

Health Literacy in Danish Health Care Organisations

A path towards equity



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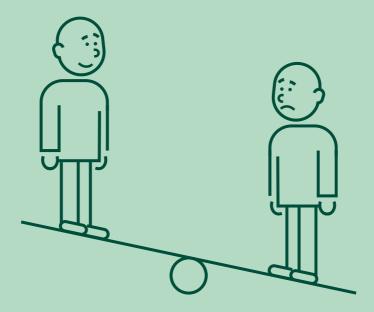
This is a short version of the report "Sundhedskompetence i det danske sundhedsvæsen. En vej til mere lighed" (not available in English).

In this version, we present some of the key messages of the main report, which is available here: https://www.sst.dk/da/Udgivelser/2022/ Sundhedskompetence-i-det-danske-sundhedsvaesen

You are welcome to contact us if you need further information regarding the report or our work on health literacy in Danish health organisations.

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Inequality in health



Social inequality in health is a major public health and healthcare concern. There is inequality in citizen's access to and benefits of healthcare services.

Inequalities in health can have major costs for the individual in terms of increased mortality and morbidity, and lower quality of life.

According to the World Health Organization (WHO), social inequality in health can be explained by a number of social factors such as education level, employment, social exclusion and poverty. In addition, the WHO states that a citizen's health literacy is a key factor impacting social inequality and health.

Therefore, the WHO has increased its focus on health literacy as a dynamic and social determinant, which affects individual health.

What is health literacy?

Individual health literacy

Health literacy is the combination of personal competencies and situational resources needed for people to access, understand, appraise and apply information and services to make decisions about health. It includes the capacity to communicate, assert and act upon these decisions.

Citizen's social network, e.g. friends, partner, parents and children can support and develop health literacy or compensate for specific individual health literacy challenges.

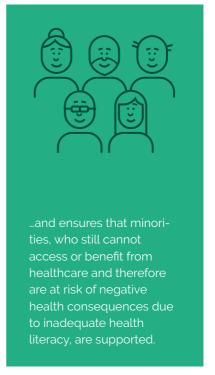


Differentiated communication and organisation of consultations, interventions and services, can reduce the consequence of individual health literacy challenges.

Organisational health literacy

Health literacy responsiveness describes 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.





The eight paths

Path No. 1

Management and culture

Health literacy is articulated and prioritised in the local management and organisational culture

Path No. 3

Process and practice

Health literacy is integrated into all relevant work processes

Path No. 2

Skills

Employees and managers are supported in gaining knowledge about health literacy and applying this knowledge in daily practice

Path No. 4

Involvement

Citizens from relevant target groups are involved in the planning, implementation and evaluation of health services and programmes

Path No. 5

Access

Information and services are visible and easy to access and navigate for citizens and health professionals

Path No. 7

Vulnerability and high risk

A health literacy focus is emphasised in the provision of health services and information to groups with vulnerabilities and high risk of information loss

Path No. 6

Communication

Oral, written, and digital communication is easy to understand and adapted to citizen's needs and local levels of health literacy. Dissemination takes place on media and platforms, which are relevant to the target group

Path No. 8

Monitoring and evaluation

Professional health literacy work processes are monitored and evaluated in the local organisation

Organisations can work to become more health literacy responsive in many ways. Above is shown eight paths towards this goal, which are all elaborated in the report 'Sundhedskompetence i det danske sundhedsvæsen – en vej til mere lighed'.

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