

Health literacy policies: European perspectives

Iris van der Heide, Monique Heijmans and Jany Rademakers

Introduction

Health literacy in Europe and the role of policy-makers

Health literacy can be defined as the ability to read, filter and understand health information in order to form sound judgements (European Commission, 2007). Health literacy enables individuals to make informed decisions, which makes health literacy an important public health goal that can potentially reduce health inequalities within societies (Nutbeam, 2000). Where the topic of health literacy has mainly received attention within the realm of research and clinical practice, it is increasingly being recognised that efforts are needed on a health policy level to enhance health literacy on a population level (Kickbusch et al, 2013). Health literacy is not just the responsibility of the general population or of a single sector: it crosses boundaries, professionals and jurisdictions (Mitic and Rootman, 2012, p 17). Policy-makers are important stakeholders in this, and enhancing health literacy should therefore be a target of (national) policies.

In recent years, the interest in health literacy has been growing in European Union (EU) member states. The number of scientific studies on the topic is increasing, various educational and care improvement initiatives are being undertaken, and some countries have developed a national policy or formulated specific goals regarding health literacy in their general public health targets. Many of these activities were inspired by the first European international comparative study on health literacy, the European Health Literacy Survey (HLS-EU) (Pelikan et al, 2012; see also Chapter 8, this volume). The HLS-EU study was conducted in 2011 and focused on the level of health literacy in the general population of eight European countries: Austria, Germany (Nord-Rhein-Westphalia), Ireland, the Netherlands, Spain, Greece, Poland and Bulgaria. Since then, other European countries have also used the HLS-EU instrument to measure the level of health literacy in their population (Espanha and Ávila, 2016; Palumbo et al, 2016).

In 2013 the World Health Organization (WHO) published a report describing the 'solid facts' on health literacy in Europe (Kickbusch et al, 2013), which was in part based on the outcomes of the HLS-EU study, indicating that nearly half

of all adults in the eight European countries that participated in the survey had inadequate or problematic health literacy skills (Pelikan et al, 2012). The difference between countries in this respect was considerable. Of the eight countries, the Netherlands performed relatively best (28.7% poor/inadequate health literacy) whereas Bulgaria had the worst rates (62.1% poor/inadequate health literacy). Since the health status of a country's population is generally correlated with the health literacy levels of the population, the WHO report called for action among policy-makers and health professionals to put policy and strategies into place that could enhance the population's level of health literacy and thereby their overall health status (Kickbusch et al, 2013).

In the years following the HLS-EU study, initiatives have been undertaken by various stakeholders across the EU to advance health literacy on the European agenda (Sørensen et al, 2013). Furthermore, in the European Commission's health strategy, *Together for health* (2007), health literacy was included and linked to citizen's empowerment (Sørensen et al, 2013). During the years following the HLS-EU study, several initiatives at the national and regional level have been undertaken in different European countries to improve health literacy (Heijmans et al, 2015). Until recently, no overview was present of the health literacy activities within European countries. To obtain this, the European Commission financed a study on sound evidence for a better understanding of health literacy in the EU: the HEALIT4EU study.

The HEALIT4EU study

To get a comprehensive overview of the policies and activities regarding health literacy that were developed in EU member states, in 2014 the European Commission financed the HEALIT4EU study (Heijmans et al, 2015). In this study three activities were undertaken to gain an insight into health literacy research and policy in Europe: (1) a systematic literature review of existing knowledge regarding health literacy interventions (and their effectiveness) in EU member states; (2) a mapping of policies and actions aimed at improving health literacy in EU member states; and (3) the development of a prediction model of determinants of health literacy using publicly available information sources. This chapter is almost exclusively based on the second activity of the HEALIT4EU study, the inventory of policies and actions in EU countries. The objective of this subproject was to map existing policies in EU member states at the national, regional and local level that were planned or that were already in place to improve health literacy. In addition to that, any health literacy actions, which could include strategies, programmes or activities that were executed at a national, regional or local level, were mapped. Policies and actions directed at health literacy in general as well as policies and actions that focused on a specific target population, such as children, adolescents, older people, minority ethnic groups and people with a chronic condition were mapped. Information on policies and actions was obtained via country experts, literature review, desk research

and via experts from the European Public Health Alliance (EPHA) (Heijmans et al, 2015). The report that was published on the HEALIT4EU study includes a detailed description of the methods that were used to obtain insight into policies and actions (see Box 27.1) at the national, regional or local level in EU member states (Heijmans et al, 2015).

Box 27.1: Applied work definitions of policy and action

Policy: A set of ideas, plans or rules of what to do in particular situations that has been agreed to officially by an organisation, a local government or a national government.

Action: Any activity, strategy or programme initiated by an organisation, local government or a national government that is designed to achieve a specific goal.

Aim of this chapter

In this chapter we provide an insight into policies and actions that have been put in place in EU member states on a national and regional level during the past few years. The distinction between these levels was made based on the initiator of the policy/action as well as the implementation level of the policy/action: whether these were national or regional. Since the local initiatives are more widespread and usually not centrally coordinated within countries, and therefore not all initiatives might have been captured in the HEALIT4EU overview, we decided not to include them. However, when local authorities or policies are part of a bigger regional or national policy, they will be mentioned.

Snapshot of health literacy policies and actions across the EU

Use of the term 'health literacy'

There appeared to be a huge variation in the extent to which the concept of health literacy is established within countries (see Table 27.1). In Germany, Ireland, Italy, Portugal, Spain, and especially the UK, 'health literacy' is a rather common term, both in policies and in health debates. In Austria, the Czech Republic and the Netherlands the term is used, but only recently. In Belgium, Croatia, Denmark, Malta, Slovenia and Sweden, the term is known but infrequently used. In most countries, including Bulgaria, Cyprus, Estonia, Finland, France, Greece, Hungary, Lithuania, Poland, Romania and Slovakia, health literacy is only referred to in the context of other terms, and in Latvia it is still unknown. It is important to note, however, that even though the term 'health literacy' might not be established in specific countries, this does not automatically mean that the topic does not

receive attention. In part it could be a matter of definition (Sørensen et al, 2012; see also Chapter 1, this volume): there might be attention for vulnerable groups within countries but under a different denominator.

Table 27.1: Level of establishment of the concept of health literacy in policies across EU member states

Level of establishment	Country
Regular use in policies, policy documents or in discussions about health for a number of years	Germany, Ireland, Italy, Portugal, Spain, UK
Used in policies, documents or discussions about health, but in recent use	Austria, Czech Republic, the Netherlands
Term 'health literacy' is known but its use is very uncommon in policies, documents or in discussions about health	Belgium, Croatia, Denmark, Malta, Slovenia, Sweden
Not used as an independent term but in the context of other terms such as health education, health promotion or empowerment	Bulgaria, Cyprus, Estonia, Finland, France, Greece, Hungary, Lithuania, Poland, Romania, Slovakia
Term is unknown	Latvia

Aims of the identified policies and actions

In total, 82 health literacy policies or actions were identified in the HEALIT4EU project across 16 European countries (Heijmans et al, 2015). In 10 countries, no policies or actions regarding health literacy were found. The selected policies and actions have various aims. One of the aims considered important in all 16 countries is to identify best practices for enhancing health literacy. Another aim that seems to be considered important in quite a few of the countries is to provide support to vulnerable groups that are more likely to have lower levels of health literacy, including minority ethnic groups. A third aim that is considered important in multiple countries is gaining more knowledge about levels of health literacy (see Table 27.2 for more details on the aims of the identified policies and actions). Note that in the 16 countries in which policies and actions on health literacy were found, attention to health literacy mainly has an exploring character, focusing, for instance, on: determining how big the problem of low health literacy is; identifying vulnerable groups; and obtaining an insight into the consequences of low health literacy. Current policies and actions are mainly centred around awareness, and in some countries policies and actions are directed at agenda setting.

Implementation level of policies in EU member states

The HEALIT4EU study showed that six EU member states have already included health literacy in national policies – Austria, Ireland, Italy, Spain, Portugal and

Table 27.2: Aims of policies and actions across EU member states

Aims	Country
To gain knowledge about levels of health literacy	Austria, Bulgaria, Denmark, Germany, Ireland, Poland, Portugal
Instrument development	Ireland, Portugal, Austria
Improve or create collaboration between possible stakeholders within countries (eg, building working groups; platforms)	Austria, the Netherlands, Germany, UK, Czech Republic
Improvement of health education/self-management support	Ireland, Italy, the Netherlands, Spain, Ireland
Improvement of (the delivery of) health information, both oral and written	Portugal, Ireland, the Netherlands, Spain
Supporting vulnerable groups with low health literacy, especially minority ethnic groups	Austria, France, Germany, Greece, Ireland, Italy, the Netherlands, Sweden
Policy development and agenda setting for research	Austria, the Netherlands, Germany, UK, Czech Republic
Identifying best practices	All countries
Improving health literacy of professionals	Croatia, Italy, the Netherlands, Sweden, Ireland
Improving digital information by building websites	Germany, Italy, Ireland
Empowerment	Italy

UK. As illustrated in Table 27.3, most EU member states do not have a national policy or plans to develop national policies on health literacy.

Policies and actions to promote health literacy at a national level

National policies

At the time the data collection of the HEALIT4EU study was performed in 2015, Austria, Ireland, Italy, Portugal, Spain and the UK had developed a national policy regarding health literacy. The target group of these policies include the general population, or specific groups such as children, minority ethnic groups, older people, people with diabetes or people with mental health problems. The ways policies aim to improve health literacy vary and include, for instance, providing tailored health information, educating professionals and developing health education programmes or materials for people with lower levels of health literacy. Also, better prevention, stimulating research and intervention development are ways in which policies try to improve health literacy at a population level. In the

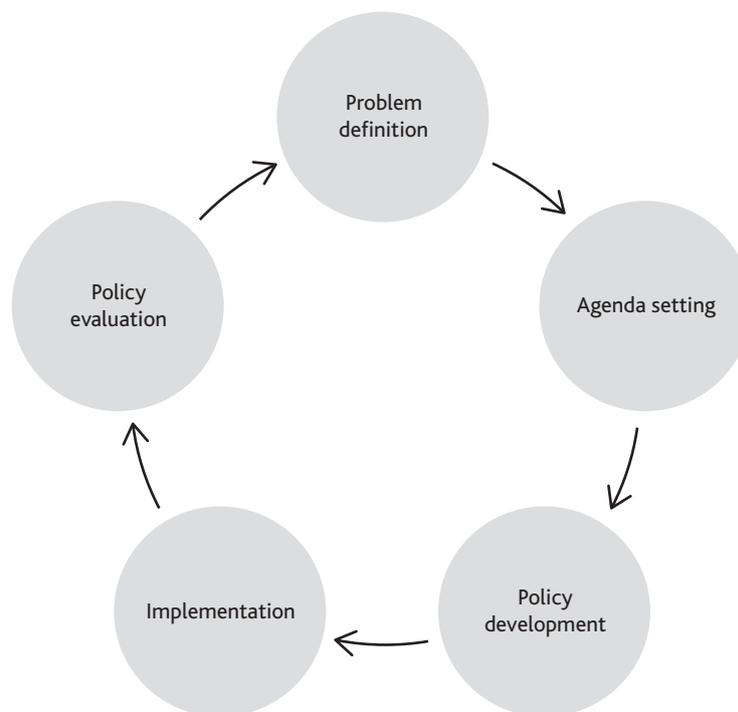
Table 27.3: Implementation of national policies across countries

Level of implementation	Country
No national policy and no plans to develop national policies on health literacy	Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Germany, Hungary, Latvia, the Netherlands, Poland, Slovakia
No national policy but plans to develop national policy on health literacy in the near future	Czech Republic, Malta, Slovenia
No national policy on health literacy but national policies on health education and health promotion, so indirectly contributing to health literacy improvement	France, Greece, Romania, Lithuania
National policy on health literacy	Austria, Ireland, Italy*, Spain*, Portugal*, UK*

Note: * (Also) policy development and implementation at a regional and local level.

following we highlight six national policies and thereby describe at which stage of the policy cycle policies are. The policy cycle (see Figure 27.1) distinguishes between the following phases: problem definition, agenda setting, policy

Figure 27.1: Policy cycle



Source: Adapted figure based on Stake (1967)

development, implementation and policy evaluation (Stake, 1967). Policies go through all of these five phases before starting a new cycle.

In some countries, policies were developed to be implemented at both a national and regional level, which was, for instance, the case in Austria. Austria was one of the collaborating partners of the HLS-EU project, which indicated that 56.4 per cent of the Austrian population had an inadequate or poor level of health literacy (Pelikan et al, 2012). This finding accelerated policy development, as illustrated in Box 27.2, and other related activities in the country. Policy development in Austria is advanced as it entered the last phase of the policy cycle, the policy evaluation phase. For more information on Austrian health literacy, see Chapter 30, this volume.

Box 27.2: Austria: Example of a national policy to promote health literacy

In 2011 the Austrian Ministry of Health (*Ministerium für Gesundheit*) set 10 new health targets for the next 20 years (*Rahmengesundheitsziele*). One of these targets was to enhance health literacy in the population (*Gesundheitskompetenz der Bevölkerung stärken*) and more specifically, to design target-group specific health information to improve health literacy. The Österreichische Plattform Gesundheitskompetenz (ÖPGK) was established to support and coordinate activities undertaken with respect to this health target. The 10 new health targets were to be implemented both at a national and regional level. In June 2013, the federal government, regional governments and the main insurance association (HVSV) signed a health target control agreement (*Bundes-Zielsteuerungsvertrag, Zielsteuerung-Gesundheit*) (BMGF, nd). This policy document is the legal basis for the implementation of the health targets at the regional level. The document includes strategic long-term objectives as well as operational short- and mid-term objectives that the contracting partners need to accomplish (see also Chapter 30, this volume).

In Ireland, health literacy has gained attention in Ireland's health debate during the last decade. Ireland was also one of the collaborating partners of the HLS-EU project (40.0% of the population had poor/inadequate health literacy). In 2007, the National Adult Literacy Agency (NALA) published a policy paper on the issue of health literacy, including a strategic plan for 2007–10 (Lynch, 2007). This document was based on the research report entitled *Health literacy, policy and strategy* (McCarthy and Lynch, 2002), produced by the NALA in 2002, which began the formal discussion of health literacy in an Irish context. The strategic plan for 2007–10 stressed the importance of addressing the issue of health literacy further through research, awareness and integration of health literacy in the Irish health system. In 2013 the Department of Health published their new policy, *Healthy Ireland: A framework for improved health and wellbeing 2013-2025* (see Box 27.3). As in Austria, in Ireland policy development entered the last phase of the policy cycle, which entails policy evaluation.

Box 27.3: Ireland: Example of a national policy to promote health literacy

The policy *Healthy Ireland: A framework for improved health and wellbeing 2013-2025* recommends action to 'address and prioritize health literacy in developing future policy, educational and information interventions' and to 'support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy).' These actions were listed under Theme 3, 'Empowering people and communities'. The goal of this policy theme is to foster the implementation of mutually reinforcing and integrated strategies and actions to encourage, support and enable people to make better choices for themselves and their families (DH, 2013). The partners that are involved in the proposed actions to enhance health literacy include the Department of Health, Department of Children and Youth Affairs, Department of Education and Skills, HSE directorates, statutory agencies, community and voluntary bodies and the private sector.

Italy was not a partner in the HLS-EU project, but researchers did assess health literacy in the Italian population a few years later using the HLS measurement tool (Palumbo et al, 2016). It was found that more than half of the population had limited health literacy: 37 per cent had problematic health literacy and 17.3 per cent had inadequate health literacy (Palumbo et al, 2016). Before these insights, health literacy was already being addressed in Italian policies. In general, Italian health policies are executed at a regional level, as the Italian National Institute of Health is a decentralised system giving the 20 regions political, administrative and financial responsibility regarding the provision of healthcare. Yet the Italian state retains (limited) supervisory control and continues to have overall responsibility for the National Health Service, to assure uniform and essential levels of health services across the country. The regions have significant autonomy and organise services that are designed to meet the needs of their specific populations, define ways to allocate financial resources to all the local health authorities (LHA) within their territories, monitor LHAs' healthcare services and activities, and assess their performance. Each region defines a regional plan that is in accordance with central government guidelines based on the national healthcare plan. Policy development in Italy is currently in the implementation stage of the policy cycle (see Box 27.4).

Box 27.4: Italy: Example of a national policy to promote health literacy

In the Italian national healthcare plan, health literacy is addressed within policies aimed at enhancing residents' empowerment, especially in terms of an educational campaign aimed at citizens and training for healthcare professionals. Most of the national policies in Italy are made through the Istituto Superiore di Sanità (ISS) on behalf of the Italian Ministry of

Health. The Italian Ministry of Health (2010) published guidelines on the web channel of the Ministry of Health called 'citizens', and encourages online education for citizens by any public healthcare institution.

Portugal did not participate in the HLS-EU, but like Italy, it did apply the HLS measurement tool later among the Portuguese population (Espanha et al, 2016). Based on the outcomes of the HLS, Portugal had relatively few respondents with inadequate health literacy (10.1%), which seems a positive outcome compared to other European countries. In Portugal, a national health plan was initiated by the government and with respect to policy development, the country has entered the policy evaluation phase (see Box 27.5).

Box 27.5: Portugal: Example of a national policy to promote health literacy

In Portugal the national health plan (DGS, 2013), approved for the years 2016-20, speaks about health literacy promotion at both national and regional levels. The strategy mentions that the national health plan presents 'instruments and actions that are intended for citizens to get involved with health institutions and systems, through: ... Health literacy: its objectives, strategies and instruments for its promotion, in an intersectional perspective.'

In Spain, the outcomes of the HLS-EU study showed that 50.8 per cent of the Spanish population had problematic health literacy and 7.5 per cent inadequate health literacy, which gave cause for concern. Before the results of the HLS-EU study, Spain was already active with respect to the development of policies and actions at a national level. Since the 41/2002 law regarding a person's right to informed consent and to medical information, the Spanish government and autonomous regions create and promote health literacy programmes. Like Italy and Portugal, Spain has a national policy that is conducted at regional levels. Policy development is currently in the implementation phase of the policy cycle.

The UK did not participate in the HLS-EU study, but within the EU the UK can be regarded as the most active country in the field of health literacy, and policies on health literacy are most established in this country with the active involvement of government. Although there is no UK-wide policy on health literacy, extensive action plan documents are provided by the national governments to address the issue of health literacy and to move the agenda forward (see Box 27.6). Policy development in the UK is in the policy evaluation phase of the policy development cycle.

Box 27.6: United Kingdom: Example of a national policy to promote health literacy

In Wales, there is an action plan for reducing inequities in health (Welsh Assembly Government, 2011); for more information, see Chapter 28, this volume). One of the seven key actions to make progress in achieving fairer health outcomes for all is improving health literacy. In Scotland, the health literacy action plan (*Making it easy*; Scottish Government, 2014) has been developed with a national group, which has drawn on the expertise of front-line practitioners, policy-makers, academics and those with years of experience with NHS boards and the third sector. In England there is a Health Literacy Group that is funded by the Department of Health and the Department for Innovation, Universities and Skills. This group consists of those interested in building the evidence base for health literacy and its impact on people and their lives, and in supporting national policy to reduce inequalities.

National actions

Some EU countries, such as the Netherlands and Germany, do not have national policies on health literacy but do have a national working group or ‘network’ initiated by non-governmental organisations (NGOs): the German Network for Health Literacy and Health Education and the Dutch Health Literacy Alliance. In other countries, like the UK or the Czech Republic, national working groups are funded or initiated by the government. These working groups serve as a platform where insights from research and practice on health literacy improvement can result in joint ideas for projects and policy. Another important task of these networks is putting health literacy on the (national) agenda. Besides this, several EU countries undertake other actions at a national level to enhance health literacy, including the implementation of research or intervention programmes.

Table 27.4 provides an overview of all actions that take place at a national level, specifying the type of action and the initiators/stakeholders involved. The table indicates that Austria, Germany, Hungary, Ireland, the Netherlands and the UK are most active when it comes to actions at a national level. Furthermore, it shows that guidelines ($n=17$) are the most frequently implemented actions, followed by intervention programmes ($n=15$) and research programmes ($n=8$). NGOs, including, for instance, research institutes, are an important initiator or stakeholder in actions at a national level besides governments.

Policies and actions to promote health literacy at a regional level

Regional policies

The HEALIT4EU project found two policies at a regional level: one from France and one from Italy. In Italy, the policy was from the Tuscany region, a

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Table 27.4: Type and number of actions at a national level and involved initiators/ stakeholders

Country, time frame	Type of actions	Initiators/stakeholders
Austria, 2009-15	Research programmes (3) Guidelines (2) Advice (1)	NGO Government
Belgium, ongoing	Subsidy (1)	Partners from the Belgian health sector
Croatia, not provided	Intervention programme (1)	NGO
Cyprus, 2014	Intervention programme (3)	NGO
France, 2008-12	Intervention programme (3) Guideline (1)	NGO Government
Germany, 2003-13	Intervention programme (3) Advocacy network (1) Subsidy (2)	Healthcare researchers Government NGO
Hungary, 2006-20	Intervention programme (2) Programme (3)	Government
Ireland, 2003-11	Research programme (1) Intervention programme (1) Guideline (2) Subsidy (2)	NGO
Italy, 2011-13	Intervention programme (1)	Government
Malta, not provided	Research programme (1)	Government
The Netherlands, 2004-14	Research programme (1) Guideline (5) Advocacy network (1) Advice (2)	NGO Government
Romania, 2001-07	Intervention programme (1) Guideline (3)	Local authority Government
UK, 1997-2015	Research programme (2) Intervention programme (1) Guideline (4) Subsidy (1)	NGO Government Stakeholders from the health and education sectors

region that is actively involved in promoting communication exchange from care professionals to citizens in order to help citizens make informed decisions. The region also aims at reducing socioeconomic gaps such as gaps in information/ education level for subgroups of citizens by means of targeted interventions/ activities. The *Piano sanitario e sociale integrato regionale 2012-2015 (Integrated regional social and healthcare plan)* was put into place between 2012 and 2015, initiated

by the Regional Healthcare Government. In France, the *Pays de la Loire regional* was put into place in 2012, which includes programmes to promote access to disease prevention and healthcare for the most disadvantaged citizens, including illiterate people, in order to tackle social inequalities in health (Ministère du travail, de l'emploi et de la santé, 2011). In France regional health agencies (Agences régionales de santé, ARS) are responsible for ensuring a unified health policy at regional level, in order to better meet specific territorial needs and make the health system more efficient. The agencies contribute in health education/promotion policy development through their regional health plans that determine the main development directions.

Regional actions

Compared to national actions, less regional actions seem to be undertaken in the context of health literacy in EU member states. Table 27.5 summarises the actions at a regional level, indicating that the UK is also most active at a regional level, and that regional actions most often involve intervention programmes.

Table 27.5: Type and number of actions at a regional level and involved initiators/stakeholders

Country, time frame	Type of actions	Initiators/stakeholders
Austria	Intervention programme (1)	NGO
France, 2000	Intervention programme (1)	Government Community Local authorities
Germany, 2007-10	Intervention programme (1) Research programme (1)	NGO
Greece, 2013	Intervention programme (1)	NGO
Hungary, 2010	Programme (1)	NGO
UK, 2008-12	Guideline (4)	NGO

Discussion

Although health literacy is on the agenda in most of the EU member states, in many countries the efforts are not coordinated through a national (or regional) policy. This increases the risk of programmes and activities within a country being fragmented (both geographically and in time), which can result in less effective use of means and less exchange of knowledge and 'best practices'. National or regional policies could contribute to a more balanced distribution of programmes and activities directed at different phases of the lifespan, that is, childhood, adolescents, adulthood and older age. The policies as described in

this chapter seem to focus most often on health literacy in general. It remains unclear if specific groups benefit more or are (un)intentionally targeted more than other groups by these policies.

A national policy does not seem to be a requirement for the development of programmes and activities regarding health literacy, as actions on health literacy were identified in most of the EU member states. The organisation and implementation of activities related to health literacy seem more dependent on other factors, including, for instance, a country's familiarity with the concept of health literacy, financial incentives, efforts made by NGOs, the organisation of the healthcare systems and conceptions of citizens' rights. For example, in countries with strong NGOs such as the NALA in Ireland or in countries where national working groups with many stakeholders are active, implementations of activities and initiatives to improve health literacy seem more feasible.

The concept of 'health literacy' can be considered a useful complement to more general health promotion and education policies, as it adds a better focus on individuals or populations that experience difficulties with accessing, understanding and applying health-related information for the benefit of their health. Making health literacy part of health promotion and education policies will, for instance, foster more attention for the development and offering of easy-to-read information. Some countries do not know or use the term health literacy in their policies or activities. Variation in the extent to which the concept of health literacy is established within EU member states might in part be attributable to the presence of national working groups or 'networks' that aim to put health literacy on the policy agenda. However, through other activities in the area of health promotion and health education, health literacy in a specific population could indirectly be increased as well. This raises the question as to how important it is that all EU countries embrace the term 'health literacy' in their policies and activities.

In theoretical models on health literacy (see, for example, Nutbeam, 2000) health literacy is a personal competency that influences health behaviour and outcomes and that can be influenced by health promotion and education. In order to be able to tailor these educational activities to the different needs of individuals (in clinical practice) or populations (in public health), the concept of 'health literacy' can be considered an asset to a more general health promotion and education approach, which are known to have fewer effects on low-literate individuals and populations. Therefore, it seems that using the concept of health literacy, or at least the notion that people have different needs and competencies and that the healthcare system should be tailored in that respect, has advantages. Tailoring to different levels seems especially important for improving the effectiveness of health promotion and education activities (and through that, they have a more positive effect on health behaviours and health outcomes) for people with lower health literacy.

An important limitation of the policies and actions that are currently in place in EU member states is a lack of monitoring and evaluation. Monitoring and

evaluation are essential to obtain information on the feasibility and effectiveness of policies and actions. This information would be valuable for other EU member states or regions that aim to implement identical or comparable policies or actions directed at improving health literacy. Also, it would be valuable information for the initiators of policies and actions, since it could help them improve policies and actions and optimise their outcomes.

A limitation of the current chapter is that insights are based on the data that was collected in 2015 in the context of the HEALIT4EU study. We did conduct an additional limited search on policies implemented after 2015, which resulted in no additional policies. However, this was done without the use of country experts, as was done in the HEALIT4EU study, which means that any publications on policies that were not available in English or Dutch were not identified. Therefore, it could be that policies have been put in place in EU member states after 2015 without being described in this chapter. Another limitation is that the quality of the data as described in this chapter is largely dependent on the knowledge of the country experts who were consulted in the HEALIT4EU project. As the English term health literacy was used to ask country experts for policies and actions in their country, this might have influenced the amount and type of information provided by the country experts. Not every country is familiar with the English term health literacy and use this term in their own languages. The check by EPHA, however, contributed to the validity of the data.

Conclusion

The topic of health literacy has gained attention in several EU member states in recent years. The countries in which the concept gained most attention are Germany, Ireland, Italy, Portugal, Spain, the UK, Austria, the Czech Republic and the Netherlands. In other countries, however, such as Bulgaria, Cyprus, Estonia, France, Greece, Hungary, Lithuania, Poland, Romania and Slovakia, the concept is less common and often linked to broader concepts such as health education and health promotion. Six countries have a national-level policy – Austria, Ireland, Italy, Portugal, Spain and the UK. However, such a policy does not seem to be a requirement for the development of programmes and activities on health literacy: overall, actions on health literacy were identified in 16 EU member states. Many different stakeholders are involved in these actions, often including both government and NGOs. Current evidence does not enable us to conclude whether policies and actions are effective or not. Both on policy and on action level, evaluation and monitoring is an important gap. Besides that, a more programmatic and evidence-based policy for health literacy in EU member states could be beneficial to better coordinate efforts to improve health literacy within countries.

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