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JA PreventNCD

Factsheet

Enhancing Health Literacy for All: Insights from a Mapping of Good Practices in Nine Countries

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Purpose. The primary objective of this collection of models of good practice was to identify interventions that enhance health literacy (HL) and support the primary and secondary prevention of major non-communicable diseases (NCDs). Particular emphasis was placed on interventions demonstrating potential for scalability, sustainability, and transferability across European contexts.

Background

Health literacy (HL) refers to the extent to which people are able to access, understand, appraise, and apply information in all its forms, communicate about health concerns, and make appropriate use of services to improve their health and well-being, prevent and manage illness, and support others in these matters or make decisions on their behalf.

Evidence indicates that HL is linked to healthier lifestyles, fewer risky behaviours, greater use of preventive services, and better health outcomes. These findings underscore the urgent need for effective, scalable, and equity-oriented interventions to strengthen population HL, particularly in relation to the prevention of NCDs.

Methods

Scope	Collection	Assessment
Grey literature in Austria, Czech Republic, France, Germany, Hungary, Italy, Norway, Spain and Ukraine; interventions published from 2015 onwards; adults (+18); interventions designed to strengthen HL for primary and secondary prevention of NCDs.	Identified interventions were compiled using a standardized Excel template. After initial screening, eligible interventions were described in detail, including target population, implementation setting, funding body, activities, evaluation methods and reported outcomes.	Criteria were adapted from the European Best Practice Portal and covered characteristics, effectiveness, equity, transferability, sustainability and participation. Each intervention was assessed by two reviewers.

Key results

19	7	0	12
interventions met the inclusion criteria	classified as promising practices	met all criteria required for best practice	rejected due to absence of outcome evaluation

Promising interventions: implementation-oriented summaries

1. EVI-Box – Evidence-based health information in general physician and pediatric practices (Austria)

Source: https://evi.at/die-evi-box/

Aim: To integrate evidence-based health information (EBHI) into routine primary care by providing healthcare professionals with accessible and trustworthy resources to share with patients.

HL / target / setting: General HL; Health professionals in primary care and patients. Setting: General and pediatric practices, primary care centres, community health services and public spaces, such as municipal offices and libraries.

Core activities: Identifying and quality-checking common consultation topics requiring EBHI using the MAPPinfo checklist. EBHI materials are disseminated as printed brochures and digitally via the project website.

Implementation notes: All EBHI are available on the EVI website. Participating practices and settings can order printed brochures for free. Materials can be placed in waiting areas, accessible locations, or used directly during patient consultations.

Reported outcomes: EBHI for more than 30 topics were searched, quality-checked and made available; more than 200 active EVI settings. Surveys indicated that easy access to EBHI raised awareness and supported use in daily practice.

Funding body: Currently no funding; previously funded by the Styrian Health Fund.

2. DURCHBLICKer*in (Austria)

Source: https://femsued.at/arbeitsbereiche/durchblickerin/

Aim: To strengthen the HL of job-seeking and labour-market-distant individuals through courses, and to enhance awareness of HL through training for health and social care professionals.

HL / target / setting: General HL, mental HL and nutrition literacy.; Adults in education programmes, including people with migration experience, and health and social care professionals. Setting: Institutions of adult education and German language courses.

Core activities: Courses cover the Austrian healthcare system, mental and physical health, communication with physicians, critical health literacy and patients' rights. Training sessions for professionals and regular networking meetings are also provided.

Implementation notes: Training courses for participants and awareness-raising sessions for professionals are implemented in adult education institutions and German language courses, embedded in existing labour-market qualification settings.

Reported outcomes: A before-and-after comparison showed a clear improvement in participants' HL. Multi-year implementation, high reach and national recognition indicate strong acceptance and feasibility.

Funding body: Vienna Health Promotion Fund and Austrian Health Insurance Fund (OEGK).

3. Health Literacy Coaching [Gesundheitskompetenz-Coaching] (Austria)

Source: https://www.sozialversicherung.at/cdscontent/?contentid=10007.843981&portal=svportal; https://www.sozialversicherung.at/cdscontent/load?contentid=10008.731249&version=1742824260

Aim: To strengthen the HL of insured persons through HL coaching offered during inpatient stays, such as cures, rehabilitation programmes or health weeks.

HL / target / setting: General HL; Patients / insured individuals during inpatient rehabilitation or health-stay programmes. Setting: Inpatient stays in social insurance institutions.

Core activities: Health literacy coaching sessions covering navigating the healthcare system, effective communication with physicians, evaluating health information and patients' rights.

Implementation notes: Two group coaching sessions, each lasting 90 minutes and ideally involving eight to twelve participants, are delivered during the inpatient stay.

Reported outcomes: The pilot project received a positive evaluation. Conversations between doctors and patients and access to reliable health information were highlighted as key issues; participants reported first positive experiences with doctor-patient consultations.

Funding body: Social insurance.

4. Communication training for healthcare professionals (Austria)

Source: https://oepgk.at/schwerpunkte/gute-gespraechsqualitaet-im-gesundheitssystem/trainingsangebote-nach-each/

Aim: To strengthen patient-centred communication skills through targeted communication skills training for healthcare professionals to promote patients' HL.

HL / target / setting: Professional HL; Healthcare professionals. Setting: Professional training; healthcare settings including oncology, primary care and rehabilitation modules.

Core activities: Practice-oriented, evidence-based and tailored communication skills training based on the Calgary Cambridge Guides and the OePGK-tEACH standard, using simulated patients and video examples.

Implementation notes: Trainings range from short introductory workshops (4h) to comprehensive programmes tailored to specific settings. Modules can address intercultural communication, communicating bad news, motivational interviewing and addressing emotions.

Reported outcomes: Very high participant satisfaction and significant increases in self-assessed competencies after the trainings, indicating strong acceptance among the target group.

Funding body: Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, and social insurance.

5. Saste Roma – Promoting better health in socially excluded communities (Czech Republic)

Source: https://www.sasteroma.com/o-projektu

Aim: To reduce health inequalities between excluded communities and the majority population by improving HL and overall wellbeing.

HL / target / setting: General HL; Roma communities in socially excluded localities; children and youth in Roma communities; schools and educators working with Roma pupils. Setting: Community and online tools.

Core activities: Culturally adapted health education materials, brochures, video clips and online communication campaigns; school activities; awareness-raising and educational activities in Roma communities; use of an online e-learning platform.

Implementation notes: A community-based approach was applied through direct engagement with Roma families. Members of the target group were involved in developing educational materials; information was adapted to the language and cultural context of Roma communities.

Reported outcomes: More than 80,000 Roma individuals engaged and over 45,000 culturally sensitive brochures distributed. The project contributed to improved HL related to NCDs, prevention awareness, early diagnosis, trust and communication with healthcare institutions.

Funding body: EEA funds and collaboration with Czech universities.

6. Preventing Differently: AI-based personalized oral HL campaign (France)

Source: https://www.quartiersante.fr/quartier-sant%C3%A9-lemasson/

Aim: To use artificial intelligence-based personalization of SMS prevention messages to improve oral HL.

HL / target / setting: Oral HL; Individuals from low socio-economic backgrounds. Setting: SMS messages / mobile phone-based intervention.

Core activities: Generic or personalized SMS prevention messages based on individual knowledge gaps, behaviours and socio-demographic characteristics. Messages were adapted in content, language style and timing of delivery and validated by healthcare professionals.

Implementation notes: Over three months, participants completed an initial questionnaire and were divided into three groups: no SMS, generic SMS or personalized SMS. Messages were delivered for two months; a second questionnaire measured changes in oral HL, and qualitative interviews explored user experience.

Reported outcomes: Increases in oral HL scores were observed, particularly among participants receiving personalized SMS messages. Lower-income participants showed greater gains when messages were personalized.

Funding body: Montpellier Santé Orale.

7. Play Positively with Health: From Plate to Shoe (Spain)

Source: https://www.sanidad.gob.es/areas/promocionPrevencion/estrategiaSNS/memoriaBBPP/docs/MemoriaBuenasPracticasEstrategia_2017.pdf

Aim: To improve women's nutrition, family nutrition and regular physical activity.

HL / target / setting: Nutrition / food literacy; Women over 18 years old, primarily from marginalized Roma and Moroccan communities. Setting: Community; local school or nearby public park.

Core activities: A 32-hour workshop programme including group discussions, presentations, role-playing, food classification, menu design, label reading and physical activity sessions.

Implementation notes: Sixteen sessions of 120 minutes followed a structured sequence with objectives, group work rules, previous-session summary, central reflection activities and homework. The approach used participatory and experiential health education, visual methods, role-playing, demonstrations and feedback tools.

Reported outcomes: High retention, with 17 of 20 women actively engaged. At least 70% correctly classified food groups, interpreted labels, designed healthy menus and identified barriers/solutions; 60% reported positive dietary and physical activity changes. Satisfaction was very high.

Funding body: No funding reported.

Interpretation and implications

The mapping activity identified HL interventions supporting NCD prevention implemented in participating countries that have not been reported in the scientific literature. The activity was exploratory in nature and does not claim to be exhaustive.

The absence of interventions meeting all criteria for classification as best practices highlights a substantial gap in rigorous and systematic evaluations, particularly in relation to outcome assessment. Further implementation in other settings or populations, together with systematic outcome evaluation, would help strengthen the evidence base and clarify whether positive effects on HL are confirmed across contexts.

References and source report

Based on: Enhancing Health Literacy for All. Report on a mapping of good practices in nine countries. JA PreventNCD, Work Package 7, Internal Deliverable 7.4.1.5 | 7.4.2.5 | 7.4.5.5, version 1, 02.07.2026.

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