

# Identifying pharmacy-led actions for improving health literacy

Report from an  
international advisory  
roundtable

2023



FIP Development Goals



International  
Pharmaceutical  
Federation

# Colophon

Copyright 2023 International Pharmaceutical Federation (FIP)

International Pharmaceutical Federation (FIP)

Andries Bickerweg 5

2517 JP The Hague

The Netherlands

[www.fip.org](http://www.fip.org)

All rights reserved. No part of this publication may be stored in any retrieval system or transcribed by any form or means — electronic, mechanical, recording, or otherwise — without citation of the source. FIP shall not be held liable for any damages incurred resulting from the use of any data or information from this report. All measures have been taken to ensure accuracy of the data and information presented in this report.

## Authors:

Lina Bader — FIP lead for equity, sustainability policy and development

Nour Eltahla — FIP projects coordinator for equity, sustainability policy and development

## Editor:

Catherine Duggan — FIP chief executive officer

## Recommended citation:

International Pharmaceutical Federation (FIP). Identifying pharmacy-led actions for improving health literacy: Report from an international advisory roundtable. The Hague: International Pharmaceutical Federation; 2023.

## Cover image:

© iStock | [istockphoto.com](https://www.istockphoto.com)

# Contents

Acknowledgements .....	4
About this report .....	5
Roundtable participants .....	6
1. Priority areas for improving health literacy in pharmacy .....	8
1.1 Increasing pharmacists' awareness of their impact on improving health literacy .....	8
1.2 Coordinating and integrating roles within the healthcare system .....	8
1.3 Increasing patient awareness of the role of pharmacy .....	9
1.4 Identifying solutions for pharmacists' time management .....	9
1.5 Developing pharmacists and healthcare professionals' education .....	10
1.6 Overcoming language and communication barriers .....	10
2. Opportunities and solutions for improving health literacy .....	12
2.1 Adopting a patient-centred care approach .....	12
2.2 Utilising behavioural change models .....	12
2.3 Using existing tools and evidence .....	13
2.4 Collaborating professionally .....	13
2.5 Showcasing impact and health outcomes .....	14
3. Summary and conclusion .....	15
References .....	16

## Acknowledgements

FIP acknowledges the inputs of the expert participants who took part as well as the contributions of FIP staff and interns to the delivery of this international roundtable.

FIP also acknowledges that this roundtable was supported through unrestricted funds from Haleon.

The Haleon logo consists of the word "HALEON" in a bold, black, sans-serif font. The letter "E" is stylized with a horizontal green bar passing through its center.

## About this report

Of FIP's 21 Development Goals, FIP DG 10 (Equity and equality) impacts us all. It calls for clear strategies to address inequalities in the pharmaceutical workforce, as well as to widen access and equity of pharmaceutical care services and access, and equity in global capacity in pharmaceutical sciences development. Health literacy is one of the key factors for achieving health equity and equality, and it is universally acknowledged that low health literacy is a barrier to better health and to achieving inclusivity and equity in health. The COVID-19 pandemic has exacerbated and deepened existing health inequities and has also revealed that a large part of them is rooted in education and literacy levels.

For us to understand the effect of health literacy on our health, we must first understand and recognise that there are a number of definitions for health literacy, depending on the angle from which we view health literacy. Some are more narrowly defined than others. The World Health Organisation (WHO)<sup>1</sup> defines health literacy as the ability to achieve “a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions”. Another definition, focusing on cognitive and social skills, is “a person’s ability to perform knowledge-based literacy tasks (understanding and using information) that are required to make health related decisions in a variety of different situations. These cognitive and social skills are content- and context-specific and are greatly influenced by a person’s age and stage in life.”<sup>2</sup>

In the field of pharmacy, on the other hand, pharmacy health literacy refers to the degree to which individuals can obtain, process and understand basic health and medication information and pharmacy services needed to make the right health decisions<sup>3</sup>. To dive deeper into this area, it is important to understand what work and research have already been done in the field of health literacy and pharmacy, what tools have been developed to assess health literacy levels, and what successful — and unsuccessful — approaches have been utilised to enhance literacy levels. As some of the most accessible health care providers, pharmacists are uniquely positioned to improve health literacy among patients and populations even though tackling and improving health literacy in everyday pharmacy practice may not be easy.

As a global leadership body for pharmacists and pharmaceutical scientists, the International Pharmaceutical Federation (FIP) has a mission to support global health by enabling the advancement of pharmaceutical practice, sciences and education. FIP hosted a roundtable in July 2022 with the aim of obtaining a better understanding of the role of pharmacy and pharmacists in health literacy and identifying pharmacy-led actions for improving health literacy in everyday practice. Experts in pharmacy and health literacy, global pharmacy leaders, pharmacy researchers in the field, and community pharmacists from different parts of the world joined the roundtable to address the following questions:

1. What are the barriers to improving health literacy in pharmacies?
2. What are the opportunities and how can they be utilised?
3. What solutions can we focus on in practice and why?
4. How can we use some of those solution frameworks, e.g., behaviour change?

This report provides a summary of the roundtable discussion as well as the key insights that were shared. It should be noted that the views expressed during the roundtable are those of the individuals based on their extensive expertise and experience. They do not represent FIP policy or positions, although they may build on existing positions and statements. FIP will use these insights to consider what further support will be required to support evidence-based practice to enhance health literacy through pharmacy and pharmacists.

## Roundtable participants

Participants		
Jaime Acosta	Community pharmacy owner FIP Community Pharmacy Section Professional Secretary Co-Chair of FIP Technology Forum	Spain
Ralph Altieri	Chair of FIP Education	USA
Vibhuti Arya	Professor, St John's University College of Pharmacy and Health Sciences Global lead, Equity Workforce Development, FIP	USA
Parisa Aslani	Dean and professor, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences FIP vice president	Australia
Leticia Caligaris	Observer to Community Pharmacy Section Executive Committee	Uruguay
Amy Chan	Lead of the Academic Practice Unit, University of Auckland FIP global lead for DG 9 (Continuing professional development strategies)	New Zealand
Tania Cork	Chief operating officer for North Staffs & Stoke Local Pharmaceutical Committee	UK
Sarah Dineen-Griffin	Lecturer, University of Newcastle Vice president, Pharmaceutical Society of Australia New South Wales Member, FIP Community Pharmacy Section Executive Committee	Australia
Robert Horne	Professor of behavioural medicine, University College London School of Pharmacy	UK
Sham Moodley	Community pharmacy owner Vice-chair, Independent Pharmacy Association, South Africa Honorary research fellow, School of Health Science, University of KwaZulu-Natal Member, FIP Community Pharmacy Section Executive Committee	South Africa
Jon C. Schommer	Professor, University of Minnesota College of Pharmacy	USA
Deon Schoombie	Chief executive officer, Consumer Healthcare Products Australia	Australia
Paul Sinclair	Chair, FIP Board of Pharmaceutical Practice Community pharmacist	Australia
Lars-Åke Söderlund	Community pharmacist President, Check My Medicine FIP vice president	Sweden
Eeva Teräsalmi	Member, Board of the FIP Foundation Past FIP vice president	Finland
Tracey Thornley	Senior manager contract framework and outcomes, Boots UK Honorary professor in pharmacy practice, University of Nottingham Member, FIP Community Pharmacy Section Executive Committee	UK

<b>Moderators</b>		
Catherine Duggan	FIP chief executive officer	Netherlands
Lina Bader	FIP lead for equity, sustainability policy and development	Netherlands
Nour Eltahla	FIP projects coordinator for equity, sustainability policy and development	Netherlands

<b>Facilitator</b>		
Sherly Meilanti	FIP data and intelligence specialist	Netherlands

<b>Interns</b>		
Emmanuella Nzeribe	FIP intern, and research director at GA Patient Safety	Nigeria
Temitope Ben-Ajepe	FIP intern, and project assistant on Data for Health solutions, Ducit Blue Solutions	Nigeria
Rewhandamzi Boms	FIP intern, and European master in public health candidate, University College Dublin	Nigeria

<b>Observers (HALEON representatives)</b>		
Jessica Bobet		
Daria Sadchikova		
Carolyn Solan		
Eleanor Newman		

# 1. Priority areas for improving health literacy in pharmacy

Participants discussed the barriers that stand in the way of improving health literacy in pharmacies. These have been considered priority areas for improvement. Several themes emerged from the discussion:

## 1.1 Increasing pharmacists' awareness of their impact on improving health literacy

Pharmacists' lack of knowledge around health literacy, its impact and importance was an emerging theme. There is often no distinction between improving "health knowledge" by simply giving information and improving "health literacy" by empowering patients to self-care with regard to their health.

*"I think our barriers within a community pharmacy setting predominantly lie in pharmacists' lack of knowledge around health literacy, and that's kind of a universal issue. The kind of service that pharmacists are delivering is not centred around improving health literacy but is centred around improving health knowledge by giving information."*

Pharmacists may not only have a poor understanding of their role in promoting health literacy, but also lack knowledge around what health literacy is. Participants described how pharmacists often do not take ownership of their role in helping patients improve their health literacy levels, despite them being at the front line of healthcare systems. Similarly, lacking the skills and knowledge to understand health literacy and be able to assess it is a barrier. This was largely attributed to insufficient education and training, which needs improvement.

*"I think it's two-fold. One is how to identify patients' health literacy level in a systematic, meaningful way, and then what to do with that information? How do we tailor our services within a professional pharmacy setting as a health professional?"*

## 1.2 Coordinating and integrating roles within the healthcare system

It is unclear if (or which) health professionals are responsible for addressing health literacy. Pharmacists and health professionals may be unaware of their important role in addressing this issue. This is another barrier and it stands in the way of moving forward with improving health literacy levels. No clear guidelines are in place to provide health professionals with their roles and responsibilities with regard to addressing health literacy. Pharmacists may not know whether a doctor has provided all required health information to a patient, or if it is their own responsibility to do so.

*"No one knows exactly what his or her role is in terms of information transfer to patients and getting them to understand their disease profile or even in terms of what we are trying to do for them in terms of their outcomes."*



Lack of coordination among health professionals can lead to confusion about whose responsibility it is to provide patients with information (and with what information). Since health literacy is every health provider's responsibility, it is crucial to prioritise it, to set clear guidelines for health providers and to have good coordination among them that allows them to work together to address all aspects of health literacy.

*"If you think about a diagnosis being done at a local hospital or GP room, no one is sure exactly what the level of information or understanding the patient has before they come into a dispensing environment like a pharmacy. And what then should be the responsibility of the pharmacist? Do you start with the disease? Do you start with the drugs? Or do you give them an understanding of where they are in terms of their age?"*

### 1.3 Increasing patient awareness of the role of pharmacy

Low patient awareness of the pharmacist's role and impact on health literacy was identified as a barrier. Patients lack understanding of the importance of health literacy itself. This could be due to patient-pharmacist interactions in the pharmacy being relatively superficial and quick, especially since these often occur "over the counter". In addition to the lack of patients' awareness, participants reported that the lack of health literacy awareness among other healthcare workers and professionals also poses a question of the preparedness of the health system as a whole — not just pharmacy — to improve health literacy.

### 1.4 Identifying solutions for pharmacists' time management

A barrier that emerged during the roundtable was pharmacists' perceived lack of time to address their patients' health literacy. In busy settings, where pharmacists need to cater to the needs of many patients at the same time, pharmacists can find it difficult to find time to provide health knowledge and address health literacy while also providing the services that patients have come to the pharmacy for, such as dispensing their prescribed medicines.

*"Even when given the skills and knowledge, pharmacists don't think they have the time to address health literacy adequately."*

However, spending a few extra minutes to address patients' health literacy by giving them enough knowledge and addressing their questions can, in fact, save the pharmacist time in the future. Patients may not need to come back to the pharmacy for the same issue and, if they do, the pharmacist will not need to spend as much time as that spent on the first visit.

Spending some time to address patients' health literacy can also make patients more trusting and eventually more comfortable to share their symptoms and express their needs, eventually resolving an issue in less time than might otherwise be needed.

*"Research showed that pharmacists' perceived time was an issue and that patients feel pharmacists do not have time."*

## 1.5 Developing pharmacists and healthcare professionals' education

Another key barrier mentioned was education. Including health literacy in the curricula of pharmacy education is key but is not enough. Pharmacists require continuous education and training to sharpen their skills to address health literacy over the years, especially since health literacy is a constantly evolving topic.

*“It's not only about pre-graduate education but also continuous education and change management practices that should be in place to allow the provision of better health literacy.”*

This is true not only for pharmacists but for all healthcare providers, who must be educated on health literacy and trained to use their skills to improve their patients' health literacy levels. Equipping all health professionals with the skills to measure and improve health literacy while making sure they are constantly updated about evolving research and tools is essential to ensure that the whole health system works together towards one goal — better patient health literacy.

*“Educating people about health literacy is not intuitive. It requires specialised, specific, targeted training, and that applies to doctors equally. The whole system has got to be geared towards raising health literacy, and it requires skills.”*

## 1.6 Overcoming language and communication barriers

Language barriers, especially in countries of high population diversity, is a universal issue. Ensuring that the pharmacist speaks the language of the community he or she works in is key. However, the issue extends beyond language and into the way that information is communicated. Using simple terms that people can easily grasp is essential.

*“To present information in a language that people understand is one aspect. The other aspect is presenting the information in a way that people understand. It may be in their language, but it may be very complicated. So the format in which we present information as well as the language both need to be taken into consideration.”*

In addition, another challenge that pharmacists may face is having to assess a patient's levels of understanding and literacy in order to customise communication methods to match the patient's needs, and this requires skill.

*“We often have the knowledge and we want to put it on to our patients in a very similar way through listening and taking the time to understand what the specific needs of our patients are.”*

*“The only other barrier that kind of threads through all of our comments is communication skills on the part of the pharmacist. It kind of touches on the pharmacist's inability to gauge the level of health literacy that their patient has and then to deliver that information, whether it's verbally or in written format at the right level for a person's health literacy.”*

An additional barrier that links to language and communication as well as to coordination among health providers is the lack of consistent messaging to patients. There is not a unified way of communication that all health providers can use to provide information to their patients, such as pictograms.

## 2. Opportunities and solutions for improving health literacy

### 2.1 Adopting a patient-centred care approach

One key opportunity that could be utilised to improve health literacy is ensuring that patients' interests come first and foremost. Listening to patients, understanding their needs, and tailoring services to match them is key when addressing health literacy. This could be through listening to individual patients that come into the pharmacy or collaborating with patient organisations or representatives and getting a true perspective of what patients really need to improve their literacy.

*"I think one of the things that we do a lot is assume what people want and what's important to them. Learning how to have the conversation is crucial because it can be uncomfortable for people a lot of times. And when we think from our lens, we miss their perspective. Hence, it's important to teach how to have this conversation in practice."*

It is also crucial to go beyond tailoring these services and take into consideration what patients can do with the information given to them. Health literacy is not only about providing information, but rather empowering patients and educating them on how to find and use this information when needed.

*"So as pharmacists, you've got to think about what is it that you want that person to do with the information. How do you want them to apply and act on that information? How understandable is that information that you're giving to them? And can they easily find what they need and look for further information?"*

Lastly, it is important to respect and be open to what patients have to tell us and learn from them the same way they try to learn from us, whether it is about their health journey, condition, medication or any other aspect. A patient's perspective can teach health providers a lot and can therefore provide a clearer understanding of what our health approaches should look like.

*"A humble reminder for all of us is that our patients know a lot. They are very resilient in figuring out ways in which they can actually take and integrate medicines into their healthcare journey. So, we all also can learn from a lot of long-standing relationships, traditions, and ways in which our patients act."*

### 2.2 Utilising behavioural change models

Promoting change in the behaviour of patients towards taking responsibility and control over their own health could be a turning point towards achieving better health literacy levels. Using behaviour change models and frameworks to help change patients' behaviour towards their own health can play an important part in improving health literacy.

*“Perhaps pharmacists need a little bit of training in converting the patient from a non-willing participant into someone who demands information, who demands to know more about their drugs, who demands to say to the pharmacist that it’s your responsibility and I want to take more responsibility for my health but you’re going to have to help me with improving my health literacy.”*

This also includes changing pharmacists’ behaviour and encouraging them to be proactive with regard to health literacy issues and empowering them to take part and improve the health literacy levels of their patients. One example is providing health information on digital platforms before the spread of misinformation occurs.

*“Pharmacists need to step out of being reactive and be proactive in kind of every aspect. We are so cautious as a profession.”*

## 2.3 Using existing tools and evidence

So much research on health literacy has already been done in past years, including development of assessment tools and frameworks to improve health literacy. Using and implementing these tools is key to starting the journey of improving health literacy levels.

*“We’ve got the tools and I think they can work. The problem is they’re not being applied. It’s all about implementation, really.”*

One of the most important opportunities that could be used to improve health literacy is the use of digital platforms to spread the right, accurate health information. Staying up to date with which platforms are used by which age groups to tailor the health information to be shared is key. Digital platforms can also be used to stop the spread of misinformation.

*“We have to learn how to communicate the same information to different patients. Maybe the teenager uses TikTok and the adult uses Instagram, and we can adapt the information to the patient.”*

Digital platforms, however, can also be a threat due to the fast speed at which false information can spread. For that reason, providing reliable resources or accounts that patients can be directed to in order to find the right health information is a great opportunity to improve health literacy.

## 2.4 Collaborating professionally

Finally, interprofessional collaboration among governments, healthcare organisations and healthcare professionals, as well as patients and consumers, allows all perspectives and narratives to be heard and taken into consideration. Understanding the needs of patients, and also those of practitioners, can help shape the approaches that can be utilised to improve health literacy across a whole population.

In addition, consistent messaging and provision of toolkits and research data by organisations such as FIP can lead to better evidence-based solutions that can eventually lead to better health literacy levels.

## 2.5 Showcasing impact and health outcomes

In addition to interprofessional collaboration, there is a need to shift the narrative to help pharmacists and other healthcare providers focus more on patient outcomes, including their health literacy levels, health knowledge and self-care skills. This is not only important for improving health literacy, but also for encouraging and empowering pharmacists to take part in the process.

*“We can actually, as a profession ourselves, propose a kind of legal framework where we are bound to conduct health literacy activities and health promotion because, by being able to engage even more in health promotion, we will also be the trustworthy source for information and counselling for the patient or the consumer.”*

Addressing the issue of health literacy can only become concrete if it is recognised by governments and policy makers as one of the key pillars of health and health equity. Making health literacy a priority and setting policies and strategies in place that focus on improving a whole population’s health literacy levels are key.

*“At a policy level, government settings create the environment, the space where the right things can happen. It doesn’t necessarily mean money; it just means this is important and we make an appeal to all stakeholders in health to contribute to health literacy and self-care.”*

### 3. Summary and conclusion

FIP CEO Catherine Duggan emphasised the importance of roundtables and discussions to address and shed light on the importance of health literacy in health and health equity. The roundtable led to several emerging themes around what barriers and opportunities exist today with regard to health literacy. The key themes below emerged:

#### **Priority areas for improving health literacy in pharmacy:**

- Increasing pharmacists' awareness of their impact on improving health literacy;
- Coordinating and integrating roles within the healthcare system;
- Increasing patient awareness of the role of pharmacy;
- Identifying solution for pharmacists' time management;
- Developing pharmacists and healthcare professionals' education; and
- Overcoming language and communication barriers,

#### **Opportunities and solutions for improving health literacy:**

- Adopting a patient-centred care approach;
- Utilising behavioural change models;
- Using existing tools and evidence;
- Collaborating professionally; and
- Showcasing impact and health outcomes.

It is critical to recognise that health literacy is a complex issue, and the approaches used to address it are not a one-size-fits-all solution. Different solutions and approaches are required in different countries and regions and in different pharmacy marketplaces.

Gathering data on what tools exist and evidence on what tools work can help create some toolkits and resources to help people, whether they are from health organisations or practitioners on the ground, to start to think about health literacy as the key that will unlock empowerment of patients, better decision-making for their health, and longer-term universal health coverage. Drivers for these can be the benefits that health literacy brings. Gathering the different narratives and perspectives of both practitioners and patients can eventually lead to providing better resources around health literacy for pharmacists and other health professionals as well as a better patient experience and better patient outcomes.

## References

1. World Health Organization (WHO). Health Promotion Glossary. 1998. [accessed: 13 September 2022]. Available at: [https://apps.who.int/iris/bitstream/handle/10665/64546/WHO\\_HPR\\_HEP\\_98.1.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/64546/WHO_HPR_HEP_98.1.pdf?sequence=1&isAllowed=y)
2. Nutbeam D. Defining, measuring and improving health literacy. *Health evaluation and promotion*. 2015;42(4):450–6. <https://doi.org/10.7143/jhep.42.450>
3. AHQR Pharmacy Health Literacy Center [Internet]. Agency for Healthcare Research and Quality. [accessed 2 October 2022]. Available at: <https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html>



International  
Pharmaceutical  
Federation

Fédération  
Internationale  
Pharmaceutique

Andries Bickerweg 5  
2517 JP The Hague  
The Netherlands

T +31 (0)70 302 19 70

F +31 (0)70 302 19 99

[fip@fip.org](mailto:fip@fip.org)

| 05-2023 Pharmacy - actions - health - literacy