

Health literacy and health education fostering participation and improving women's and men's health

MINUTES





1 CONTENT OF THE MINUTES

The minutes give an overview of our working program, a very short summary of the presentations and discussions we had and the decisions we made concerning the project planning. The list of participants can be found at the end of this document.

More detailed information will be found on our common platform (PPPs and PDFs of presentations, results of evaluation first meeting, prototype of written feedback, prototype of certificate of participation).

2 AGENDA

Thursday , November 24, 2011, 13.00 – 19.00	
13.00 – 13.30	Coming together, welcome snack
13.30 – 15.30	<ul style="list-style-type: none"> • Opening address • Getting to know each other • Presentation of partner organizations, 15 minutes each
Coffee break	
16. 00 – 18.00	Presentation of the Learning Partnership: <ul style="list-style-type: none"> • objectives, strategies and approaches, expected results • tasks of the partners
	Detailed planning of the workshops: who, where, when, what
	How to best organize our Learning Partnership: <ul style="list-style-type: none"> • Communication within the partnership, public awareness, outreach • Ongoing documentation, final report, tasks of the partners
	<ul style="list-style-type: none"> • How will we evaluate the project? • How will we disseminate the project results?
18.00 – 19.00	Visit the Women's Health Center
Get together and Dinner	



Friday, November 25, 2011, 9.00 – 15.00	
9.00 – 9.15	Good morning, open questions
9.15 – 10.00	Presentation and discussion of the European Health Literacy Study http://inthealth.eu/research/health-literacy-hls-eu/events/ -
10.00 – 11.00	Presentations and discussion of the understanding of health literacy and health education in partnering countries, 30 minutes each <ul style="list-style-type: none"> • What is its status in each country? • What is the common understanding of health literacy and health education in adult education and within the health system in your country? • What is the understanding of your organization? • What role does your organization play to foster health literacy and health education in your country?
Coffee break	
11.30 – 13.00	More presentations of the understanding of health literacy and health education in partnering countries
Short break	
13.10 – 13.30	Open questions for further meetings
13.30 – 14.00	Evaluation of the first workshop
	Oral Feedback
14.00 – 15.00	Lunch and Good byes

3 GETTING TO KNOW EACH OTHER

3.1 Personal getting to know each other

Game: Busy journalists collected professional and private information from each other presenting it to the group.



3.2 Presentations of each partner organization

See PPPs on our common platform:

- Frauengesundheitszentrum – Women’s Health Center – Austria
- Istituto Superiore di Sanità – Italy
- Careum – Switzerland
- Komiteen for Sundhedsoplysning - Danish Committee for Health Education - Denmark

Participants invited to join the partnership:

Careum invited

- Therese Stutz-Steiger, Health Consultant
- Susanna Haller from dialog-health Switzerland which is a new way to find complex strategies for changes within the health system by regular dialog, linking and networking, promoting health literacy and providing scientific guidance – see also presentation of Careum and partners

The Women’s Health Center invited

- Stephan Fousek from Gesundheit Österreich which analyses problems of health care and provides a central platform for managing competing interests, suggests solutions and promotes preventive projects
- Stefan Spitzbart from Hauptverband der österreichischen Sozialversicherungsträger, the umbrella organization of all Austrian social security organisations

4 THE LEARNINGSPARTNERSHIP – PROJECTMANAGEMENT

4.1 Project goals

The project goals as defined in the application:

- Get in touch with European adult education organizations, NGOs and public institutions experienced in health literacy
- Discuss different approaches, strategies and policies
- Share skills, experiences and ideas
- Exchange and discuss various national target group specific training programs for improving health literacy



- Strengthen long term partnerships and networks among European adult education organizations

4.2 Expected impacts

The expected impacts as defined in application:

- Get to know European adult education organizations, NGOs and public institutions working in the field of HL and health education
- Learn from different approaches, strategies and models of good practice
- Raise participants intercultural skills
- Build up alliances for advocating HL on a national and European level
- Maybe to develop an European project later on

4.3 Partner Organizations

The learning partnership originally encompassed five partners:

- Frauengesundheitszentrum – Women's Health Centre – Austria
- Istituto Superiore di Sanità – Italy
- Careum – Switzerland
- Komiteen for Sundhedsoplysning - Danish Committee for Health Education – Denmark
- Expert Patients Programme Community Interest Company – Great Britain

We regret that Expert Patients Programme withdrew in September 2011.

4.4 Concerted measures

4.4.1 Four partner meetings

During the application process each country suggested a subject the learning partnership should work on. So we agreed on four face to face meetings each hosted by one country dealing with one of these issues: health literacy and health education (Austria), training programs (Switzerland), health information and guidelines (Italy), strategies (UK).

Since the Expert Patients Programme withdrew Denmark took over the responsibility to host a meeting. We also agreed on a shared responsibility for the issues and



changed the chronology: **First meeting on health literacy and health education, project management:** 24th to 25th of November 2011 in Austria

- **Second meeting on training programs:** 12th to 13th of April 2012 in Denmark, starting with lunch on Thursday and ending at about 15 pm on Friday
 - Agenda according to application:
 - Presentation of various national target group specific training programs for improving health literacy
 - Discussion and exchange on possible transfer into national approaches

All partners are also invited to the ENOPE 2012 - First European Conference on Patients Empowerment in Copenhagen from 11th to 12th of April 2012

<http://www.conferencemanager.dk/enope2012/>

- **Third meeting on health information and guidelines:** October/November 2012 in Switzerland – provisional date 22nd to 23rd November 2012. As this date is not very suitable for the Italian participants the Swiss partner will propose an alternate date for the meeting.
 - The Swiss partner will hold this meeting in shared responsibility with Italy (previously responsible for this topic)
 - Details about subjects according to application
 - Information and health literacy
 - Internet and specialized search engines
 - Quality criteria for evaluating health information available on the Web
 - Searching information for guideline development
 - Web 2.0 tools.
- **Fourth meeting on strategies:** spring 2013 in Italy, date to be fixed
 - The Italian partner suggests a date at the meeting in Denmark.
 - The meeting will be planned by the Italian partners in collaboration with the Swiss and Austrian partner (evaluation of the project)
 - Details about subjects according to application



- 1st day
 - Presentations of national strategies advancing health literacy
 - Discussion about challenges
 - Comparing approaches and find solutions
- 2nd day
 - Summarizing results
 - Evaluating the project
 - Planning the dissemination of results

4.4.2 Further issues to be worked on

During our discussions we came across issues which we would like to elaborate on during the next meetings. The hosts are encouraged to pick them up.

- Examples of health information such as brochures; evaluation of health information
- Definitions: Health promotion vs. promotion of health competency. Health Literacy – wide vs. narrow definition
- Sex and gender intercepting with other health determinants
- Evidence based information vs. the right information for making decisions. Is there a difference?
- The role of the pharmaceutical industry in health information
- Framing of goals/assignments
- The role of politics – ethical questions
- Participation - How to involve users?

4.4.3 Duration of the meetings

We agreed on one and a half day per meeting.

4.5 Funding

- Each partner organization receives funds from their national agency in a lump sum (between 16.000 and 20.000 Euros)



- 12 nobilities: each partner organization needs to send altogether 12 persons to partner meetings abroad
- There are no additional funds for the coordination of the project

The meals and drinks in Graz were covered by the host organization. The cost of dinner was covered by the partners' national funds.

- Graz suggests continuing this practice.

4.6 Communication and Outreach

- Every partner puts a link on their organization's website – see link on the website of Women's Health Centre <http://www.fgz.co.at/GRUNDTVIG-Learning-Partnership.755.0.html>
- Every partner puts a brief summary of the learning partnership on their website in their national language.
- The Learning partnership will use a web based platform for sharing files such as minutes, photos, reports, agendas, PPPs. Access will only be available to the partners.
 - Jörg and Cordula will check which platform will fit our needs best.
- Communication: via e-mail, telephone and Skype
- Public statements need to be accorded between the partners

4.7 Documentation

It is required to write a progress report (June 2012) and a final report - see forms of your national agency. We also agreed on minutes of each meeting.

Distribution of tasks:

- Minutes: each hosting organization
- Progress report deadline 30 June 2012: each partner organization needs to fill in this report and send it to their national agency. There should be a form to be downloaded on each country's national agency website
- Final Report:
 - The Italian partners put the minutes together for the final report
 - The Women's Health Center writes the first draft including the results of the evaluation



- The partners amend and complete

4.8 Evaluation

Grundtvig does not offer any criteria for evaluating the learning partnership. We will therefore evaluate as suggested in our application:

- Partner meetings
 - written and oral feedback on planning, agenda, methodological approaches, trainers, participation and lessons learned
 - Feedback prototype from Graz will be used at every meeting
- Partnership: during the 4th meeting evaluation of
 - lessons learned
 - impact of the partnership on
 - Participants
 - Participating organizations
 - European efforts to advance health literacy as part of lifelong learning
- Results: analysis of minutes and feedback in relation to the goals of the partnership

The evaluation of the partnership will be a topic at the last meeting in Italy. The Women's Health Center has the task to evaluate the learning partnership. The Italian partners will support the Women's Health Center with the evaluation during the Italian meeting.

4.9 Dissemination

To disseminate the results of the learning partnership all partners

- Discuss lessons learned and experiences with colleagues within the organization who are not part of the learning partnership.
- Communicate results to
 - local networks and cooperating partners
 - stakeholders of health literacy and health education



- Spread results within international networks: European EU-WHNet, engender database, Health Literacy Network
- The Women's Health Center makes an entry to the EST - European Shared Treasure database

According to our application we should publish the final report on our websites. However, the format in which the final report needs to be delivered is not adequate for publication.

Instead of editing a separate report suitable for publication we agreed on trying to publish an article.

- Jörg offered to collaborate for an article and coach the process

4.10 Distribution of tasks

4.10.1 Tasks within the learning partnership

- Coordinator: Christine Hirtl, Women's Health Centre, Austria
- Hosting a meeting: each partner organization
- Evaluation: Women's Health Center
- Progress report: each partner organization
- Certificate of participation: Each partner should check whether their national agency accepts the certificate of participation provided by Graz
- Final report: Women's Health Center in close collaboration with the partner organizations
- Organising an open source platform for file sharing: Careum.
- Dissemination and outreach: each partner organization
- Entry into the EST - European Shared Treasure database – Women's Health Center

4.10.2 Tasks when hosting a meeting

- Coordinate date with partners, organize venue and board
- Recommend hotels
- Prepare the agenda in agreement with the partners
- Facilitate the meeting



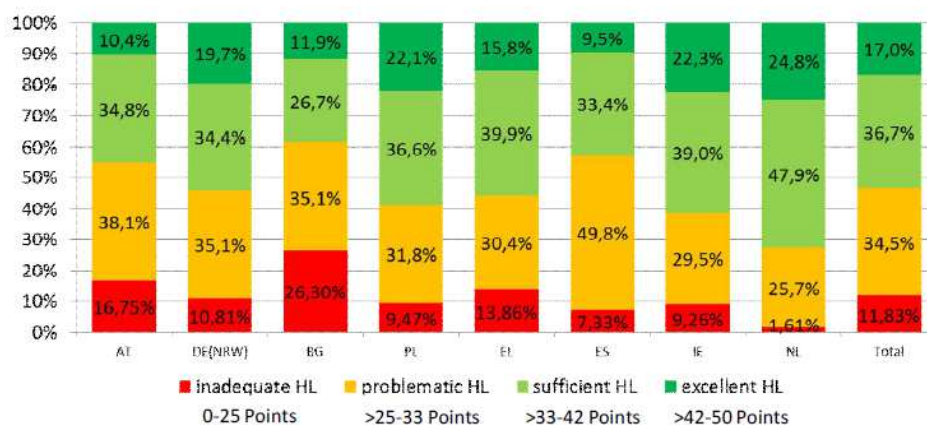
- Involve participants
- Distribute and collect the feedback sheet and give it to Austria for analysis
- Obtain oral feedback
- Take minutes
- Take photos
- Provide a certificate of participation (see Graz prototype)

The partners contribute with presentations, input, debates...

5 PRESENTATION OF THE RESULTS OF THE HLS-EU

Thanks to the study coordinator of Maastricht University, Kristine Sorensen, and Stefan Fousek's presence at the conference in Brussels these presentations were available and we could discuss the results of the first European Health Literacy Study.

Percentages of different levels of the general HL-Index in the 8 participating countries and the total sample of HLS-EU



- The general HL Index is based on means of all 47 items of the HLS-EU Instrument. It is standardized between 0 and 50, where 0 is the minimal possible health literacy and 50 is the maximal possible health literacy.

HLS-EU consortium 2011: General Health Literacy in eight European Countries

Details see PPP European Health Literacy Study on our common platform.



6 HEALTH LITERACY AND HEALTH EDUCATION: STATUS QUO PARTNERING COUNTRIES

6.1 Italy

6.1.1 Presentations

Italy gave three presentations.

- Overview of the status of health literacy and health education in Italy
- The national guideline system
- Activities of public health research: Presentation of the library, health promoting activities such as the campaign for healthy lifestyle, accident prevention, toll-free numbers for health information access

For details see PPPs status of HL and HE_Italy on our common platform.

6.1.2 Discussion

Was the impact of the interventions with vademecums (little booklets) evaluated?

Italy will check if it was evaluated.

It would be very useful to have examples of written information and to have information on how the information was developed.

Example blood donation: It is not clear if this intervention was evaluated. There was a similar intervention in Denmark which led to a small increase in donors. In the US one has to renew ones driving license each 5 years. When doing so people are asked if they want to donate blood. This increases the rate of blood donation. The question is, if this is an informed decision or a forced decision.

6.2 Denmark

6.2.1 Presentation

Denmark presented the Danish concept of health literacy, national strategies and goals, the activities of the Danish Health Committee and the Chronic Disease Self Management Program CDSM.

Details see PPP status of HL and HE_Danmark on our common platform.



6.2.2 Discussion

The chronic disease management program CDSMP is very widespread in Denmark. There are only very few municipalities which do not offer the program. Currently a randomized controlled trial is conducted to evaluate the program. A second self management program (ASMP - Arthritis Self Management Program) has already been evaluated. Initially, there was fear that expert patients would need more time with their doctors. This was not the case in Denmark. Expert patients are better prepared when they see their doctor.

Does health service utilization decrease when people know more? No, it does not decrease, instead patients make informed choices.

Who participates in the CDSMP? 78 % women, 22 % men. Some courses were held men only, with male instructors, and were successful with it.

6.3 Austria

Austria presented a mind map focusing on

1. Social determinants, particularly gender
2. Challenges of health literacy
3. Policy responsibility
4. Health goals
5. Legal provisions
6. Key players (Main Association of Austrian Social Security Institutions (HVB) and 9 district health insurance funds, schools, non profit organizations, health service provision, health market)
7. Access to health information
8. Google search.

Details see document status of HL and HE_Austria on our common platform.

6.4 Switzerland

6.4.1 Presentation

Switzerland presented the main topics health literacy in Switzerland 2005 – 2009, the status in 2011, ideas for cooperation with the field of education. The presentation included the activities of Careum (Evivo Trainings) and of dialogue health.



Details see PDF status of HL and HE_Switzerland on our common platform.

6.4.2 Discussion

In Switzerland research was conducted on available training/resources to increase health literacy. The results are available in French and will be published in English later.

6.5 Further discussions

There doesn't exist a shared understanding of HL among countries and partners.

In Austria we had similar experiences when the Women's Health Center conducted a survey. We received a lot of feedback but few projects deal with health literacy directly.

Denmark ranks high in HL but has the lowest life expectancy in Europe. When compared to Sweden there is one apparent difference: While Sweden has a very strict legislation (e.g. concerning buying alcohol), Denmark takes the other way: Not by regulating but by giving information.

In Austria we often hear the argument that every individual is responsible for their own health. This argument is supported by the lobbying of the pharmaceutical industry. What every woman and man should have is self determination. Regulations such as protecting citizens from smoke – are necessary.

7 PRESENTATION OF ENOPE- 1ST EUROPEAN CONFERENCE ON PATIENT EMPOWERMENT

Charan gave a short presentation of the conference and invited all of us to attend. Our meeting will start with lunch at the conference.

Details see <http://www.conferencemanager.dk/enope2012/>.

8 EVALUATION OF THE MEETING

8.1 Analysis of written feedback

See document evaluation 1st meeting learning partnership on platform.

8.2 Oral feedback

The participants gave the feedback that they enjoyed the exchange with the others very much and had learned a lot. When you are working in your own country "you always know what is coming". Sharing knowledge on a European level is very



important to get new views. It was interesting to see how the issue of HL is perceived in other countries. Whether or not the partners share a common concept of HL will be seen at the end of the partnership. The participants also enjoyed the group which is a pool of great experience with different backgrounds and high potential for good reflection. Participants are looking forward to the next meeting. They consider the learning partnership an excellent learning opportunity. Because when we exchange our knowledge we can “cut some corners and make some advantage”.

Thanks to all of you for your positive feedback on our planning, organizing and facilitating of the meeting!

See you in Denmark 😊

9 LIST OF PARTICIPANTS FIRST MEETING GRAZ

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