Switzerland. *Patient Education and Counseling*, 100(11), 2020–2027. <https://doi.org/10.1016/j.pec.2017.05.023>
- Pandit, A. U., Tang, J. W., Bailey, S. C., Davis, T. C., Bocchini, M. V., Persell, S. D., Federman, A. D., & Wolf, M. S. (2009). Education, literacy, and health: Mediating effects on hypertension knowledge and control. *Patient Education and Counseling*, 75(3), 381–385. <https://doi.org/10.1016/j.pec.2009.04.006>
- Quenzel, G., Vogt, D., & Schaeffer, D. (2016). Unterschiede der Gesundheitskompetenz von Jugendlichen mit niedriger Bildung, Älteren und Menschen mit Migrationshintergrund. *Das Gesundheitswesen*, 78(11), 708–710. <https://doi.org/10.1055/s-0042-113605>
- Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agrafiotis, D., Uiters, E., Falcon, M., Mensing, M., Tchamov, K., Broucke, S. van den, & Brand, H. (2015). Health literacy in Europe: Comparative results of the European health literacy survey (HLS-EU). *The European Journal of Public Health*, 25(6), 1053–1058. <https://doi.org/10.1093/eurpub/ckv043>
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., & (HLS-EU) Consortium Health Literacy Project European. (2012). Health literacy and public health: A systematic review and

## Literature 2

- Integration of definitions and models. *BMC Public Health*, 12(1), 80. <https://doi.org/10.1186/1471-2458-12-80>
- Speros, C. (2005). Health literacy: Concept analysis. *Journal of Advanced Nursing*, 50(6), 633–640. <https://doi.org/10.1111/j.1365-2648.2005.03448.x>
- Stormacq, C., Van den Broucke, S., & Wosinski, J. (2019). Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review. *Health Promotion International*, 34(5), e1–e17. <https://doi.org/10.1093/heapro/day062>
- Von Wagner, C., Steptoe, A., Wolf, M. S., & Wardle, J. (2009). Health Literacy and Health Actions: A Review and a Framework From Health Psychology. *Health Education & Behavior*, 36(5), 860–877. <https://doi.org/10.1177/1090198108322819>
- Wångdahl, J., Lytsy, P., Mårtensson, L., & Westerling, R. (2014). Health literacy among refugees in Sweden—A cross-sectional study. *BMC Public Health*, 14, 1030. <https://doi.org/10.1186/1471-2458-14-1030>

# Health Literacy

HL on meso-level



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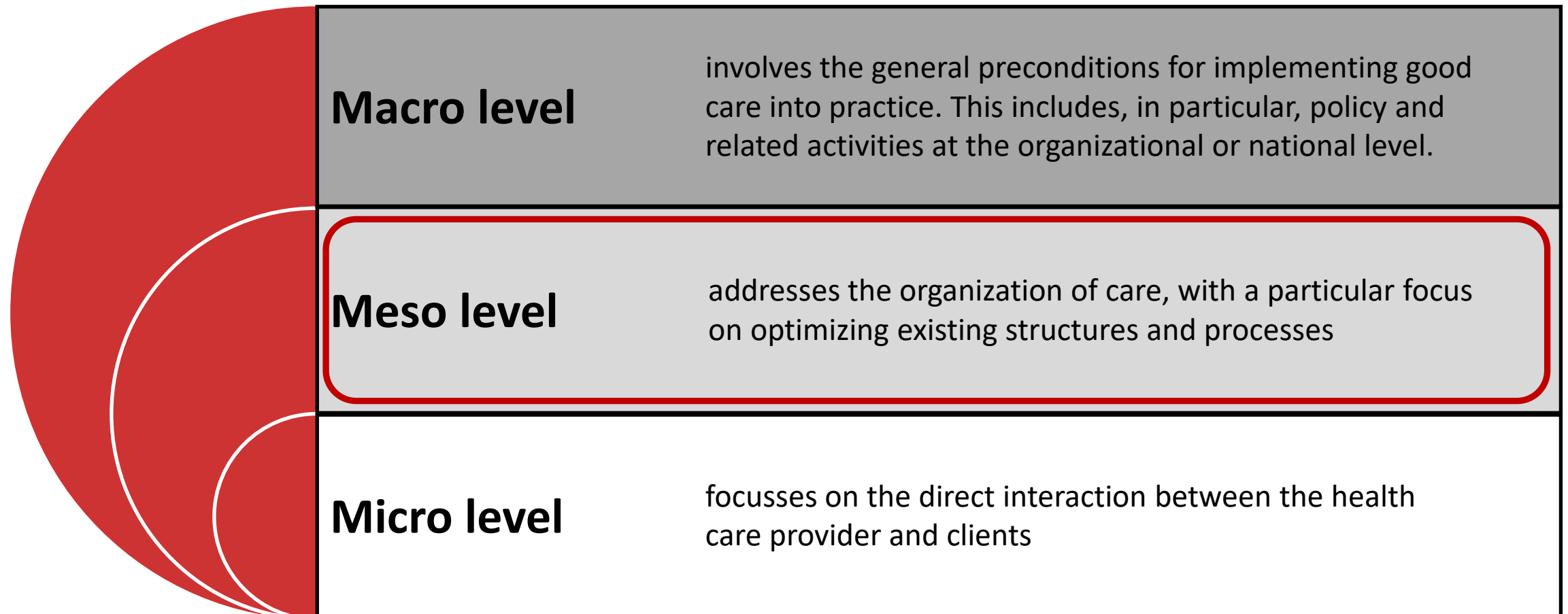
# Learning outcomes

You are able to:

- elaborate different dimensions and criteria of organisational HL
- identify facilitators and barriers related to organisational HL dimensions
- describe how to promote an equitable access of Health Care (e.g. health information and services)



# Levels of Health Literacy



## HL on meso-level

- Health care systems have a complex nature and they are in rapid change and evolution.
- They are not always design according to the user's abilities, specially for limited HL patients.
- This makes them difficult to access and use.
- Health systems and health organizations do also have an important roll in health literacy. This is known as Organizational Health Literacy (OHL)

## HL on meso-level

Organizational Health Literacy (OHL) is defined as:

- “The ability of health organizations to provide services and information that are easy to find, understand and use, to assist people in decision making, and to remove existing barriers to all individuals who are seeking services”
- “The way in which services, organisations and systems make health information and resources available and accessible to people according to health literacy strengths and limitations”

## HL on meso-level

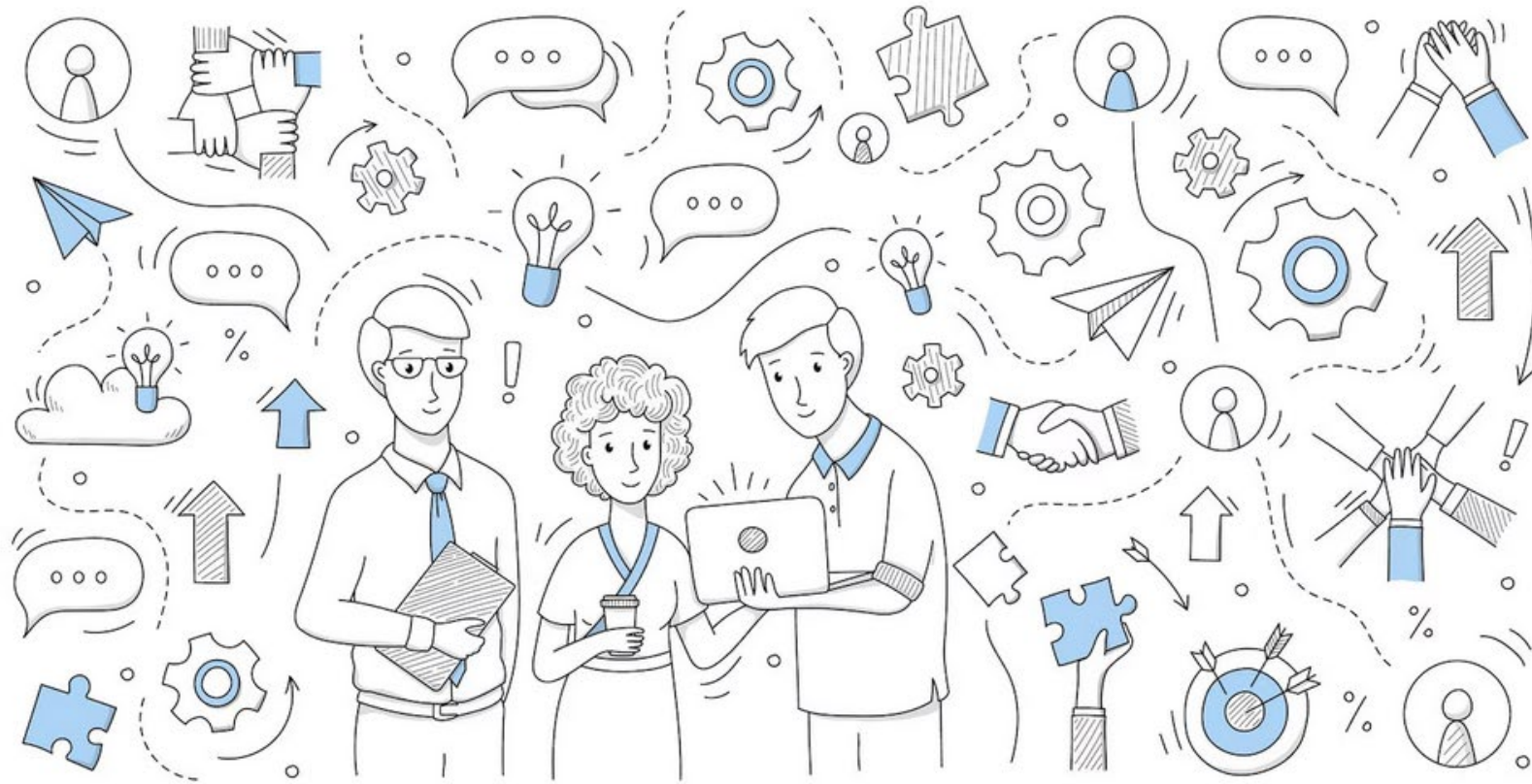


Image 1. Organisational structures of services and informations

## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development
- 5) Engagement and support of service users
- 6) Information and qualification of staff



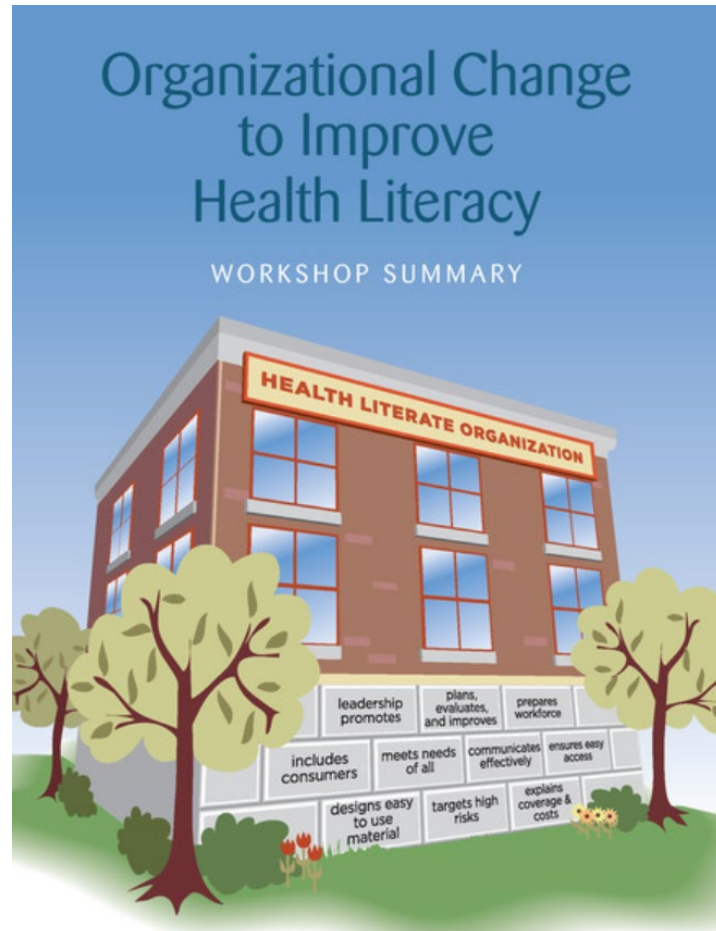
## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) **Communication with service users**
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development
- 5) Engagement and support of service users
- 6) Information and qualification of staff

- Education & information
- Easy to understand written materials
  - Printed materials
  - Forms
  - Webpage
- Verification of understanding

## HL on meso-level



[Brach et al. 2012]

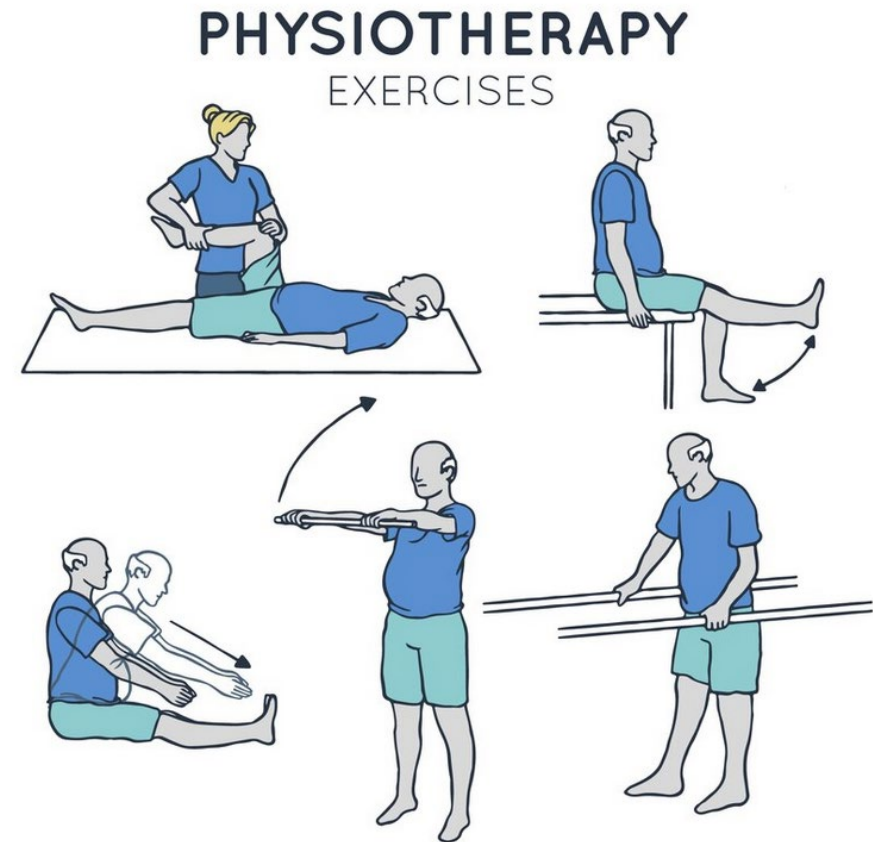


Image 2. Physiotherapeutic exercises

## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation**
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development
- 5) Engagement and support of service users
- 6) Information and qualification of staff

- Navigating health care services
  - Arrival
  - Wayfinding
  - Physical access
- Telephone & online navigation
- Provision of information & staff assistance

## HL on meso-level

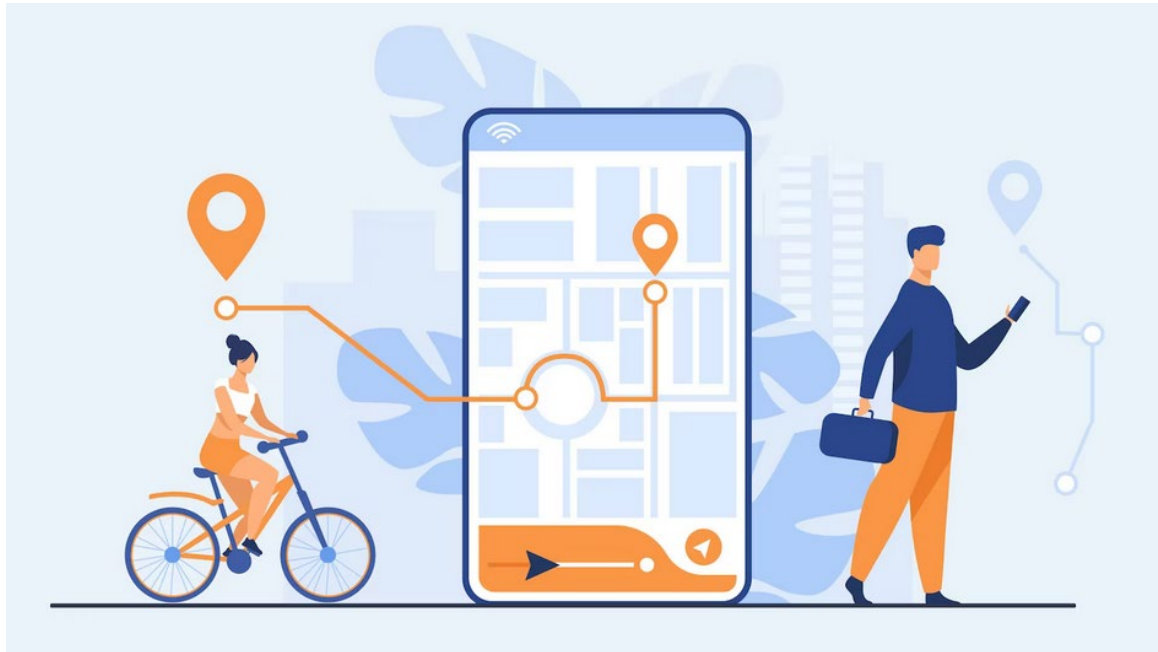


Image 3. Navigation

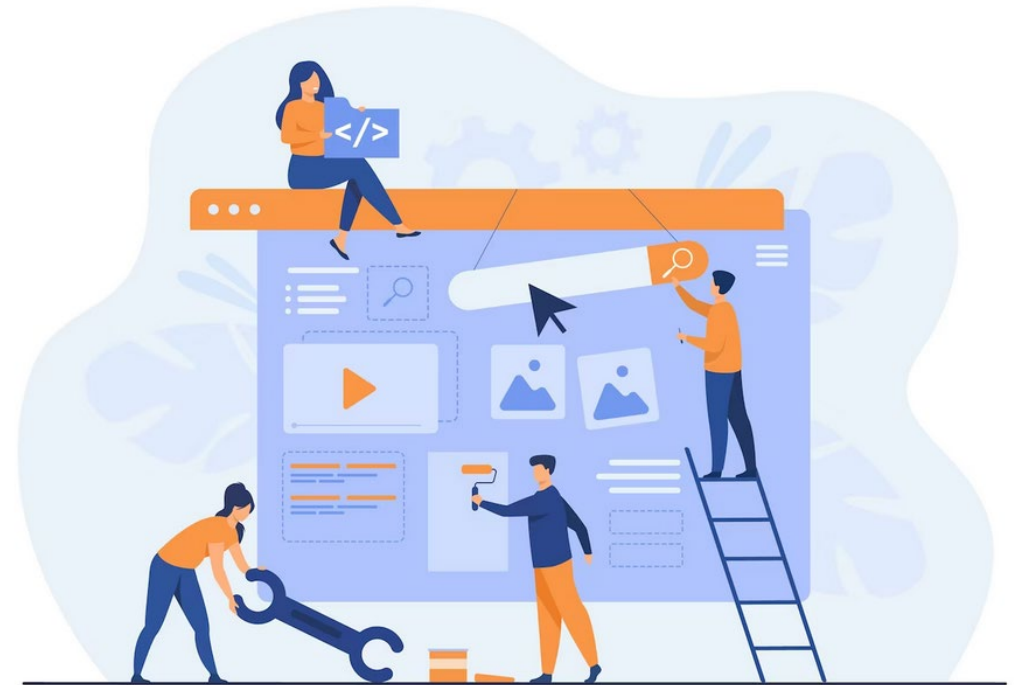


Image 4. Finding informations on websites

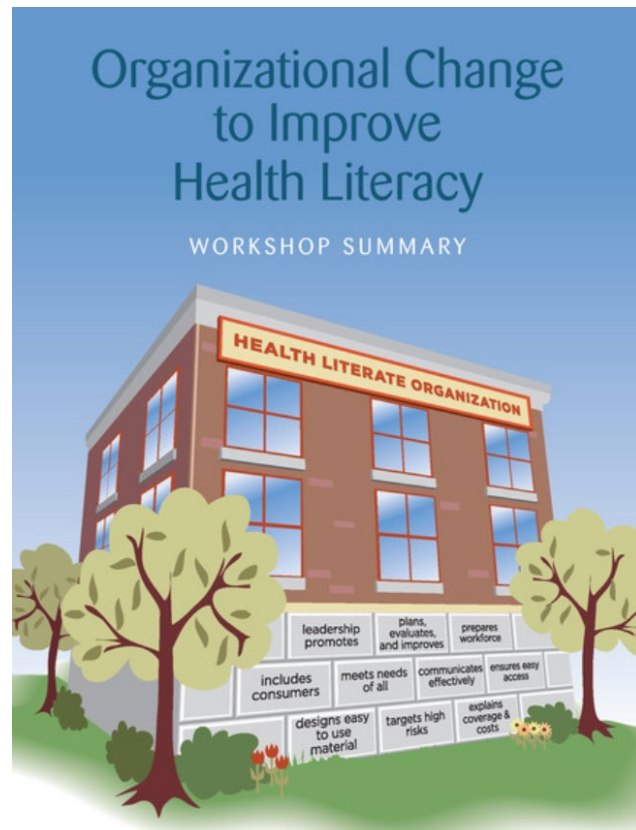
## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL**
- 4) Assessments and organizational development
- 5) Engagement and support of service users
- 6) Information and qualification of staff

- Commitment, integration into planning
- Dedication of resources
- Dissemination of OHL

## HL on meso-level



[Brach et al. 2012]



Image 5. Plan actions

## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development**
- 5) Engagement and support of service users
- 6) Information and qualification of staff

- Evaluation, assessment, research, quality management
- Needs identification
- Transformation & development



## HL on meso-level



Image 6. Evaluation of the materials



## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development
- 5) Engagement and support of service users**
- 6) Information and qualification of staff

- Consultation & engagement of service users
- Support for self-management
- Family & caregivers

# HL on meso-level

## PHYSIOTHERAPY EXERCISES

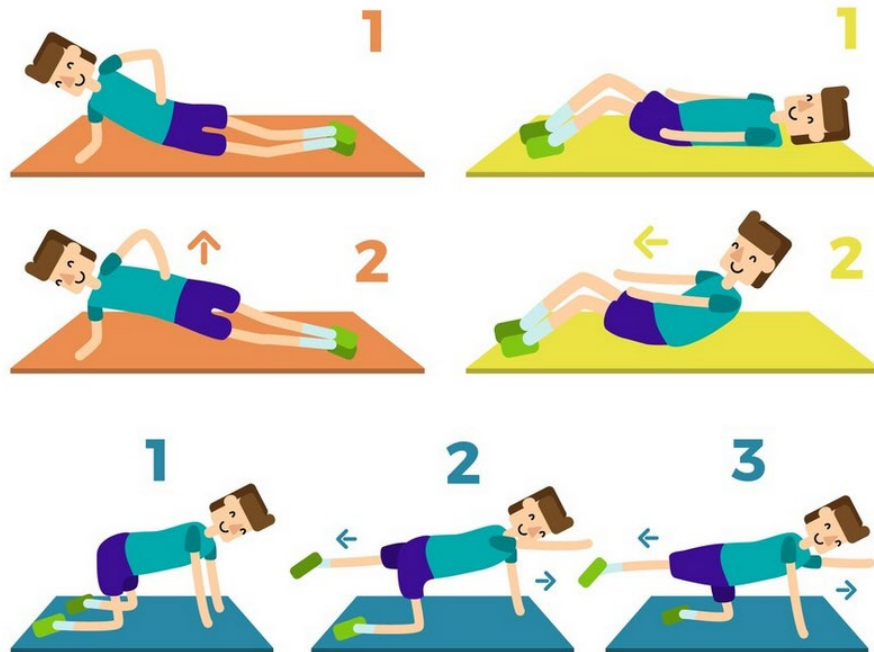


Image 7. Material physiotherapy exercises

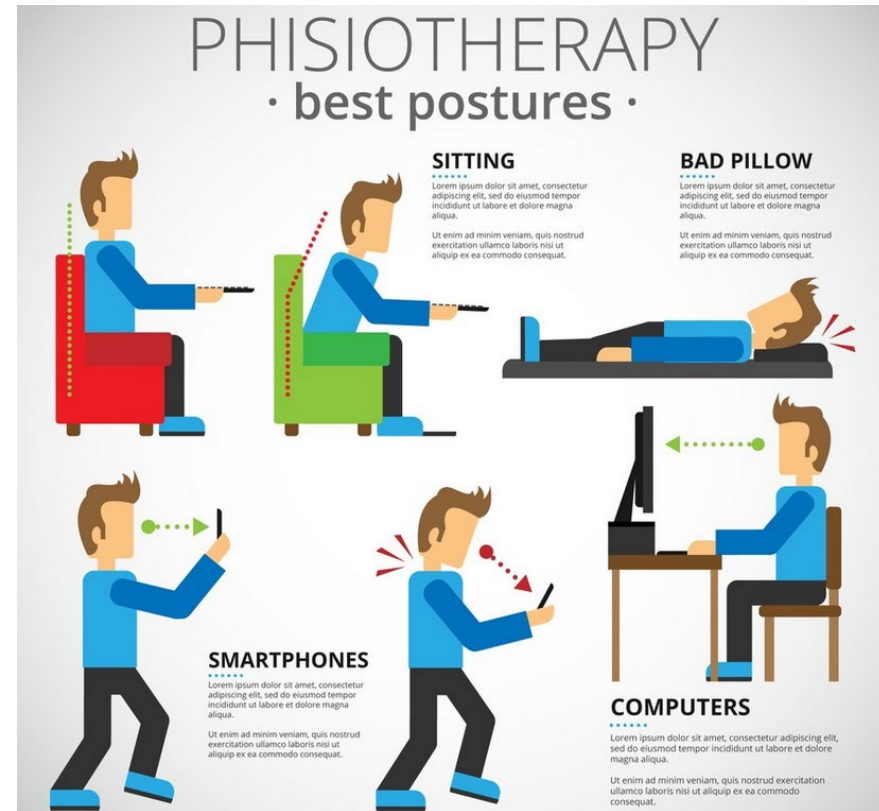


Image 8. Material physiotherapy best postures

## HL on meso-level

Criteria characterizing health literate health care organizations:

- 1) Communication with service users
- 2) Easy access and navigation
- 3) Integration and prioritization of OHL
- 4) Assessments and organizational development
- 5) Engagement and support of service users
- 6) Information and qualification of staff**

- Organizational and individual health literacy of staff
- Communication techniques
- Professional development

# HL on meso-level

## Online Conference

Training sessions for staff

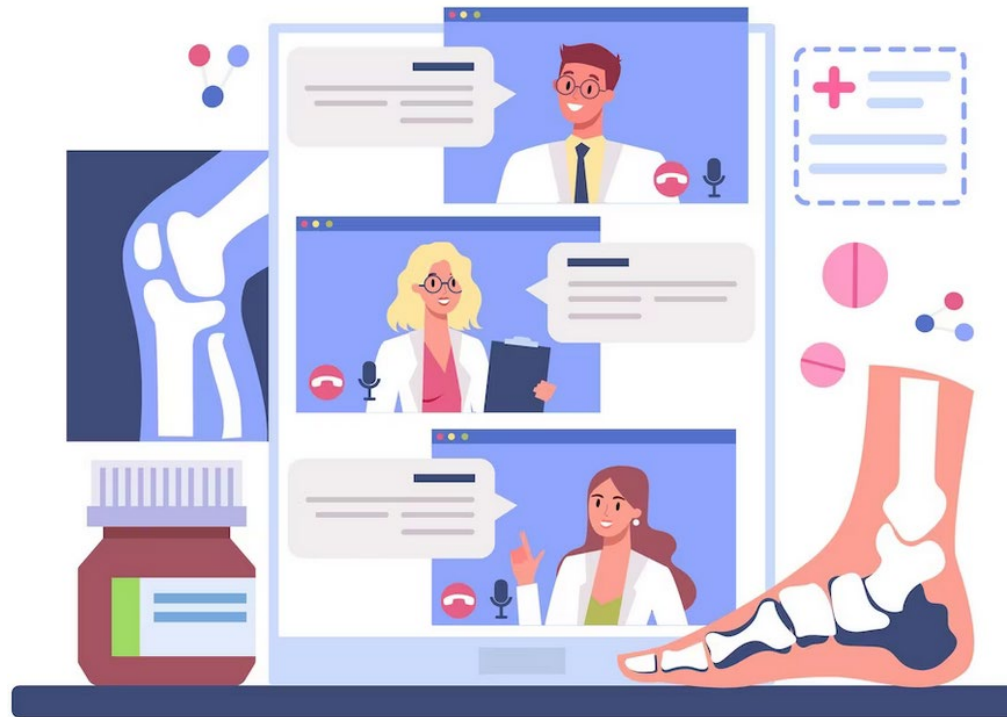


Image 8. Training sessions – online conference for staff

# References

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# Literature

- Brach, C., Keller, D., Hernandez, L. M., Baur, C., Parker, R., Dreyer, B., . . . Schillinger, D. (2012). Ten attributes of health literate health care organizations. *NAM Perspectives*.
- Bremer, D., Klockmann, I., Jaß, L., Härter, M., von dem Knesebeck, O., & Lüdecke, D. (2021). Which criteria characterize a health literate health care organization? – A scoping review on organizational health literacy. *BMC Health Services Research*, 21(1), 664. <https://doi.org/10.1186/s12913-021-06604-z>
- Hayran, O., & Ege, S. D. (2022). How to Measure Organizational Health Literacy? IntechOpen. <https://doi.org/10.5772/intechopen.105524>
- Murugesu, L., Heijmans, M., Fransen, M., Rademakers, J., (2018) Beter omgaan met beperkte gezondheidsvaardigheden in de curatieve zorg. Kennis, methoden en tools. Nivel, Utrecht.

# Health Literacy

HL on macro-level



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# Learning outcomes

You are able to:

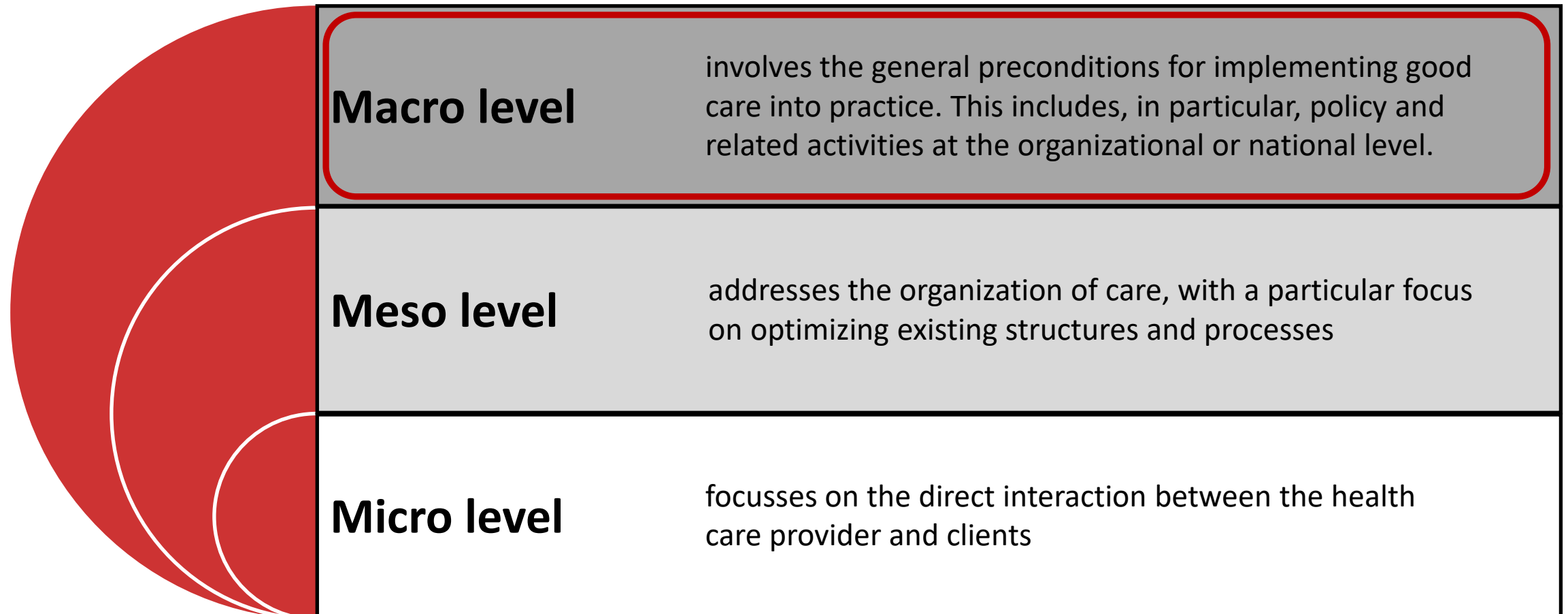
Identify the role of

- Governance
- Workforce development
- Partnerships
- Organizational and institutional capacities for interventions in HL on the macro-level

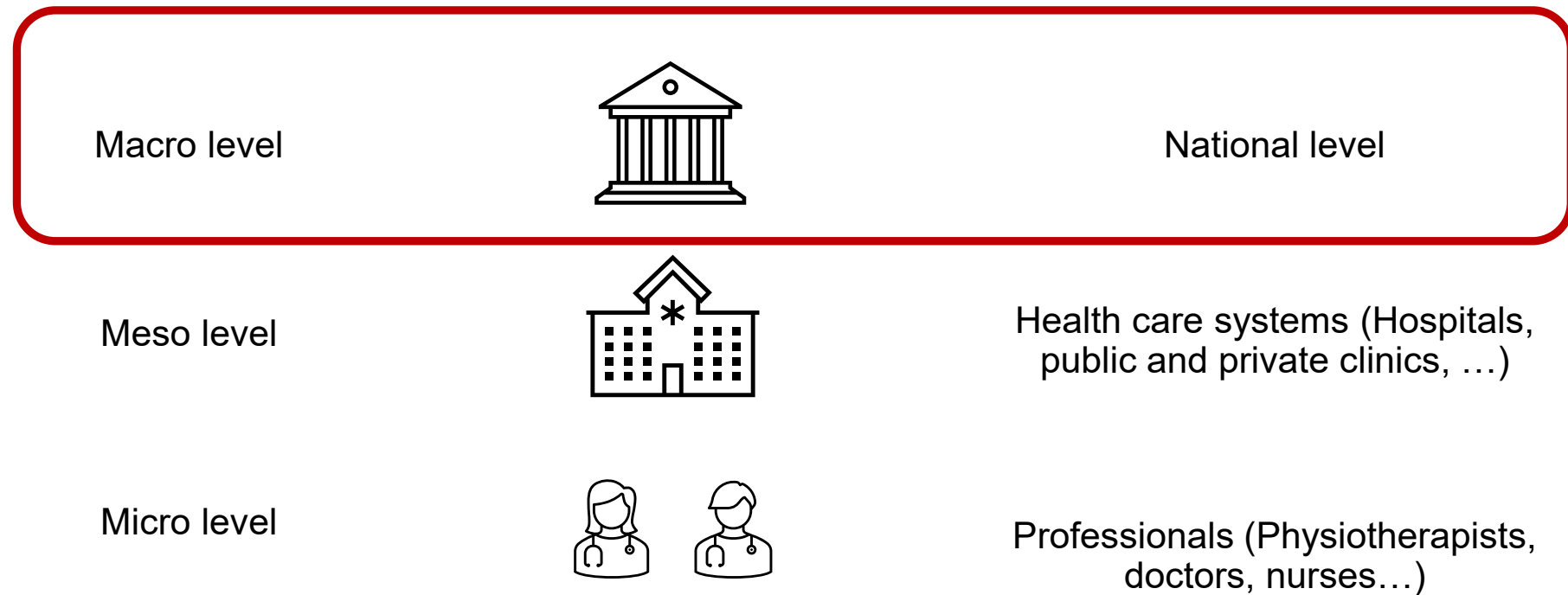




# Levels of Health Literacy



## HL on macro-level



## HL on macro-level

- In the action of improving HL of the population, it is crucial that governments and health providers recognise their role.
- There is a need for national HL policies.
- This includes changes in societal values and political ideologies, demographic trends and economic patterns.

## HL on macro-level - example



Image 1. Nutrition facts

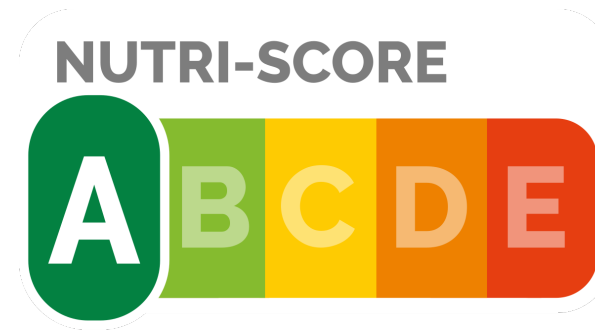
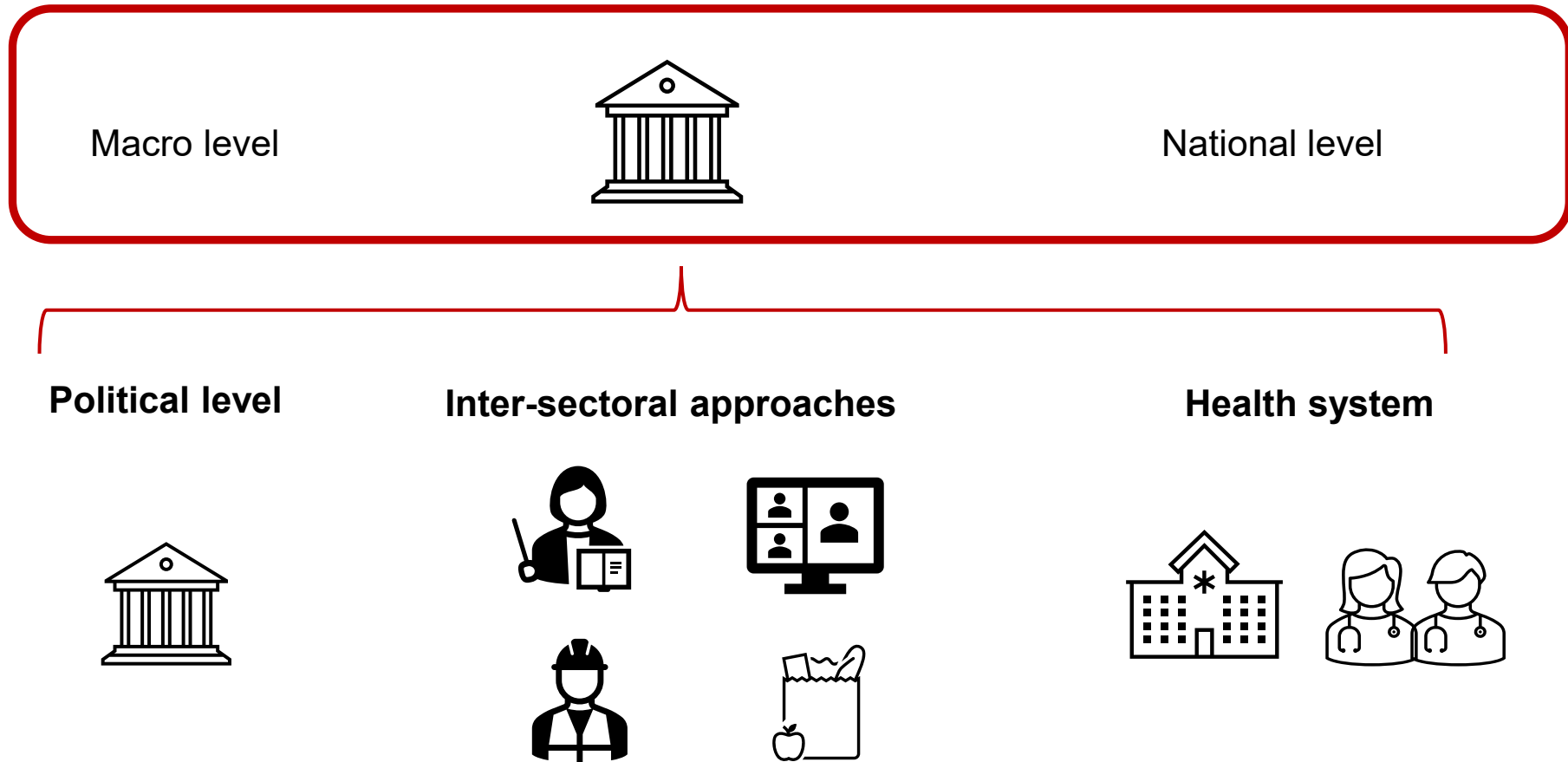


Image 2. Nutri-score

# HL on macro-level



# HL on macro-level

Interventions to improve HL on the macro level:

- Governance
- Workforce development
- Partnerships
- Organizational and institutional capacities

# HL on macro-level

Interventions to improve HL on the macro level:

- **Governance**
- Workforce development
- Partnerships
- Organizational and institutional capacities

- Embedding HL in:
  - Government legislation, policies and plans
  - Quality standards and funding mechanisms
- Providing reliable HL information to the public:
  - Official information portals
  - Education and social marketing campaigns
  - Guidance on objective health information for the media
- Promotion of patient's empowerment
  - Community-based initiatives
  - Self-management, shared decision making
- Investment in eHealth Literacy and Digital Literacy

## HL on macro-level

Interventions to improve HL on the macro level:

- Governance
- **Workforce development**
- Partnerships
- Organizational and institutional capacities

- Awareness and promotion of HL
- HL competences and skills in all healthcare professionals
- Nationwide network for knowledge exchange
- Tools and guidelines to adapt public health information, campaigns and projects to the needs of the targeted public



## HL on macro-level

Interventions to improve HL on the macro level:

- Governance
  - Workforce development
  - **Partnerships**
  - Organizational and institutional capacities
- Generate an interest for HL in the civil society and the associative sector.

## HL on macro-level

Interventions to improve HL on the macro level:

- Governance
- Workforce development
- Partnerships
- **Organizational and institutional capacities**

- HL-friendliness into policies, procedures and quality standards for all healthcare institutions and organisations.
- Practical toolkits for self-assessment of the level of organisational HL within healthcare settings (and in primary care).
- Collaboration with patients' organisations and citizens' panels to explore ways to strengthen relationships between healthcare institutions and users

# References

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Image 2: [Nutri score](#) designed by NK\_19, free-license by [freepik](#)

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# Literature

- Adriaenssens J, Rondia K, Van den Broucke S, Kohn L. Health literacy: What lessons can be learned from the experiences and policies of different countries? *The International Journal of Health Planning and Management*. 2022;37(2):886–901.
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12, 80.  
<https://doi.org/10.1186/1471-2458-12-80>
- Sørensen, K., Levin-Zamir, D., Duong, T. V., Okan, O., Brasil, V. V., & Nutbeam, D. (2021). Building health literacy system capacity: A framework for health literate systems. *Health Promotion International*, 36(Supplement\_1), i13–i23.  
<https://doi.org/10.1093/heapro/daab153>