

# Working Group on “HPH and Health Literate Health Care Organizations”

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(Co-chairs of the WG)*

Workshop

27<sup>th</sup> Internat. Health Promoting Hospitals Conference,  
Warsaw, May 31<sup>st</sup>, 2019

# **AN INTEGRATED DEFINITION OF HEALTH LITERACY BY THE HLS-EU CONSORTIUM**

# A Definition of Health Literacy

The **HLS-EU** comprehensive, integrated **definition of the evolving concept of health literacy**

“Health literacy is linked to **literacy** and it entails people’s

**knowledge, motivation and competences**  
**to access, understand, appraise and apply**  
**information**

**to take decisions in everyday life**

**in terms of healthcare, disease prevention**  
**and health promotion**

**to maintain and improve quality of life during**  
**the life course.”**

(Sørensen et al. 2012)

**> Health Literacy is a multi-dimensional, measurable core concept of health promotion focusing on information and communication!**

COMPARATIVE REPORT ON  
HEALTH LITERACY IN EIGHT  
EU MEMBER STATES  
(SECOND EXTENDED AND REVISED VERSION)



# Health Literacy is a key concept in WHO's Health Promotion!

## Relation of HL to Health Promotion

- **Ottawa Charter** (WHO 1986)
  - „HP is the process to enable people to increase **control** over, and to improve their health“
  - HP principles: **Enable**, Mediate, Advocate
  - Action area 1: Build healthy **public policy** (HLiaP)
  - Action area 2: Create **supportive environments** (HL Settings)
  - Action area 4: Develop **personal skills** (HL competences)
  - Action area 5: **Reorient health services** (HLHCO)
- HL is **critical to empowerment** (WHO 1998)
- HL is an **outcome of HP** (Nutbeam 1998)
- HL is a **critical determinant** of health (Shanghai Declaration 2016)

## Specific added input/value of HL

1. HL focuses on **information management & communication** of people in different roles & settings
2. HL is a **measurable** concept with different **instruments** available from a long **literacy** tradition
3. Evidence for **social gradient** of HL
4. Evidence that HL **has an impact** on
  - **health care**
  - **health behaviors**
  - **Health status**
  - **Illness behavior**
5. HL is a **modifiable** health related social determinant, mediator, moderator of health
6. **Effective interventions** to deal with low HL or improve HL are available

# Effects of low health literacy for use and outcomes of health care

Empirical evidence from the USA shows that persons with low health literacy ...

- Use less preventive services
- Need more emergency treatment
- Have more hospital admissions
- Have more problems to understand health related information
- Are less able to take their medications correctly and have worse self-management
- Are less able to co-produce in treatment and care
- Have worse treatment outcomes
- Have higher risks of complications
- Have more unplanned readmissions
- Cause 3-5% of treatment expenses (Eichler, Wieser & Brügger 2009)

→ Improving health literacy in health care contributes to strengthening effectiveness and efficiency of the healthcare system! (Berkman et al. 2011, Brach et al. 2012)

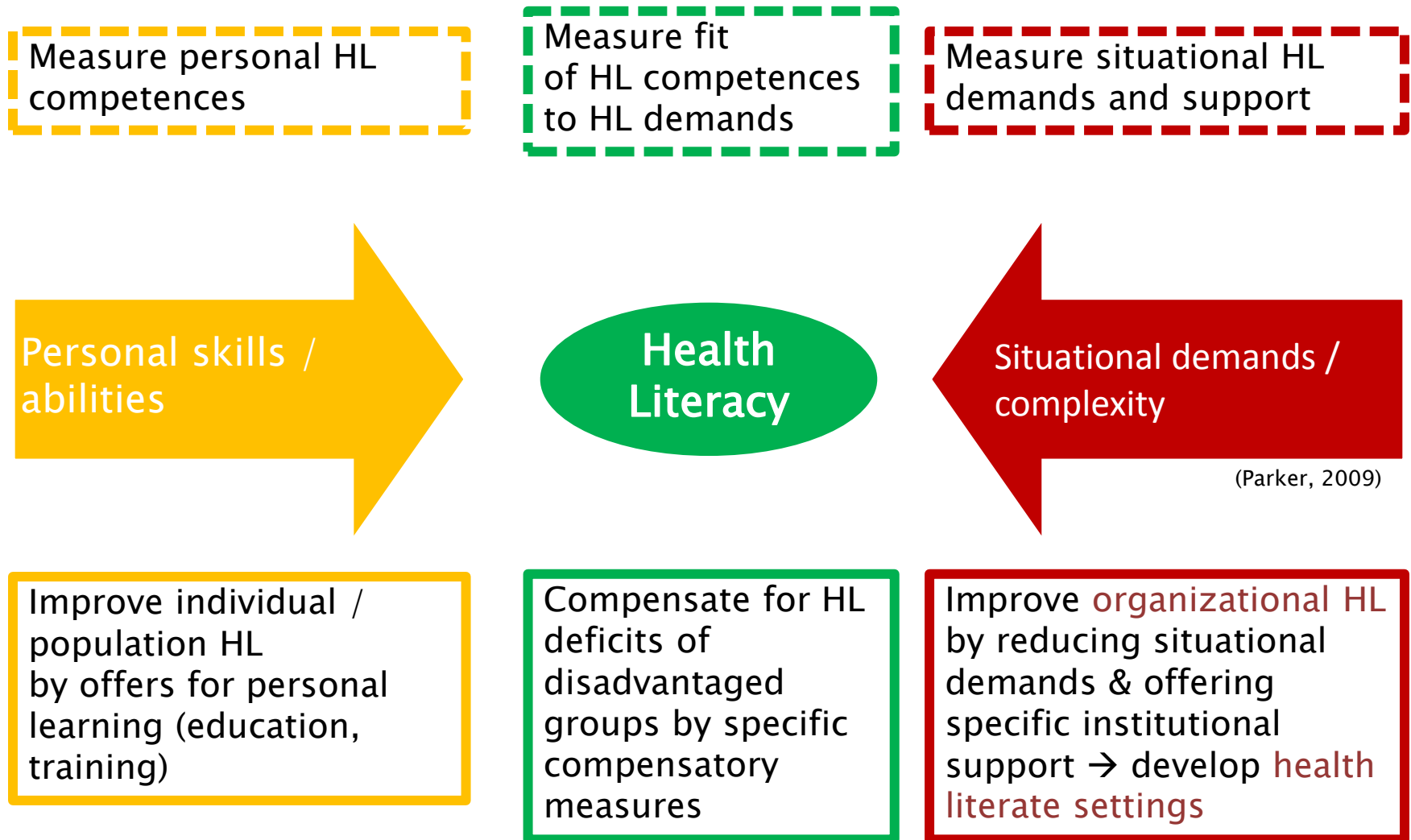
# Health literacy levels of gen. populations in Europe and Asia



Presentation: Tuyen V. Duong, Altyn Aringazina, Gaukhar Baisunova, Nurjanah Nj, Thuc V. Pham, Khue M. Pham, Tien Q. Truong, Kien T. Nguyen, Win Myint Oo, Emma Mohamad, Tin Tin Su, Hsiao-Ling Hwang, Kristine Sørensen, Jürgen M. Pelikan, Stephan Van Den Brouke, Peter Wushou Chang: Health literacy in Five Asian countries: A population-based cross-sectional study, 3<sup>rd</sup> AHLA conference, Tainan/ Taiwan 9-11-2015

# **THE RELATIONAL CHARACTER OF HEALTH LITERACY OFFERS STRATEGIES TO DEAL WITH LOW HEALTH LITERACY – ALSO FOR HEALTH CARE**

# Health Literacy as a relational concept – consequences for measurement and interventions (Pelikan, 2015)





# **TEN ATTRIBUTES OF A HEALTH LITERATE HEALTH CARE ORGANISATION – (IOM)**

# IOM Definition of Health Literate Health Care Organizations

*“A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health.”*

(Brach et al. 2012)



This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

 **INSTITUTE OF MEDICINE**  
OF THE NATIONAL ACADEMIES  
Advising the nation • Improving health

# Ten attributes of health literate (health care) organizations (Brach et al. 2012)

## A health literate organization ...

1. Has leadership that makes HL integral to its mission, structure, and operations.
2. Integrates HL into planning, evaluation, patient safety, quality improvement.
3. Prepares the workforce to be HL and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of HL skills & avoids stigmatization.
6. Uses HL strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services & navigation assistance.
8. Designs / distributes print, audiovisual, social media content that is easy to understand and act on.
9. Addresses HL in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

■ General Change / quality / risk management

■ Relating to participation principle

■ Specific HL content

# Limitations of IOM-attributes and goals for Vienna concept

## – Limitations of IOM concept:

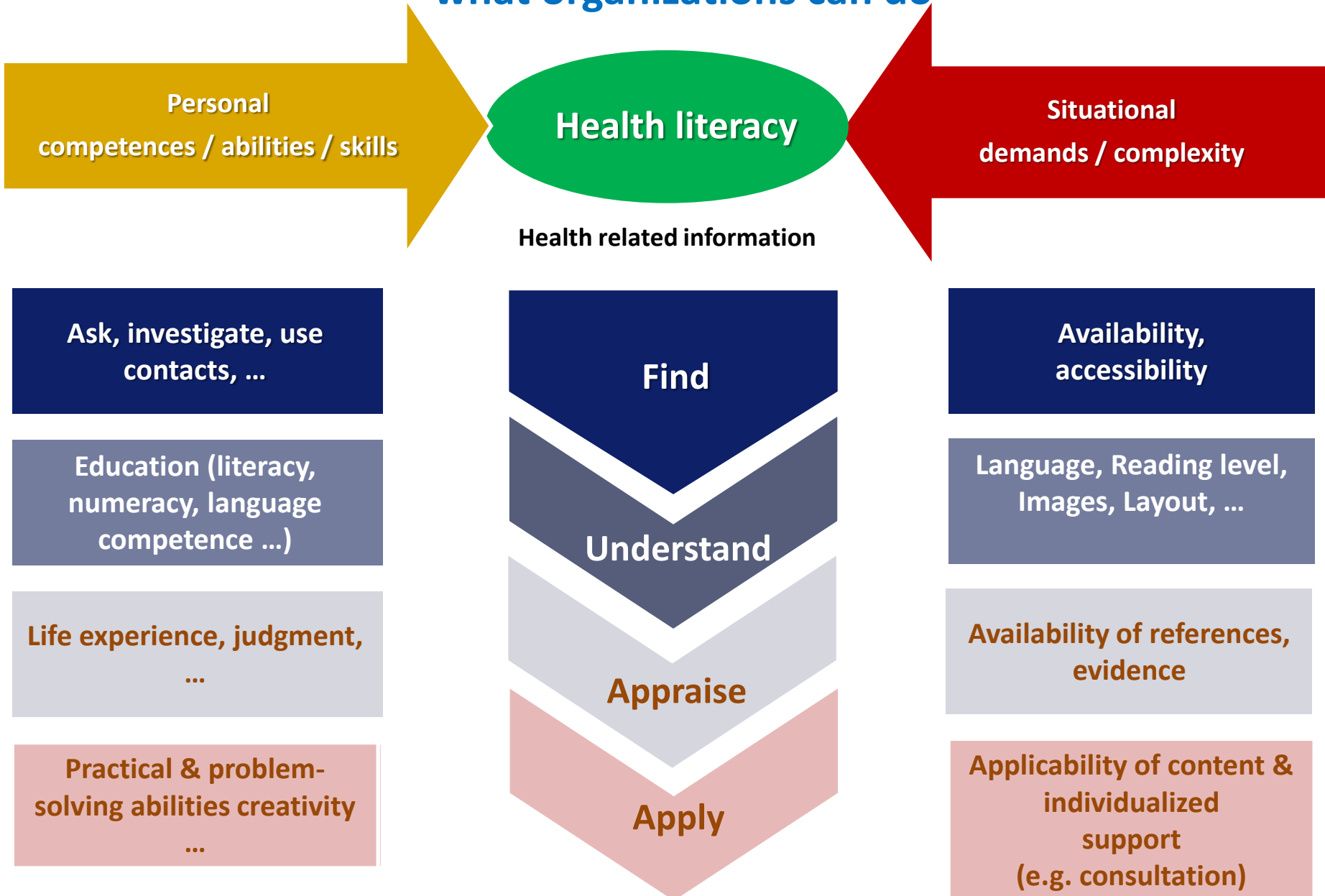
- Starting from limitations of rather specific individualistic health literacy research, but still with a **clinical bias**
- **Narrow** understanding of **stakeholders** (mainly patients) and of **functions** (mainly treatment of patients) of HLHCO

## – Goals for the Vienna concept:

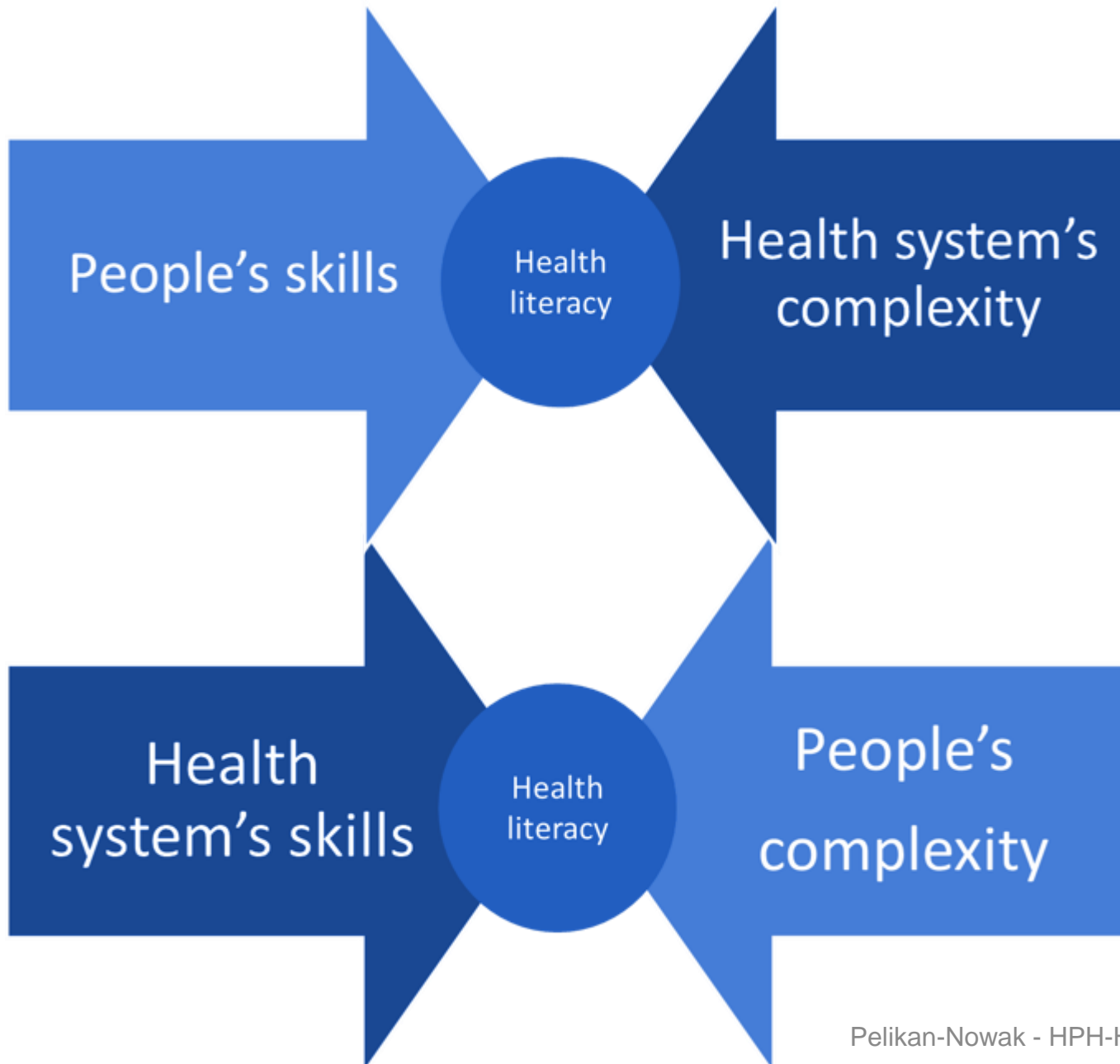
- Health literacy is a core concept of **health promotion** and health promotion a relevant aspect of **quality** in **reoriented health services**
- **Comprehensive** & relational understanding of health literacy
- Integration of health literacy in strategies of the comprehensive **setting approach** of Health Promoting Hospitals
- Making more explicit use of **quality methodology**

# **THE VIENNA CONCEPT OF A HEALTH LITERATE HEALTH CARE ORGANIZATION**

# Comprehensive **personal & organisational** health literacy – what organizations can do



# Shifting the Health Literacy Mindset to Enhance People-Centered Health Services



Posted on [July 11, 2018](#) by [ODPHP](#) By *Kristine Sørensen, Global Health Literacy Academy, Risskov, Denmark*

# Steps and methods of Vienna-HLO study

- Comprehensive **literature search** on health literate healthcare organizations
- **Cross-check** with other healthcare reform movements
  - Quality movements
  - Health Promoting Hospitals & Health Services
- Development of a **cognitive map & model**
- Development of **standards, sub-standards and indicators** for an organizational self-assessment tool
- **Standards development** according to the criteria of the International Society for Quality in Healthcare (ISQua)
  - Identification & translation of indicators – 113 Indicators from 20 instruments
  - Development of 47 new indicators for areas not covered in the literature (especially HL of staff, lifestyle development)
  - Expert consultation
- **Feasibility study** in 9 Austrian hospitals, self-assessment & questions on tool, follow-up interviews with coordinators
- **Revision** of self-assessment tool based on results of this study
- **Tool-box** for improving organizational health literacy
- **Publications** in German language, publications in English language in preparation



# Blending organizational HL with the settings approach of Health Promoting Hospitals - The Vienna-HLO concept

HL of  HL for	Stakeholder groups			D) Organizational structures & processes – capacities implementation
	A) Patients	B) Staff	C) Community	
1) Access to, living & working in the organization	A1) HL for living & navigating	B1) HL for navigating & working	C1) HL for navigating & access	Di) Basic principles & capacity building for implementing HL  Dii) Monitoring of HL structures & processes  Diii) Advocacy & networking for HL
2) Diagnosis, treatment & care	A2) HL for co-producing health	B2) HL for health literate patient communication	C2) HL for co-production of continuous & integrated care	
3) Disease management & prevention	A3) HL for disease management & prevention	B3) HL for disease management & prevention	C3) HL for disease management & prevention	
4) Healthy lifestyle development	A4) HL for healthy lifestyle development	B4) HL for healthy lifestyle development	C4) HL for healthy lifestyle development	

# Self-assessment tool for the Vienna-HLO model

	Patients	Staff	Community	Organizational structures & processes – capacities implementation
Domain1 : Access to, living & working in the organization	<b>Standard 4: Navigation assistance</b> 4.1 Barrier-free contact via website and telephone 4.2 Provision of information relevant for arrival and hospital stay 4.3 Availability of support at main entrance 4.4 Clear and easy-to-understand navigation system 4.5 Free availability of health information for patients and visitors			<b>Standard 1 : Management policy and organizational structures</b> 1.1 HL as corporate responsibility 1.2 Quality assurance of HL  <b>Standard 2: Participative development of materials and services</b> 2.1 Participation of patients 2.2 Participation of staff  <b>Standard 9: Dissemination and further development</b> 9.1 support of the dissemination and further development of health literacy
Domain 2: Diagnosis, treatment & care	<b>Standard 5: HL in patient communication</b> 5.1 in spoken communication 5.2 in written communication 5.3 support by language translators and interpreters 5.4 also in high-risk situations	<b>Standard 3: Develop HL skills of staff for patient communication</b> 3.1 for all situations that involve communication	<b>Standard 8: Contribute to HL in the region</b> 8.1: promotion of continuous and integrated care	
Domain 3: Disease management & prevention	<b>Standard 6: Promote HL of patients and relatives</b> 6.1 for disease-specific self-management	<b>Standard 7: Promote HL of staff</b> 7.1 for the self-management of occupational health and safety risks		
Domain4: Healthy lifestyle development	<b>Standard 6: Promote HL of patients and relatives</b> 6.2 for healthy lifestyle development	<b>Standard 7: Promote HL of staff HL</b> 7.2 for healthy lifestyles	<b>Standard 8: Contribute to HL in the region</b> 8.2 contribution to public health within the realm of possibility	

# **WORKING GROUP ON HPH & HLO**

# International Working group on HPH & HLO

## – terms of reference

The HPH-GB approved the WG in December 2016! Terms of reference are:

1. **Adaptation** to and **translation** of **tools** and **indicators** for different health care contexts based upon the “Vienna Concept of a Health Literate Health Care Organization (V-HLO)” and recent developments for monitoring, benchmarking and improving organizational HL in health care;
  2. Giving **examples on best evidence practices** of HLO related to HPH models and tools (evidence, staff competences and patient preferences);
  3. **Disseminate best practice** examples of HLO and HPH models and tools through the International HPH Network;
  4. Support the increase of **health professionals’ competence** on health literate health care;
  5. Establishing a **database** for health literate hospitals and health services programs.
- **Working procedure** by interactive workshops at international HPH ICs and virtual meetings in between.
  - **Members** came from Austria, Australia, Belgium, Canada, Denmark, Germany, Israel, Italy, Norway, Taiwan and Switzerland.
  - An **international version of the Standards** will be available at the 27th HPH IC, Warsaw May 29-31, 2019.

# Members of the working group HPH & HLO

- Pietro del Giudice (Italy), Christina Dietscher (Austria), Sally Fawkes (Australia), Kjersti Fløtten (Norway), Oana Gröne (Germany), Jörg Haslbeck (Switzerland), Gilles Henrard (Belgium), Jack Jin-Ding Lin (Taiwan), Maureen Johnson (Australia), Kai Kolpatzik (Germany), Eva Leuprecht (Austria), Valerie Lahaie (Canada), Diane Levin-Zamir (Israel), Peter Nowak (Austria), Jürgen Pelikan (Austria), Christa Rustler (Germany), Christoph Schmotzer (Austria), Yuki Seidler (Austria), Kristine Sorenson (Denmark), Ragnhild Storstein Spilker (Norway), Ying-Wei Wang (Taiwan).
- **Editorial committee:** Jürgen M. Pelikan, Peter Nowak, Eva Leuprecht, Christoph Schmotzer

# Steps and methods of the development of the International Self-Assessment Tool

- **Methods:**

- Feedback rounds on the V-HLO-I tool
- Literature research

- **Participants:**

- Working Group members

- **Aim was to explore whether:**

- Standards / sub-standards / indicators **are relevant** for the working group's members health care system
- The Wording of the standards / sub-standards / indicators are **clear enough**
- Standards / sub-standards / indicators are **easily possible to translate** into the working group's members language
- Indicator(s) relevant for the working group's members health care system **are missing** in the self-assessment tool

Feedback rounds took place between September 2017 and May 2018

# THE INTERNATIONAL HPH-HLO STANDARDS

# Overview on the standards & sub-standards 1-4

<b>Standard 1:</b> <b>Implement organizational health literacy best-practices across all structures and processes of the organization.</b>	<p>Sub-Standard 1.1 The leadership / management of the organization is committed to monitoring and improving organizational health literacy.</p> <p>Sub-Standard 1.2 The organization accepts health literacy as an organizational responsibility.</p> <p>Sub-Standard 1.3 The organization ensures the quality of organizational health literacy interventions by quality management measurement.</p>
<b>Standard 2:</b> <b>Develop documents, materials and services with stakeholders in a participatory manner.</b>	<p>Sub-Standard 2.1 The organization involves patients in the development and evaluation of patient-oriented documents, materials and its services.</p> <p>Sub-Standard 2.2 The organization involves staff in the development and evaluation of staff oriented documents, materials and services.</p>
<b>Standard 3:</b> <b>Enable and train staff for health literate communication with patients.</b>	<p>Sub-Standard 3.1: Health literacy is understood as an essential professional competence for all the staff working in the organization. This is confirmed by documents such as job advertisements, staff development plans etc.</p>
<b>Standard 4:</b> <b>Provide and support easy navigation and access to documents materials and services.</b>	<p>Sub-Standard 4.1 The organization enables first contact via website navigation and telephone.</p> <p>Sub-Standard 4.2 The organization provides the information necessary for arrival and hospital stay.</p> <p>Sub-Standard 4.3 Support is available at the main entrances to help patients and visitors.</p> <p>Sub-Standard 4.4 The navigation system of the organization is clear and easy-to-understand.</p> <p>Sub-Standard 4.5 Health information for patients and visitors is available for free.</p>



# Overview on the standards & sub-standards 5-8

<b>Standard 5:</b> Apply health literacy best-practices in all forms of communication with patients.	<p>Sub-Standard 5.1 Spoken communication with patients is easy-to-understand and act on.</p> <p>Sub-Standard 5.2 Design and distribution of written materials are easy-to-understand and act on.</p> <p>Sub-Standard 5.3 Design and distribution of computer applications and new media are easy-to-understand and act on.</p> <p>Sub-Standard 5.4 Information and communication in native language is offered by specific, trained personnel and material resources.</p> <p>Sub-Standard 5.5 Easy-to-understand and act on communication, also in high-risk situations, is seen as a necessary safety measure.</p>
<b>Standard 6:</b> Promote personal health literacy of patients and relatives beyond discharge.	<p>Sub-Standard 6.1 Patients are well informed about their future treatment and recuperation process.</p> <p>Sub-Standard 6.2 The organization supports patients in improving health literacy with regard to disease-specific self-management and with regard to navigating of and interacting with health services effectively.</p> <p>Sub-Standard 6.3 The organization supports patients in gaining and improving their health literacy with regard to development of more healthy lifestyles.</p>
<b>Standard 7:</b> Promote personal health literacy of staff with regard to occupational risks and personal lifestyles.	<p>Sub-Standard 7.1 The organization supports staff in improving their health literacy for self-management of occupational health and safety risks.</p> <p>Sub-Standard 7.2 The organization supports staff in improving their health literacy for healthy lifestyles.</p>
<b>Standard 8:</b> Contribute to promoting personal and organizational health literacy in the region.	<p>Sub-Standard 8.1 The organization supports the dissemination and further development of organizational health literacy in the region and beyond.</p> <p>Sub-Standard 8.2. The organization contributes to the improvement of health literacy of the local population within the realm of its possibilities.</p>

# Self-assessment tool of the HPH-HLO model (8 standards & 23 sub-standards)

	Patients	Staff	Region / Community	Organizational capacities (structures & processes) for implementation of OHL
Domain1: Access to, living & working in the organization	<b>Standard 4: Navigation assistance</b> 4.1 Barrier-free contact via website and telephone 4.2 Provision of information relevant for arrival and hospital stay 4.3 Availability of support at main entrance 4.4 Clear and easy-to-understand navigation system 4.5 Free availability of health information for patients and visitors			<b>Standard 1: Management policy and organizational structures</b> 1.1 Leadership / management commitment 1.2 HL as organizational responsibility 1.3 Quality assurance of HL  <b>Standard 2: Participative development of materials and services</b> 2.1 Participation of patients 2.2 Participation of staff
Domain 2: Diagnosis, treatment & care	<b>Standard 5: HL in patient communicat.</b> 5.1 in spoken communicat. 5.2 in written communicat. 5.3 in computer applications & new media 5.4 info offered in native language 5.5 in high-risk situations	<b>Standard 3: Develop HL skills of staff for patient communication</b> 3.1 for all situations that involve communication	<b>Standard 8: Contribute to promoting personal &amp; organizational HL in the region</b> 8.1:support of the dissemination and further development of organizational health literacy	
Domain 3: Disease management & prevention	<b>Standard 6: Promote HL of patients and relatives</b> 6.1 for future treatment 6.2 for disease-specific self-management	<b>Standard 7: Promote HL of staff</b> 7.1 for the self-management of occupational health and safety risks		
Domain4: Healthy lifestyle development	<b>Standard 6: Promote HL of patients and relatives</b> 6.3 for healthy lifestyle development	<b>Standard 7: Promote HL of staff HL</b> 7.2 for healthy lifestyles	8.2 contribution to improvement of HL of local population within the realm of possibility	

# Indicators for self-assessing OHL

- **The indicators** for each sub-standard operationalize concrete observable **or measurable elements**. Indicators are rated for degree of fulfilment in the unit which is self-assessed. Four categories for degree of fulfilment are defined: fulfilled fully (76-100%), rather yes (51-75%), rather no (26-50%) or not at all (0-25%). In addition there is a fifth category to indicate that this specific indicator is not applicable for the organization. For each indicator the instrument offers additional space for comments. Comments can be used to explain or justify the assessment.
- To facilitate the evaluation, an Excel tool is available for the entry of the results of the individual standards, which can be obtained at [www.hph-hc.cc](http://www.hph-hc.cc).
- Annex 1 contains action plans in which you can enter improvement measures that you derive from the self-assessment.
- Procedure of self-assessment: In order to take the different perspectives in an organization adequately into account, the self-assessment, and further development and implementation of improvement measures should take place within an **interdisciplinary, inter-hierarchical** framework. The following steps, which have been proven in instrument testing, are recommended:

# Process of self-assessment steps 1-4

Step 1	<p>Obtain a self-assessment mandate from the responsible management of the unit and clarify the scope of the assessment:</p> <p>The aim of self-assessment is a diagnosis concerning organizational health literacy as a basis for selecting and implementing improvement measures. This can be done either for the entire organization or for a department or smaller organizational unit. It must also be decided whether the self-assessment should be carried out for all eight standards or just for a selection of standards that are particularly important for the organizational unit.</p>
Step 2	<p>Management has to appoint a person to coordinate the self-assessment:</p> <p>This person should have a good reputation both at the management level and among the employees, good coordination skills and be allocated the necessary time resources.</p>
Step 3	<p>Formation of the assessment team:</p> <p>The assessment team should consist of between 5 and 10 people. Ideally, people from the following areas should be involved:</p> <ul style="list-style-type: none"> <li>Management</li> <li>Quality management</li> <li>Health promotion</li> <li>Personnel development, personnel representation</li> <li>Medicine, nursing, therapeutic professions, preferably from different departments</li> <li>Building services engineering</li> <li>Patient-ombudsman or -ombudswoman, the self-help representative and patient representatives.</li> </ul>
Step 4	<p>Individual assessments:</p> <p>Each team member first goes through the instrument on his own and makes an assessment for each indicator from a personal perspective and if possible by referring to relevant documents and data that supports the personal assessment. This takes about three hours per person. Ideally the individual assessments of all team members are cumulated in one table (excel-sheet), so they are easily compared and discussed in the following team meeting.</p>

# Process of self-assessment steps 5-7

Step 5	<p>Collecting documents if possible:</p> <p>To assess some indicators (Those indicators are marked by *), the team/auditors will need to obtain any materials/documents from organization staff. This step should be seen as a supplement to step 4 and should take place at the same time.</p>
Step 6	<p>Development of a joint assessment:</p> <p>The different personal assessments are brought together in a team meeting. Experience has shown that this takes about three hours. A moderated team meeting might be helpful. Recommended is:</p> <p>First, for each sub-standard, identify those indicators that have uniform assessments - these do not initially require further discussion.</p> <p>Second, for indicators with considerably varying assessments clarify and discuss the underlying reasons. Different assessments can often be attributed either to different perspectives based on the views of different professional groups or different organizational units.</p> <p>In this discussion, try to focus on which assessment best describes the overall situation of the unit. Document any differences between occupational, positional or unit perspectives in the commentary fields - this information can provide important information for later improvement measures.</p>
Step 7	<p>Selection and implementation of improvement measures:</p> <p>The joint assessment should produce a diagnosis of the strength and weaknesses concerning organizational health literacy of the institution or unit. On this basis using the Deming or Quality Circle (Plan - Do - Check - Act), areas can be defined for selecting and implementing measures for improvement of specific aspects of organizational health literacy.</p> <p>This can be done either by the assessment team or in a new constellation (e.g. a health literacy team). In any case, planned measures must be supported by the responsible management. Diverse toolboxes on implementing a health literate health care organisations (Abrams et al. 2014, Cifuentes et al. 2015, Dietscher et al. 2015, DeWalt et al. 2010 / Brega et al. 2015 (1st / 2nd edition), Centers for Disease Control and Prevention (no date), Kickbusch et al. 2013, Rudd and Anderson 2006, WHCA Action Guide (Part 1 and 2)) are already available and provide information for the selection of appropriate measures.</p>

## M-POHL Network

EHII Action Network on Measuring Population  
and Organizational Health Literacy



M-POHL – adding value to national efforts by

- institutionalizing regular European **population health literacy surveys**;
- supporting the collection of data on **organizational health literacy**;
- providing data to support **evidence-informed policy**.

<https://m-pohl.net>

Start: January 2018

**Goals:** Regular measurement of population and **organizational health literacy** for evidence-informed health literacy policy in Europe

## Structure

Representatives of policy and research of actually 26 Memberstates (AT, BE, BG, CH, CZ, DK, DE, EL, ES, IE, IL, IT, KZ, LU, MD, NL, NO, PL, PT, RU, SE, SK, SV, TK, UA, UK) and open for further ones.

Regular international meetings and national committees. Coordination and chairing for the 1<sup>st</sup> phase by Austria.

## Project HLS19

Based on design and instrument of HLS-EU, but developed further and with additional topics (digital HL, HL in communication and navigation) measurement of HL of resident population in about 15 countries of WHO-Europe. The international project is guided and coordinated by Gesundheit Österreich GmbH (The Austrian Public Health Institute).

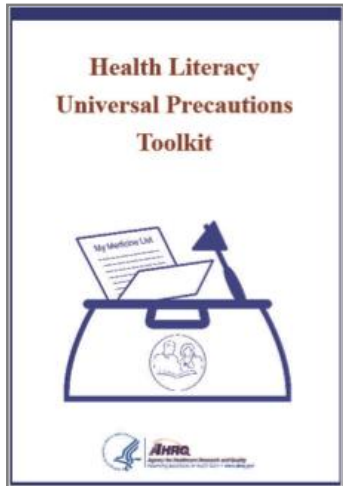
## Contact M-POHL chairs:

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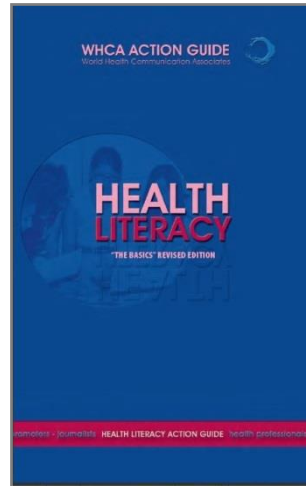
Jürgen Pelikan (AT; research expert, PI HLS19 projects) [Juergen.Pelikan@goeg.at](mailto:Juergen.Pelikan@goeg.at)

Website: <https://m-pohl.net>

# Sources for good Practice Health Literacy Interventions and Measures



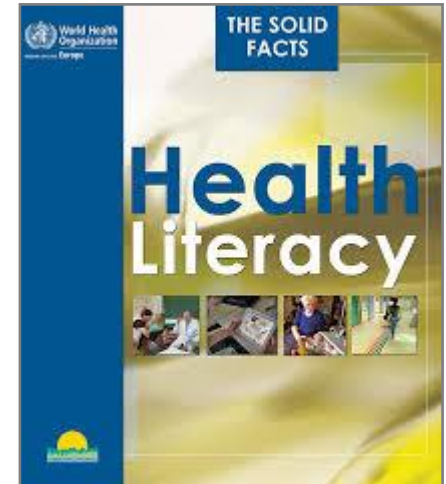
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<http://www.enliven.org.au/sites/default/files/Enliven%20Health%20Literacy%20Audit%20Resource.pdf>



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# Contact

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Thank you for your attention!

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