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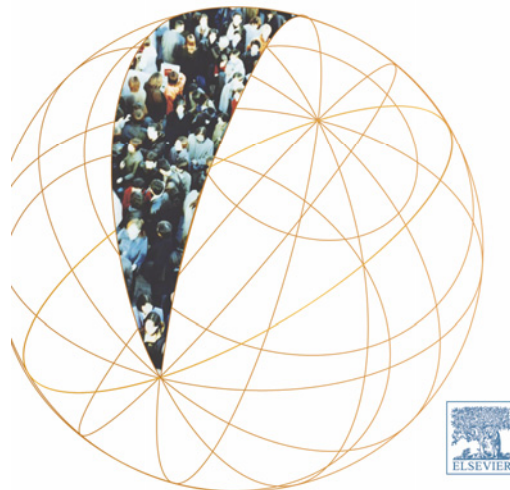
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Conclusion

All countries can make some progress toward the health MDGs and ensure that the poor do not lag behind. The second half of the period 1990–2015 can go better than the first half. The focus on the MDGs at the start of this decade has contributed to a shift in the attention given by development partners – donors and governments – to health outcomes and to the contributions of multiple sectors to health. However, the attention span is often of short duration and it is always a challenge in global health to keep the momentum going and sustain the commitment to any health goal, be it disease-specific goals or broader development goals such as the MDGs. What could make a significant difference would be for communities and civil society to take greater ownership of the MDGs and use MDG monitoring to keep local, national, and global leadership accountable for the commitment they made to achieve the MDGs for all.

See also: Alma Ata and Primary Health Care: An Evolving Story; Peoples Health Movement; Populations at Special Health Risk: Unemployed: Unemployment and Job Insecurity; Health Inequalities; Health Finance, Equity in; Universal Coverage in Developing Countries, Transition to; Social Gradients and Child Health; WHO Definition of Health, Rethinking the; Patient Empowerment in Health Care; Social Dimensions of Infectious Diseases; Social Determinants of Health, the United Nations Commission of.

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- Achieving the Millennium Development Goals for Health: So far, progress is mixed-can we reach our targets? <http://www.dcp2.org/file/67/DCCP%20-%20MDGs.pdf>

Relevant Websites

- <http://www.hlfhealthmdgs.org> – High-Level Forum on the Health MDGs.
- <http://www.undp.org/mdg> – United Nations Development Programme, Millennium Development Goals (MDGs).
- <http://www.un.org/millenniumgoals> – The UN Millennium Development Goals.
- <http://www.developmentgoals.org> – The World Bank Group, Millennium Development Goals.
- <http://www.who.int/mdg/en/> – WHO, Health and the Millennium Development Goals.

Health Literacy

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Introduction

In modern health societies, almost every aspect of our lives is faced with questions and decisions about health, as the sphere of health has expanded far beyond the confines of the health-care system itself. Citizens are expected

to actively take a wide range of health decisions for themselves and their families – this includes decisions on health behaviors, nutrition, medication, choice of providers, and treatments. Health-care systems are becoming more complex and encompass a broader range of providers from different sectors than ever before. They have

also become more dependent on high levels of patient participation. Moreover, health policy discussions engage in topics such as informed patients, active citizens, or empowered communities. However, most of us lack access to the necessary information and do not have the necessary skills to make sound decisions for health (see [Figure 1](#)).

In particular, the health society subjects the individual to an information deluge on health issues, promises, risks, and warnings that are often more confusing than helpful. People are confronted by a variety of health information from the news media, the Internet, TV and radio, family and friends, popular media, governmental health organizations, health-care providers, health associations, books, peer-reviewed journals, and health insurance organizations.

As the sphere of health expands far beyond the confines of the health-care system itself and grows increasingly complex, citizens need ever more capacities to navigate this new health environment. Alongside these developments, the notion of health literacy introduces new dimensions to capture and describe what we understand by the ability to make sound health decisions in the context of everyday life. Increasingly, the realization is growing that health literacy will become one of the central life skills needed in modern health societies (see [Figure 2](#)). Health literacy serves as a map or a compass on what may be a difficult and unpredictable journey.

Understanding Health Literacy

Literacy

Health literacy is closely related to the notion of literacy, being defined as the ability to read and write as well as to have numeric skills ([UNESCO, 2003](#)). This task-based

- Health literacy is an essential life skill for individuals
- Health literacy is a public health imperative
- Health literacy is an essential part of social capital
- Health literacy is a critical economic issue

Figure 1 Why is health literacy so critical?

The modern health society is characterized by:

- An increasing life and health expectancy
- An expansive health and medical care system
- A rapidly growing private health market
- The prevalence of health as a dominant theme in social and political discourse
- The establishment of health as a major personal goal in life and as a right of citizenship

Figure 2 The modern health society.

definition has been recently replaced by a skill-based conceptualization of literacy, focusing on the knowledge and abilities an adult must possess in order to perform in various societal domains (home and community, health care, work, politics, and market). These abilities range from basic to higher-level skills such as drawing appropriate inferences from continuous text. Usually literacy is classified into prose, document, and quantitative literacy. The concept, typically associated with levels of education, is an important predictor of community participation, employment, and health status. Applying this understanding of literacy to the health context, health literacy focuses on the ability to apply reading comprehension as well as numeric skills in the health-care setting. Skills include the ability to read consent forms, medical labels and insertions, and other written health-care information, as well as the ability to understand written and oral information given by health-care professionals ([Figures 3 and 4](#)).

Health Literacy Research

Since the 1980s, various researchers and public health professionals have proposed different health literacy definitions. Most of them limited health literacy to basic reading or numeric skills within the health-care context ([Maag, 2005](#)). While basic literacy is surely helpful in understanding health literacy, it does not fully capture all its important components. Just as the understanding of general literacy has been extended, so does health literacy encompass more than the ability to read and comprehend health information.

Health Literacy Skills

The World Health Organization ([WHO, 1998](#)) first proposed a view of health literacy that expanded the notion of pure literacy. Health literacy was understood as the cognitive and social skills as well as the abilities of an individual to gain access to, understand, and use health information in ways that promote and maintain good health. In this sense, health literacy offers the potential to be a useful composite health promotion outcome measure, and it fills the term 'empowerment for health' with

Health literacy is the capacity to make sound health decisions in the context of every day life – at home, in the community, at the workplace, in the health-care system, in the market place, and in the political arena. It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information, and their ability to take responsibility

Figure 3 Health literacy definition.

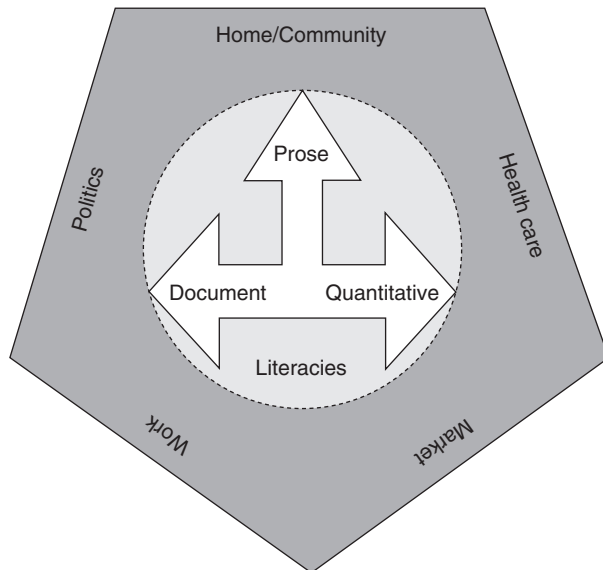


Figure 4 Literacies in context. Adapted from White S and McCloskey M (2005) Framework for the 2003 National Assessment of Adult Literacy (NCES 2006–473). In: White S and Dillow S (2005) *Key Concepts and Features of the 2003 National Assessment of Adult Literacy* (NCES 2006–471). Washington, DC: National Center for Education Statistics.

some concrete meaning and strategic direction. Health literacy, in an extended view, has to be understood as a critical life skill – as the ability to navigate health in a broader sense.

For this purpose, people need a here, a there, a map, a compass, and a friend. Being health literate means placing one's own health and that of one's family and community into context, for example, by understanding one's current health state as well as the socioeconomic factors and cultural values that influence it. It is important to recognize why one should be healthy and informed about personal health issues. Additionally, to be health literate, people need knowledge and understanding. It follows that an individual with an adequate level of health literacy has competencies and learned abilities to take responsibility for her or his health.

Health literacy incorporates three different dimensions: functional, interactive, and critical health literacy (Nutbeam, 2000). Functional health literacy is defined

by basic reading and numeric skills related to health. Interactive health literacy refers to more elaborate literacy and social skills that can be used to actively participate in health. Finally, critical health literacy encompasses advanced cognitive and social skills needed to analyze health information and understand political and economic dimensions of health.

Health Literacy and Health Information

Good health information and the understanding of this information are essential for the development of health literacy. One cannot be health literate if the path is incomprehensible. Instead, in order to have the capacity to exercise control over their health, people need comprehensible health messages that are accessible and appropriate to individual needs and cultural and social backgrounds. Sometimes it might be useful to have a compass – health professionals or additional information sources like publications or the Internet – to serve as helpful guides.

Health Literacy as Social Capital

Health literacy – like social capital – also has an important community dimension, which, as well as the predisposition and ability to assist community members in need, includes understanding a broad range of information, such as population-based health data and resources and knowledge on health determinants necessary to improve health. It is this dimension that leads to engaged citizens and consumers who act not only as individuals but who also act together for common rights, access, and safety.

Health Literacy and Empowerment

Empowerment is a key dimension of health literacy. It includes not only health-promoting behavior but also the ability to perform primary, self, and family care and in some cases even first aid. It encompasses the knowledge of when to enter the health-care system and how to navigate through its complexity. It means understanding advice and instructions by health professionals and actively participating with them in the process of deciding on treatment. And indeed, health literacy is active. As society changes, so do

the necessary literacy skills needed to function within it. Health literacy is also dynamic, as health-literate individuals are involved in continuous exchange and dialogue with the environments they are living in.

Health Literacy in Sickness and Health

Health literacy skills are needed in sickness and in health. The Ottawa Charter for Health Promotion (WHO, 1986) states that health is created in the context of everyday life, where people live, love, work, and play. It follows that health literacy becomes relevant in various situations of life as well as in peoples' capacities as community members, consumers, or patients.

Thus, health literacy skills have to be arranged around five domains of everyday life: health care, home and community, work, politics, and the market (Table 1 and Figure 5).

The Prevalence and Costs of Poor Health Literacy

Underlying the expectation that individuals take responsible roles in navigating health and make sound health decisions for themselves as well as for others is the flawed

assumption that people actually have the necessary skills to act as health-literate citizens. While health literacy is undoubtedly reliant on cognitive development, the assumption that the ability to make sound health decisions is based on general literacy levels provides support to use data from large-scale literacy surveys to retrieve information about the prevalence of low literacy and consequently low health literacy within whole populations. Such surveys were conducted in the United States and in Canada as well as internationally under the supervision of the Organisation for Economic Co-operation and Development (OECD). Individuals poorly performing in these surveys lack the ability to read, compute, and solve problems at levels of proficiency necessary to function on the job and in society, to achieve goals, and to develop knowledge and potential. Translated to the health setting, these results show that, for example in the United States, millions of Americans find themselves lost nearly every time they visit a health-care professional, try to read medication instructions, or are presented with some type of general health information. Additionally, U.S. researchers have developed – based on the analysis of the health-related items found in two large-scale literacy surveys – a set of 191 health related indicators, the Health Activities Literacy Scale (HALS) (Rudd *et al.*, 2004). They arranged these 191 indicators around five important health activity areas: health promotion, health protection, disease prevention, health-care maintenance, and system navigation (Table 2). According to HALS, about 19% of American adults totally lack the health literacy skills needed and another 27% have serious problems in functioning effectively in an extended health environment.

Table 1 Health literacy domains and competencies

Domains of competencies	Focus
Health-care system	Patient competencies to navigate the health systems and act as an adequate partner to professionals
Home and community	General health competencies and the application of health-promoting, health-protecting, and disease-preventing behaviors, as well as self and family care and first aid
Workplace	Operational/working competencies: health protection through accident prevention as well as through the avoidance of industrial or occupational disease, campaigning for job safety and health-promoting work environments, and aiming at an adequate work–life balance
Political arena	Community member competencies: informed voting behavior in the political arena, knowledge of health rights, advocacy for health issues, and membership of patients and health organizations
Marketplace	Consumer competencies to make health decisions in the selection and use of goods and services and to act upon consumer rights if necessary

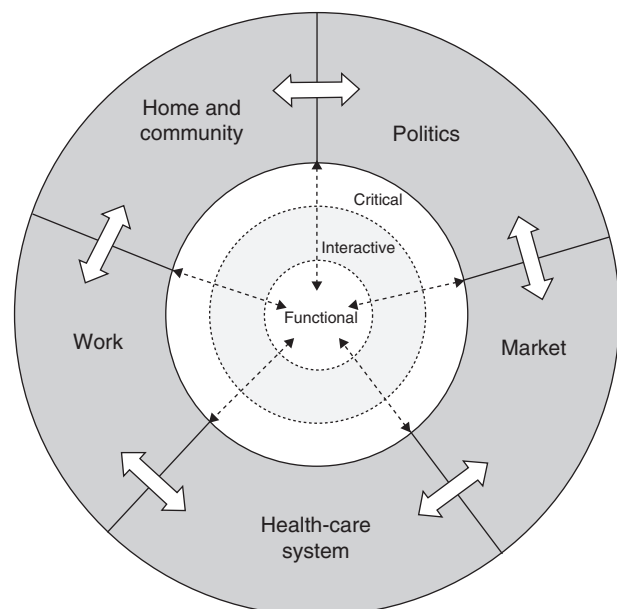


Figure 5 Health literacy domains.

Table 2 Health activities

<i>Health activities</i>	<i>Focus</i>	<i>Examples of materials</i>	<i>Examples of tasks</i>
Health promotion	Enhance and maintain health	Media messages (newspaper articles) Booklets and brochures Food labels Product descriptions	Purchase food Cook food Choose adequate exercise
Health protection	Safeguard health	Media messages (newspaper articles) Booklets and brochures Health safety warnings Environmental quality reports Referendums	Decide among product options Use of different products Food storing Voting
Disease prevention	Take preventive measures	Media messages (news alerts) Booklets and brochures for screening Test and retest result letters	Determine health risks and act Engage in screening or early detection Go for follow-up diagnostics
Health care and maintenance	Seek care, form partnerships	Health history forms Medicine labels Prescription forms	Describe and measure symptoms Follow directions on medicine labels Calculate timing for medicine intake
Systems navigation	Access health services	Application forms Informed consent forms Appointment slips Health insurance Rights and responsibilities statements	Locate facilities (doctors, hospitals) Choose health insurance package Apply for social benefits Agree/disagree with informed consent

ETS materials selected from *Literacy and Health in America*, 2004, Educational Testing Service, Reprinted Rudd R, *et al.* (2004) *Literacy and Health in America*. Princeton, NJ: Policy Information Center by permission of the Educational Testing Service Policy Information Center, Educational Testing Service the copyright owner.

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Confusing Health-Related Materials, Confused Health Professionals

But not just citizens are performing poorly on literacy surveys. The health materials they are confronted with are often written at literacy levels far exceeding general reading abilities – and complex medical information challenges audiences with even adequate literacy skills (Ad Hoc Committee on Health Literacy, 1999). Patient education material is often written and presented at reading levels far above recommended standards. This reflects a clear mismatch between people's health literacy and the demands that the health system – and in a broader sense the whole health environment – imposes on them. Inadequate, not-user-friendly, and incomprehensible consumer information are both cause and effect of problems associated with low health literacy. Confusing interactions with health-care professionals due to their incapacity to detect and handle low health literacy contribute to misunderstandings in doctor–patient interactions.

Health Literacy and Poor Health

Poor health literacy not only influences peoples' ability to handle health-related information and limits their personal development but has huge economic as well as social and cultural consequences and significantly contributes to bad health. Studies find, for example, that low health literacy is the single biggest cause of poor health outcomes. It follows that low health literacy may be a strong contributor to

health inequalities – and this relationship is reciprocal. While empirical data on the effects of low health literacy in Europe are limited, research from the United States concluded that people with poor health literacy:

1. are more likely to use emergency services,
2. are more likely to be hospitalized,
3. are less likely to be compliant with medicines,
4. are less likely to use preventive services, and
5. incur higher health-care costs.

Poor Health Literacy Can Affect All of Us

Low health literacy affects people regardless of race, ethnicity, income level, or geographic location. According to a survey estimating the prevalence of limited health literacy (Rudd *et al.*, 2004), only a small portion of the 90 million Americans estimated to have problems understanding health information were born outside the United States. The majority of U.S. adults with poor health literacy are white, native-born Americans. Consequently, although health literacy is undoubtedly reliant on basic literacy skills and cognitive development, literate people are also at risk of low health literacy. It needs to be recognized that people with a high level of education and advanced literacy skills can experience difficulty in obtaining, understanding, and using health information. A person who functions well at home or in the work environment can still have insufficient literacy in the health-care realm.

Health Literacy as a Key Component of Health Inequalities

However, an Institute of Medicine report finds that the problem of low health literacy is greatest among older people, those with limited education, or those with limited proficiency in English, such as immigrants (Institute of Medicine, 2003). Further, women are disproportionately affected by low health literacy problems. They interact more with the health-care system and are consequently more often exposed to the risk of not getting the treatments they need, affecting their overall quality of life. In this sense, health literacy is not equally 'accessible' to all of us. While the well-educated encounter difficulties in navigating health, those without education have the most difficulties, primarily due to the poor legibility of systems. Education in this context has to be seen as general life education – as the process of continuous learning with the aim of being able to deal with system complexity.

Health Literacy and Its Economic Impact

Low health literacy may have consequences not only for individuals or the health-care system but also for society at large. The U.S.-based National Academy on an Aging Society estimated in 1998 that low health literacy costs the American economy up to \$73 billion per year. The study found that the primary source of higher health-care expenditures for persons with low health literacy skills are longer hospital stays. Data from Switzerland suggest that 1.5 billion Swiss francs are spent on health care due to limited health literacy (Spycher, 2006). Research on this topic is still lacking in other European countries and in Canada. In general, however, it can be stated that the

United States and Canada as well as Europe are spending millions on the health-care sector that might be saved with improved health literacy.

Improvement of Health Literacy

The prevalence of limited health literacy is causing major problems in a complex health-care setting. As health literacy is more than the knowledge and ability to adopt healthy lifestyles and, increasingly, health skills are part of the life skills needed in modern societies, a range of intervention levels must be considered for the improvement of health literacy. For societies to become health literate, various actors involved need to increase their engagement in health literacy. Interventions are to be rooted within domains of everyday life, and a varied approach is required to find the balance between policy action and other measures that increase individual knowledge and skills to make healthy choices. Research on the improvement of health literacy is limited at this stage. More research is needed to evaluate systematic interventions to the improvement of health literacy as well as to investigate the fields of patient counseling and health communication in relation to health literacy improvement.

Policy Actions: The Readability of Systems

On the one hand, the responsibility for the improvement of health literacy lies within systems. The Institute of Medicine, for example, proposes three major sectors that need to assume responsibility for the improvement of health literacy (Institute of Medicine, 2003). These are the educational system, the health system, and culture and society. These sectors provide intervention points that are

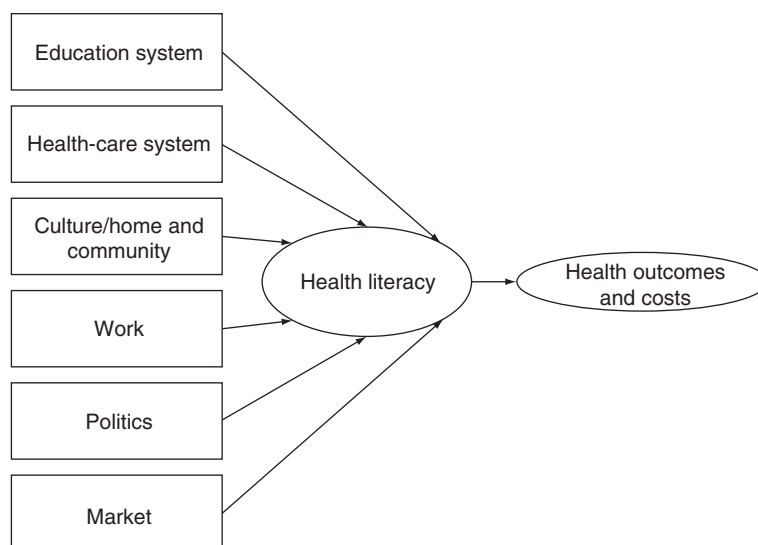


Figure 6 Health literacy improvement. Adapted from Institute of Medicine (2003) *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academy of Science. Reprinted with the permission from the National Academies Press, Copyright 2004, National Academy of Sciences.

both challenges and opportunities for improving health literacy. However, as health literacy becomes relevant in additional domains of everyday life, we complement these intervention sectors with the sectors of work, politics, and the market (Figure 6). These systems need to make sure they provide navigation support and are readable for community members, consumers, and patients.

As Table 3 shows, the responsibility for the improvement of health literacy lies with a variety of professionals such as practitioners of health education and health communication as well as health-care providers. Only through joint action, involving policy makers, governments, public health agencies, employers, health professionals, social services, insurers, nongovernmental organizations, the media, and many more groups, will interventions aimed at the improvement of health literacy be successful.

Individual Knowledge and Skills: Citizens' and Patients' Responsibilities

On the other hand, people need to engage in lifelong education and learning in order to meet the challenges of an ever more complex health system. They need to continuously learn about new subjects and unlearn outdated information. In this sense, they need to take over responsibility for their lives and health. This implies making decisions about health for themselves – not merely responding to decisions made for them by others.

As citizens, they are required to be engaged for healthy and health-promoting communities by standing up for health issues within their communities.

As patients, they need to be truly engaged and empowered to take on responsibility in care decisions. This sort of patient empowerment is already happening all over the world: The growing number of patient organizations and self-help groups shows the increasing willingness of patients to take part in care-related decisions.

As employees in the workplace setting, they need to be aware of health promotion issues within their companies. Actively promoting health in the workplace setting involves being aware of health-related issues at the workplace such as healthy canteen food, and actually opting for the healthy choice if made available.

As consumers in the market, they need to engage in informed decision making, opting for the healthy choice, for example, in supermarkets.

As citizens, they need to participate in political debates about health-related issues such as supporting the ban of food marketing directed to children.

In sum, a health-literate society needs:

- health-literate community members,
- health-literate consumers,
- health-literate patients,
- health-literate health-care systems,
- health-literate schools,

Table 3 Health literacy improvement

<i>Domains</i>	<i>Focus</i>
Education system	Schools and continuing education institutes play a major role in the fostering of health literacy throughout nations. Children should learn to opt for the healthy choice in everyday life. In this sense, health literacy needs to become a central element on school agendas
Health-care system	Health systems have to recognize that literacy is an integral part of health care. It is important that they be fully aware of patients' literacy problems and that health-related materials are written in plain language. Health professionals also need to tailor their communication to meet the needs of their patients
Home and community	Communities need to support community members by providing stable structures and healthy environments and making the healthy choice understandable and available. For example, communities play a major role in addressing health inequalities related to low health literacy
Work environment	Employers need to make sure that the healthy choice is possible in the work environment, for example, by providing healthy meals in canteens or by introducing flexible work schedules in order to allow employees to engage in healthy free-time activities
Politics	The notion and paradigm of health literacy has to be integrated into policy and health policy design as well as research agendas and objectives for population health. The United Kingdom, for example, has for this purpose developed a new policy on healthy choices, in which choice, responsiveness, and equity are the main objectives
Market	The market in order to be readable needs to introduce clear and understandable labeling – for food products, for example – providing criteria for judgment and facilitating the healthy choice to consumers

- health-literate workplaces,
- health-literate politics, and
- health-literate markets.

See also: Consumerism: Overview; Literacy and Public Health; Mass Media Interventions; Patient Empowerment in Health Care; Public and Consumer Participation in Policy and Research.

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Health Policy: Overview

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Introduction

This article provides an overview of health policy, a basis for understanding what it is, and key definitions relevant to the subject; the various factors that can be used to explain policy making; how policy is or is not rationalized in practice; how health policy affects health systems, exemplified by analyzing how they are financed and governed; and the politics of health policy in the world today. A conclusion is then provided.

Clearly health policy is – both in theory and in practice – an application of public policy more generally. It is therefore important to set it in the context of public policy and politics. It is equally important to appreciate that a global review of health policy with potential reference and relevance worldwide must concentrate on generic factors, yet with selective illustrations: principles of analysis, generic global trends, and illustrations of policy making and actual policy in different parts of the world.

Key Definitions

Health

It is crucial to define policy but also to give a brief account of how health is being defined and treated. Doing the latter first, health is defined, in the spirit of this Encyclopedia, in terms of its public aspect: The health of the public and therefore the responsibility and role of government and other agencies to meet public objectives for the public health. Public health is sometimes defined in a more specific way, that is, the particular set of programs and activities that seek to make an impact upon the promotion of better health, the prevention of ill health, and also environmental health.

Rather than the latter definition, this article refers to health policy in the broadest sense – affecting the health of the public – ranging, for example, from the effect of policy upon individuals' access to care, on the one hand, to policy made overtly in pursuit of social goals for both