

## **Health Literacy in the Netherlands**

### *Title:*

Joining efforts pays off

### *Statement:*

Combining efforts for empowerment of individuals or communities with improvement of health sector communication yields the best results in improving health literacy in the Netherlands.

### **Evidence**

Tackling health literacy in the Netherlands is based on a strong lobby for patients' rights, which resulted in clear legislation, as well as longstanding programmes for improved communication in the health care sector. The (general) National Literacy Programme facilitates intersectoral collaboration in adult basic skills education and empowerment of low literate citizens. The health sector is part of this National Literacy Programme.

### *Patient organisations*

Patient groups are well organised in the Netherlands, mostly around specific (chronic) diseases. Umbrella organisations for patients provide a strong political lobby and have a tough negotiation power in relation to health care providers and health insurance companies. At institutional level Patient Councils negotiate with management patient-friendly measures.

### *Legislation*

Patient rights are laid down in legislation on informed consent, which obliges health care providers to provide proper understandable information and to get the patient's approval before treatment. In 2011 the National Health Council produced an advice for the Minister of Health with regard to tackling low literacy in the health sector, which the minister promised to implement. This will further strengthen the position of vulnerable patients and their legal right with regard to informed consent. The Ministry of Health is supporting the health literacy activities as part of equity in health approach, but leaves actual implementation to the stakeholders in the field.

### *Health Communication*

The Netherlands has a tradition of decades in special health communication for migrants and minority groups, often in foreign languages, using information materials, involving mediators, interpreters and trainers. Based on research into inequities in health, the health communication programmes were broadened to people with low literacy skills to ensure that these groups could access health services adequately.

Health insurance companies are putting pressure on the health service providers to improve the health communication, in order to reduce no show, complications due to non-compliance, etc. They can enforce this through contractual agreements with health service providers.

### *Improving literacy*

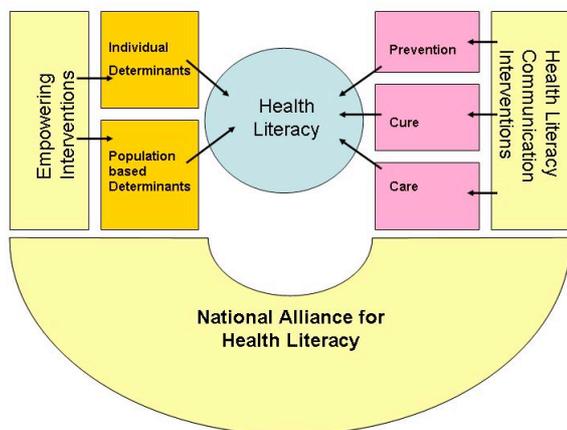
In the Netherlands 1.5 million people (10% of the adult population) are functionally illiterate. In 2004 the foundation Reading&Writing was initiated, spearheading the National Literacy Programme, a truly intersectoral programme with involvement of all ministries, employers' organisations, labour unions, business community and NGOs. The programme approaches literacy from a human rights' perspective. In the training programmes improving skills is

combined with learning more about important issues for life e.g. health, child care or nutrition.

## Interventions

### *National Alliance for Health Literacy*

The National Alliance for Health Literacy was created in 2010 and has now more than 60 member organisations: patients, providers, health institutions, health insurances, academia, industry, business community, etc. The aim of the Alliance is to advocate for incorporating health literacy into the daily operations of health institutions, to share knowledge and experience and to plan joint actions. The Alliance has a website with information, organises regular meetings and workshops. The Alliance supports organisations for empowerment of individuals and communities.



*Figure 1 – Health literacy approach in the Netherlands*

### *Empowerment*

Improving health literacy requires individual actions of persons affected or groups affected. Adult literacy programmes in the Netherlands now have modules for health and nutrition. Self management programmes are adapted to encourage all groups in society to participate. Internet plays an important role; in the Netherlands 89% of people with low literacy levels has access to computers and internet at home. Patient organisations, e.g. for diabetes or lung diseases, organise activities for their members.

### *Health information*

Health care institutions, hospitals, home care organisations, health insurances are revising their health information on websites, in brochures, in folders, signs in buildings. They get support from specialised communication experts, who work closely with low literate people. Smart solutions e.g. pre-packed medication, remote sensors, tablet-pc's, SMS appointment reminders, interactive websites, are applied to simplify complicated health interventions or guide people through administrative procedures.

### *Health care providers*

Sensitisation and capacity building of health workers is an important part of the work. Training sessions are organised and tool kits are produced. Professional associations play an important role in stimulating these activities.

### *Research*

Within the Alliance a research group coordinates research into recognising health literacy problems, empowerment activities and health communication methods. Sharing knowledge informally with practitioners and policy makers in the Alliance allows for better implementation in the field.

### **International activities**

The European Health Literacy Survey, which was conducted recently, was spearheaded by the University of Maastricht. In the Netherlands, the National Institute for Health and Environment participated. Through the consortium conducting the survey an international European collaboration was started, which has close connections with the European Parliament and with the business sector. The University of Amsterdam is involved into research detection and classification of health literacy, working closely with experts from the USA, Canada and the UK.

In October 2012 in the FP 7 programme the Intervention Research into Health Literacy of the Ageing Population (IROHLA project) will start, led by University Medical Centre Groningen, aiming a production of a policy guide and feasible interventions for health literacy of the ageing population. 10 countries in Europe will participate in the research project.

### **Policy implications**

1. Legislation and government policy create an impetus for action in the health sector, even if government hardly plays a role in actual implementation of health literacy activities. Lobby by strong patient- and consumer organisations can contribute to better legislation.
2. For policy development at institutional level it is necessary to show the benefits of tackling health literacy for the organisations, such as reduction of costs (less no-show, better compliance), improvement of quality of care, improvement of patient satisfaction. Win-win is the best starting point for success. Health insurances can incorporate attention for vulnerable groups in their contract conditions with health care providers, when it has a positive impact on cost reduction.
3. For successful action it is important to connect activities: combine empowerment with improved health communication, train both patients and providers, use smart technology and simple folders, work inside the health sector and intersectorally, work bottom-up and top-down. The combination of interventions makes the difference, not the single efforts.