Factsheet

JA PreventNCD

Enhancing Organizational Health Literacy in Health Care: Insights from a Mapping of National Activities and Expert Interviews

Straßmayr, Christa; Schütze, Denise; Eder, Julia; Arabska, Yuliia; Berrefjord, Ringnes Peder; Bevilacqua, Roberta; Bolognini, Silvia; Borbély, Noémi; Cobigo, Alexandre; Ferrara, Letizia; Filippetti, Fabio; Finbråten, Søberg Hanne; Franceschini, Guilia; Giammarchi, Cinzia; Guttersrud, Øystein; Le, Christopher; Marushko, Kateryna; Meszaros, Fanni; Nesterova, Olena; Ousseine, Youssefa; Papa, Roberta; Pompili, Marco; Prinkey, Tyler; Rinaldi, Alessia; Semyrenko, Olena; Shchetynina, Hanna; Skogberg, Natalia; Toscano, Oriana; Urbán-Pap, Dóra; Usenko, Natalya; Vandewalle, Hélène.

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The sub-task 7.4.4 of the JA PreventNCD aims to support the implementation of internationally developed standards for organizational health literacy (OHL) in health care organizations and to provide evidence on how health care organizations can become more health literacy (HL) responsive. By focusing on enhancing OHL, health care organizations' responsiveness to the needs of patients with cancer and non-communicable diseases (NCDs) could be strengthened.

OHL in health care organizations has been defined as **the degree to which health care organizations equitably enable people, through organizational structures, policies, and processes**, to find, understand, appraise, and use information and services to make health-related decisions and actions for themselves and others (1, 2).

In 2024, two explorative activities were performed to provide an overview on national research, policy, and practice on OHL in health care services and insight into national needs, strengths, and challenges about enhancing OHL and assessing OHL in health care services: **(1) mapping of literature and national information, materials, tools, and activities** on OHL in health care organization and **(2) interviews/short surveys with relevant stakeholders/experts** on facilitating factors for enhancing OHL and the uptake of OHL assessments in health care organizations.

Methods

Mapping

Template with **seven areas of interest**

(1) Current state of national OHL in health care organizations
(2) Policy framework supporting OHL responsiveness in health care
(3) Tools and supportive materials on OHL
(4) OHL interventions
(5) Evaluation and monitoring of OHL interventions
(6) Cooperation on OHL
(7) Research on OHL

Completed by task participants representing **six countries**: Austria (AT), Finland (FI), France (FR), Italy (IT), Norway (NO), Ukraine (UA).

Interviews

Semi-structured questionnaire

Applied by task participants representing **six countries**: Austria (AT), France (FR), Hungary (HU), Italy (IT), Norway (NO), Ukraine (UA)

Responses by **83 stakeholders and experts**

Responses grouped by thematic analysis

Results

Mapping

Current state of national OHL in health care organizations: Most countries engage in activities related to some aspects of the concept of OHL, such as improving patient-doctor communication, navigation and inclusiveness. However, in terms of direct reference to OHL, it remains a marginal issue in the participating countries. None of the countries reported that OHL in health care organizations is well established in their country.

Policy framework supporting OHL responsiveness in health care organizations: When considering OHL-related issues AT, FR, IT, NO and UA identified relevant policies, strategies or action plans, that could be considered as supportive for enhancing OHL in health care organizations. In AT, IT, and NO HL and/or OHL are explicitly included in policies or strategies. For instance:
- o In the Austrian Health Promotion Strategy HL, including OHL, is one of four priority areas of the strategy. Furthermore, in the Austrian Federal Target Control Agreement[1], OHL is explicitly mentioned under the aim "strengthening HL of the population".
- o In the Italian National Prevention Plan 2020-2025 an objective is to strengthen HL.
- o In NO, the National Health Literacy Strategy (2019–2023) focuses on a dual approach to strengthen people's HL, considering both individual level and system levels. OHL is also included in several white papers, such as the National Health and Integration Plan (2024–2027).

In AT, FR, IT, and NO **tools to assess OHL in health care organizations** are available in the national language. AT, FR, IT and UA reported on national **supporting documents or materials** on OHL related issues (e.g. toolkits to improve HL, HL good/best practice examples, strategies, videos, workshops). None of the countries has an implementation strategy to support the enhancement of OHL. Only AT reported on best practices to strengthen OHL and capacity building for OHL.

Although a comprehensive implementation of OHL interventions in health care organizations was not identified in any of the countries, many national **interventions to improve and support HL** were pointed out by AT, FR, IT and UA. For instance:
- o In FR healthcare access centers specializing in the care and support of people in precarious situations ("permanence d'accès aux soins de santé" (PASS)), are identified and recognized in their territory as key players, guaranteeing access to care for this vulnerable population (navigational HL and inclusiveness).
- o In UA as part of the health care reform, trainings are provided for medical staff to improve their ability to communicate effectively with patients (communicative HL), including training in the use of digital tools, such as electronic medical records, and in adapting to new standards of care.

None of the counties reported on any **evaluation and monitoring** activities or results of OHL interventions in health care organizations. Nor was an inclusion of OHL standards/issues in regular health reporting or health system performance monitoring identified.

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[1] This is an agreement between the federal government, the provinces, and the social insurance institutions to manage and coordinate the structure, organization, and financing of the Austrian healthcare system.

National networks/collaborative activities on OHL in health care services were reported by two countries: The Austrian Health Literacy Alliance has a working group on OHL. Furthermore, AT, FI and IT have national and/or regional networks of the Health Promoting Hospitals and Health Services Network, which have a focus on OHL. NO has a national research network dedicated to HL, including OHL. AT, FR, IT, NO, and UA are part of **international networks** or collaborative activities in which OHL is an issue.

AT, IT, and NO pointed out relevant national **research on OHL in health care organizations**. AT, IT, NO, and UA participate in international research on OHL as partners of the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL).

The mapping was a useful activity to get insights into the field of OHL in the participating countries. It was explorative and does not claim to be exhaustive.

Interviews

Stakeholders/experts were interviewed to give insight into national needs, strengths, and challenges about enhancing OHL and assessing OHL in health care services. The interviews illustrated that in most countries, similar factors and agents inside and outside of the organizations facilitate the transformation of health care organizations into HL responsive organizations.

External factors (outside of the organization)

- Public health and health care stakeholders should **facilitate the development of HL awareness** and a broader approach towards healthcare, which is rooted in health promotion principles. Suggested actions are the implementation of regular measurements of the HL status and its progress in the population or the promotion of training on HL for different target groups.

- Anchoring OHL in **policies and legislation** can be effective for enhancing OHL, however standardization and legally mandating OHL remained a contested issue amongst the interviewed stakeholders/experts.

- **(External) resources** are required to support organizations in their transformation process towards HL responsive organizations. This could include restricted or unrestricted funding, the provision of tools, guidance and educational support and be supplied by national, regional or institutional actors in the health promotion and HL fields. The implementation of OHL activities and assessments in health care organizations depends on **easily integrated OHL tools** to ensure a low threshold and compatibility with existing projects.

- OHL activities can be popularized by linking them with continuous certification and accreditation mechanisms and by providing public **recognition** for organizations with high levels of OHL. Participation in a national research program on OHL (i.e. best practices) with a possibility of publication can also serve as an incentive.

Internal factors (inside of the organization)

- Strong initial **promotion and outreach efforts** by HL advocates and support for HL activities from key actors within the organizations are vital first steps. Quality and risk management teams, senior management and heads of departments were considered as **door openers** for initiating OHL assessments and as possible collaborators.

- A strong **mandate** and continued and committed support from the **organization's leadership** plays a pivotal role in the reorienting of a health care organization towards HL, as this can ensure the incorporation of HL in strategy and favourable framework conditions like an **organizational culture** promoting team-work and multi-professional approaches and working conditions allowing **time, financial and human resources** to be allocated to HL activities.

- **Staff education** and capacity building on HL are also vital factors and should not be limited to medical professionals and is recommended by stakeholders/experts from all participating countries.

- The patient level is identified as another key area. It is recommended to adapt settings and information to patients' and users' level of HL, to address patient orientation and navigation and to provide **patient education** on various topics (i.e. the reliability of health information found online, prescriptions or diagnostics). **Patient participation** and empowerment also benefit (from) HL activities. Furthermore, health care organizations can **facilitate and promote general awareness for HL** in their served communities, i.e. in schools.

OHL is a multi-disciplinary issue, which requires exchange with a broad range of stakeholders, inside and outside the organization. The results of the interview and mapping activities show that there is no "one size fits all" and that OHL interventions benefit from being tailored to the specific needs of users, organizations and countries. While similar supporting and obstructing factors can be identified throughout the participating countries, economic, cultural and political differences require OHL interventions to be adapted to the target areas.

References

(1) U.S. Department of Health and Human Services. Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030 (accessed 15 January 2025)
(2) M-POHL Working Group on Organizational Health Literacy in Primary Health Care Service. International Self-Assessment Tool for Organizational Health Literacy in Primary Health Care Services (OHL-PHC). Vienna: Austrian National Public Health Institute; 2024.

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