

A practical vision for a health literate world



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Position Statement (summary)

Developed by the IUHPE Global Working Group on Health Literacy

The recent surge in interest in health literacy has been expressed in a wealth of studies published, and a rise in the development and implementation of national and international policy strategies.



Health literacy is an evolving concept, and is understood as the combination of personal competencies, and situational demands and resources necessary for people to access, understand, appraise and use information and services to make decisions about health. It includes the capacity to communicate, assert and act upon these decisions. Health literacy responsiveness or organizational health literacy describes how services, organizations and systems make health information and resources available and accessible to people according to their health literacy strengths and limitations.

The concept of health literacy has developed in two parallel contexts and perspectives. **In clinical care limited health literacy is commonly viewed as a risk factor for poor health and low adherence with health care advice.** In public/community health literacy is viewed as a personal or population asset offering greater autonomy, empowerment and control over health decision-making to act upon the social determinants of health. As a concept, health literacy has attracted the attention of researchers, clinicians, public health practitioners, policy makers and the public arena.

Health literacy is increasingly acknowledged as a critical determinant of health. A consistent finding of population studies measuring general health literacy shows considerable proportions of people with limited health literacy and demonstrates a clear social gradient for health literacy. Socio-economically disadvantaged population groups, older people, migrants, ethnic minority groups and people with disabilities are disproportionately impacted by low health literacy. This matters, since limited health literacy has been shown to be associated with worse health outcomes, decreased use of preventive health services; increased use of medical services, less ability to manage long term conditions.

People with improved health literacy have skills and capabilities that enable them to engage in a range of health enhancing actions including changing personal behaviours, as well as social actions for health. The results are not only improved health outcomes, but also offer a wide range of options and opportunities for health promotion, particularly in an ever-increasing digital world. It is for these reasons that health literacy has also been integrated into global policies such as the World Health Organization [Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development](#), The Joint Commission International (JCI) responsible for accrediting health care organizations, and others.

In short, we know that:

- Health literacy is a measurable outcome, either as a result of life experience or as an outcome of health education/promotion interventions.
- Health literacy is an asset that can support a wide range of health actions to improve health and well-being, to prevent and better manage ill-health.
- Limited health literacy is a threat to the outcome of health care, to improving population health and to achieving health equity.

In the **Position Statement on Health Literacy: A practical vision for a health literate world**, the International Union for Health Promotion and Education (IUHPE) proposes concrete health promotion action areas for addressing health literacy at all levels – in policy, practice and research.

Please read the full statement by visiting www.iuhpe.org for more details regarding **the proposed Health literacy Action Areas:**



1. Promoting a systems approach to health literacy at the global, international, national, local and organizational levels, by ensuring inclusion of health literacy in policies, and strategies for health promotion and addressing the social determinants of health.

2. Recognizing that health literacy is content and context specific across the life span.

3. Acknowledging that health literacy is modifiable and responds to appropriate interventions.

4. Emphasizing that health literacy intervention is a people/community-based process for empowerment.

5. Funding, producing and promoting research on health literacy to contribute to the growing evidence base.

6. Building capacity and sharing knowledge, applying an inter-sectorial approach, including workforce development strategies.

7. Identifying and engaging relevant stakeholders for collaborative health literacy action, research and policy.



The IUHPE hereby calls upon the global champions and leaders to partner and show their commitment to excellence in health literacy research, policy and practice.