Workshop 1: Health literacy research in Germany and the Netherlands: developments and challenges

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Germany

Against a backdrop of a growing flood of information, digital transformation processes, misinformation and disinformation, as well as persistent social inequalities, health literacy is becoming increasingly important as a starting point for prevention, health promotion and healthcare provision. Recent studies on health literacy in Germany show that a large proportion of the population has difficulties dealing with health information across a range of topics.

Since 2018, Germany has had the 'National Action Plan on Health Literacy', which, alongside various areas of action, also calls for an expansion of research into health literacy. The aim of this study is to examine how research into health literacy in Germany has developed over the last ten years.

Method: A narrative review was conducted, drawing on scientific articles and grey literature that reported research findings on health literacy or dealt with research on health literacy in Germany.

Results: Health literacy research in Germany is characterised by increasing specialisation. In addition to general health literacy, specific forms such as digital, navigational, professional and organisational health literacy, as well as various behaviour- or disease-specific health literacies, are increasingly being investigated. These topic- or area-specific findings provide concrete starting points for prevention, health promotion and healthcare provision, and complement the findings on general health literacy. In parallel, measurement tools for investigating specific forms of health literacy have been developed to supplement the established instruments for assessing general health literacy. Overall, measurement tools that assess individual health literacy predominate. Furthermore, it can be observed that research focuses on adults, whilst significantly less research is available on the health literacy of children and young people. Alongside population-wide studies, there is an increasing amount of intervention research, which predominantly examines individual health literacy. The number and range of stakeholders conducting research into health literacy has expanded. Longitudinal and cohort studies have so far been largely absent in Germany.

Discussion: Research into health literacy in Germany appears to have consolidated in recent years. At the same time, it often focuses on knowledge transfer or individual health literacy and has so far only partially adopted a broader conception of health literacy that takes into account life circumstances, organisations, structures and health-related contexts. It faces the challenge of reconciling conceptual breadth, methodological comparability and practical applicability. Accordingly, there is a continuing need for theory-guided instrument development, for the combination of qualitative, quantitative and participatory methods, and for longitudinal and cohort studies. The further development of the National Action Plan on Health Literacy can serve as a key foundation against which future research can be guided. Health Literacy in the Netherlands: From Local Initiatives to System-wide Integration

The Netherlands

More than 40 per cent of Dutch adults have limited health literacy, affecting their ability to access, understand, appraise and use health information and services. Consequently, health literacy is recognised in Dutch national health policy as an important prerequisite for accessible healthcare, prevention, self-management and reducing health inequalities.

Focus: The development of health literacy research, policy and implementation in the Netherlands over the past two decades.

The development of health literacy in the Netherlands can be described in three phases. During the initial phase (2005–2015), activities consisted mainly of fragmented local initiatives with limited coordination, evaluation and policy support. Efforts focused primarily on developing accessible health information and patient education materials. The transitional phase (2016–2020) was characterised by increasing national awareness, greater policy atten-

tion and the introduction of more standardised approaches, tools and indicators for measuring and promoting health literacy. Since 2021, the focus has shifted towards system-wide integration, with increasing attention to organisational and digital health literacy and the responsiveness of health and social care systems. Short-term, isolated projects are increasingly being replaced by sustainable, cross-sector collaborations involving healthcare organisations, Municipal Health Services (GGDs), primary care networks, local authorities, social services and educational institutions, often developed in co-creation with patients.

Research has evolved in parallel, expanding from studies on general health literacy to include digital, organisational and navigational health literacy, communication, and health literacy amongst vulnerable populations. Alongside individual competencies, increasing attention is being paid to health-literate organisations and implementation strategies that improve communication, accessibility and equity.

The Dutch experience demonstrates a gradual transition from project-based interventions aimed primarily at providing information to individuals towards a comprehensive systems approach in which health literacy is embedded within healthcare, public health and social care. National policy provides an enabling framework, whilst implementation is organised locally through cross-sector partnerships. Despite substantial progress, challenges remain, including fragmented implementation, varying levels of awareness across organisations and limited resources for sustainable implementation and evaluation. Future priorities include strengthening organisational health literacy, digital inclusion, patient engagement and longitudinal implementation research to further support equitable and accessible healthcare.

Workshop programme

Following keynote presentations on the state of health literacy research in the Netherlands and Germany, we would like to invite panellists and participants to discuss:

- When would an investment in health literacy be considered successful from your perspective?
- How would you measure the success of an investment in health literacy?
- What implications does this have for health literacy research?

The workshop will be held in German and English.

Workshop 2: Embedding organisational health literacy as a binding requirement: From the guiding principles of the National Action Plan to practical tools

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Background

Health literacy (HL) arises from the interplay between individuals' personal abilities and organisational frameworks. The National Action Plan (NAP) on Health Literacy sets out the aim of embedding HL as the standard at all levels, for example within the health system. This places the focus on user-friendly structures, a focus on HL in vocational training, clear communication, improved navigation and quality-assured information.

Organisational health literacy (OHL) provides a conceptual framework for this. The concept describes how organisations can design their structures, processes, information materials, communicati chanels and leadership culture in such a way that people can be well-informed, guided and involved, regardless of their individual health literacy. Numerous instruments, self-assessment procedures, practical guides, toolkits and pilot projects are now available in both research and practice. At the same time, it remains to be seen how OGK can be integrated into the (existing) processes and structures of organisations in a way that is permanently binding, compatible and resource-efficient.

Aim of the workshop

The workshop brings together the latest findings and practical experience on the implementation of organisational gender equality. The aim is to explore collectively how organisational gender equality could be operationalised, starting from a normative framework and considering various strategic options.

In doing so, several thematic perspectives will be brought together:

Following a thematic introduction by the OGK department to the OGK concept and the department's work, measures (e.g. practical projects/examples), tools and methods for promoting OGK from the DACH countries will be examined in the form of short pitches. These include, for example, reports on experiences with self-assessment tools and examples of good practice (such as the piloting of Patient-Reported Experience Measures (PREMS) in Austrian primary care), a comparison of workplace health management (BGM) and OGK in practice, or OGK in vocational training. The discussion will focus on the conditions that need to be met in order for individual standards or areas of action within OGK to be effectively embedded at the system, organisational and interaction levels.

Workshop format and methodology

This will be followed by group discussions in two separate working groups. The working groups' findings will then be consolidated in a plenary session to explore how the recommendations could be implemented in practice.

Working Group 1: Translating the NAP guiding principles into practice

- Which NAP guiding principles are already compatible with organisations?
- Where are the barriers to implementation?
- What support structures are needed?
- Where should we set priorities?

Working Group 2: Should the OGK be made binding?

- Who should take the lead, and at what level?
- What role do, for example, PREMs, user surveys, self-assessment tools, vocational training or OGK priorities play in practice (e.g. communication standards)?

The findings of both working groups will be brought together in a plenary session and considered in light of the next steps for the DNGK's OGK specialist division and a possible update to the NAP GK.

The aim is to identify: where there are overlaps between the NAP and practice (for example, is it necessary to prioritise OGK standards)? What can the OGK Division contribute to the further development of the NAP?

The workshop serves as preparatory work to discuss and further develop the promotion of OGK in line with the NAP recommendations.

Workshop 3: Quality assurance of health information in AI-supported applications: on user-centredness, reliability, technology and integrity

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Background

Organisational health literacy describes society's collective responsibility to create structures that enable people to access health-related services and reliable information as easily as possible. This includes support in finding, understanding, evaluating and applying reliable health information. At the intersection of organisational, digital and individual health literacy, applications such as chatbots and similar dialogue tools that utilise generative artificial intelligence (gAI) are becoming increasingly important.

Existing quality standards for reliable health information are insufficient for assessing health information produced by generative AI. Criteria such as authorship, timeliness, sourcing, editorial responsibility or transparency of the creation process cannot be readily applied to dynamically generated AI responses. One of the opportunities offered by generative AI lies in the ability to individualise and personalise information content. It can help people to contextualise information within their own daily lives, pursue health goals and reflect on the next steps to take. In order to harness this potential for strengthening health literacy and to reduce risks such as misinformation, a false sense of security or a lack of traceability, practical quality indicators and quality assurance procedures are required.

The aim is to operationalise quality assurance more effectively with a view to practical applicability. The workshop will focus on the various aspects relevant to quality assurance, namely user-centredness, reliability, technology and integrity.

Discussions on the user-friendly design of health information often centre primarily on the comprehensibility of the information; however, practical applicability is also of great relevance, taking into account individual – and situational – circumstances. The reliability of information is reflected, for example, in medical accuracy, the completeness of information and methods of risk communication. Technical aspects such as prompt engineering and retrieval-augmented generation systems are also relevant here. Aspects of the integrity of health information include ethical and (data protection) legal considerations, as well as the (necessary) regulatory framework.

InfoCure serves as an example of what a comprehensive quality and governance framework might look like. InfoCure is developing a certification system for trustworthy providers of digital health information, thereby addressing the question of how quality-assured sources can be made more visible in the digital information space and utilised by platforms, search engines, chatbots and AI applications.

In addition, **Sundi** is included as a concrete application example; this is a digital prevention service developed by the Bosch Health Campus and Charité – Universitätsmedizin Berlin in collaboration with researchers from the Karolinska Institutet in Stockholm. Sundi serves as an example of how AI-supported tools can help people achieve their health-related goals and highlights the quality issues that arise in user-centred practical application.

Workshop programme

The workshop aims to provide an opportunity to discuss various challenges and potential solutions relating to the different dimensions of quality assurance for information provided using gKI.

The workshop will begin with keynote presentations on research and practice, using InfoCure and Sundi as examples to introduce the topic. This will be followed by a working session in three small groups focusing on: 1) user-centredness and user involvement, 2) reliability and technology, and 3) health information integrity. These groups will be moderated by experts from the respective fields. Working in small groups also provides an opportunity to raise questions about processes, concerns and opportunities for which no established answers are yet available. The results will be shared and discussed in a plenary session – including a consideration of the opportunities and limitations of gKI-supported tools, as well as joint recommendations for action.

Workshop 4: Risk Communication and Visualisations in Health Information: Current Perspectives from Plain Language

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Background

Health literacy encompasses the ability to find, understand, evaluate and apply health information (Schäffer et al. 2021). However, understanding health-related information poses a particular challenge in the context of medical risk communication. Many patients find it difficult to correctly interpret statistical probabilities, percentages and information on the benefits and risks of medical interventions. Such information is a key component of evidence-based, non-specialist health information. Failure to

understand or misinterpreting this information can make it difficult to make an informed decision.

The National Action Plan on Health Literacy (NAP) also addresses the need for health information to be comprehensible and, in Recommendation 9, 'Designing health information to be user-friendly', mentions plain language. This is a variety of German optimised for comprehensibility, used to communicate specialist content to laypeople. This workshop goes one step further than the NAP and focuses on 'Easy Language', an even simpler variety of German. It is aimed primarily at people with cognitive impairments. Easy Language is characterised by a reduced vocabulary, particularly short sentences and a very clear style of expression.

Aims of the workshop

1. The challenge: complex information versus linguistic and visual simplicity

The workshop has been organised in response to the position paper 'Evidence-based Practice and Plain/Simple Language', published in November 2024 by the Accessible Health Communication Department of the DNGK e. V. The paper states: "In plain language, as well as in simple language, particular simplicity is required in the linguistic and graphical presentation of numbers, risks and, in particular, probabilities." (DNGK 2024: 9) The position paper also states: "Frequencies should be expressed not only as digits or numerals, but also visually, for example through diagrams." (DNGK 2024: 9)

2. Recent Work

We outline the challenges of risk communication in plain language and present some studies that have examined this aspect in recent years. To examine the aspects outlined in the position paper in greater detail, we present the methodology from a recent undergraduate dissertation. In this work, an existing research design for assessing the comprehensibility of various forms of visualisation (Hawley et al. 2008) was adapted for audiences using plain language. The result of this adaptation is a questionnaire optimised for comprehensibility. The author presents the findings of her work and uses specific examples to demonstrate how she translated the questionnaire into plain language and adapted the visualisation methods for the participants.

Workshop programme

In a subsequent plenary discussion, we will examine not only Plain Language but also draw conclusions for Simple Language. Participants will be given extracts from existing Plain Language texts and will share their impressions of how risk communication is conveyed (verbally and graphically). In this way, we will identify problem areas. In a second step, we gather our own experiences with Easy Language texts, as well as suggestions. Our aim is to find possible solutions to the issues raised. The aim is to supplement the position paper 'Evidence-based Practice and Plain Language' with action-oriented proposals. In doing so, we will explore the limitations of plain language and extend the issues and proposed solutions discussed to include simple language.

Workshop 5: Healthcare professions as the key to health literacy: shaping communication and information in everyday life and the healthcare system

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Background

Healthcare professions (HP) such as occupational therapy, physiotherapy, speech and language therapy and midwifery can make a significant contribution to strengthening patients' health literacy (HL). The inclusion of the ambulance service and prehospital emergency care brings in a field that has hitherto been scarcely considered from the perspective of health literacy. Healthcare professionals

translate complex care needs into client-centred care processes, promote self-management and support behavioural changes in everyday life. New patient roles, moving towards shared decision-making in the care process, require healthcare professionals to redefine communication, interaction and information as a joint negotiation process with educational requirements.

To promote health literacy, the Department of Health Professions adopts the society-wide approach of the National Action Plan on Health Literacy (NAP) and, in the workshop, focuses in particular on the areas of action 'living environment' and 'healthcare system'.

Recommendation 1 of the NAP addresses the education system, as it offers various points of entry for promoting health literacy. In addition to nurseries and (higher) education institutions, organisations providing initial, continuing and further training also contribute to promoting health literacy in a profession-specific manner. A uniform implementation strategy within education plans does not yet exist. Recommendation 4 focuses on the use of analogue and digital media. A wide range of health information exists, varying in quality, and must be filtered to ensure it can be used in a health-literate manner. Healthcare professionals must be empowered to provide their clients with both analogue and digital health information. Silke Kaufmann's recent review on the relevance of professional health literacy in physiotherapy, for example, highlights the shift in care delivery brought about by digital therapy and information options. New adjustments to the competencies required in the areas of professional health literacy – as 'future skills' – are becoming relevant for physiotherapists so that they can also support clients digitally.

In the context of pre-clinical care, the consequences of limited health literacy become particularly apparent – for instance, when the choice of the appropriate level of care (112, out-of-hours medical service, A&E) is incorrect – meaning that the ambulance service can contribute to navigation-related health literacy (Recommendation 7).

Recommendation 8 of the NAP calls for clear, effective and patient-centred communication of health literacy – yet in practice, there is often a lack of time, suitable structures, systematic training and a shared understanding of professional health literacy.

Objectives of the workshop

- To identify selected key content and recommendations of the National Action Plan on Health Literacy and their relevance to healthcare professions
- Reflecting on one's professional role in promoting health literacy at the micro (patients), meso (team/organisation) and macro (structures) levels, based on recommendations 1, 4, 7 and 8 of the NAP
- Reflection on the communicative and educational requirements of professional health literacy in the health professions, particularly with regard to clear language, information tailored to the target audience, interprofessional collaboration, and the integration of relevant competencies into the curricula for initial, continuing and further training
- Development of ideas and visions on how the advisory and educational role of healthcare professions, as well as professional (digital) health literacy, can be sustainably strengthened and embedded in curricula, mission statements, team processes and care pathways.

Workshop programme

The workshop will begin with a poster presentation introducing various professions (occupational therapy, midwifery, speech and language therapy, physiotherapy and paramedics / emergency medical services) and discussing their role in relation to health literacy and the National Action Plan (NAP). Subsequently, using condensed design sprints, potential conditions for success will be identified for each profession, with a focus on interprofessional collaboration. The focus is on embedding professional health literacy in curricula, mission statements and quality management, as well as on the role of leadership and team culture.

As part of the sprints, participants analyse the GB's curricula and practical examples in small groups to understand the extent to which the NAP's recommendations have already been embedded and implemented. Building on this, they identify key gaps

and areas for development, and formulate relevant issues. Participants then develop ideas on how to strengthen the GB’s advisory and educational role in line with the NAP, and translate these into practical solutions – such as for curricula or practice-oriented formats – which are subsequently evaluated in terms of their impact.