

What's in a name? An overview of organisational health literacy terminology

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Abstract. Organisational health literacy (OHL) is a relatively new concept and its role in improving population health outcomes is gaining recognition. There are several terms being used in relation to OHL but there is no consensus about the definition of OHL nor agreement on a single approach to its application within health services. This contested space continues to create discussion and debate between health literacy researchers worldwide. Increasingly, health service accreditation standards are moving towards including OHL and so services need to clearly define their roles and responsibilities in this area. Inherent in this is the need to develop and validate quantifiable measures of OHL change. This is not to say it needs a 'one-size-fits-all' approach but rather that terminology needs to be fit for purpose. This paper reviews the literature on OHL, describing and contrasting OHL terminology to assist practitioners seeking OHL information and health services clarifying their roles and responsibilities in this area.

What is known about the topic? Organisational health literacy (OHL) is a new and emerging field. Currently there is no agreed definition or approach to OHL. As a result there is a large number of terms being used to describe OHL and this can make it difficult for practitioners and health services to understand the meanings of the different terms and how they can be used when seeking OHL information and its application to health service policy.

What does this paper add? This paper provides an overview of 19 different OHL terms currently in use and how they apply in a range of health service contexts.

What are the implications for practitioners? This paper provides practitioners with an overview of OHL terms currently in use and how they can be used to seek information and evidence to inform practice or develop health service OHL policy. This will allow health services to ensure they can clearly define their roles and responsibilities in OHL for accreditation purposes by ensuring that terminology use is fit for purpose. Lastly, the paper provides an inventory of terminology to be used when searching for evidence-based practices in OHL. This ensures all relevant papers can be captured, leading to robust and thorough reviews of the evidence most relevant to the OHL area of focus.

Additional keywords: health literacy environment, health-literate organisation, organisational health literacy responsiveness.

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Introduction

Health literacy is a priority both nationally and globally,^{1,2} with low health literacy being estimated to cost US\$106 billion–238 billion per year in the US alone.³ However, over time the term 'health literacy' has evolved and the way in which it is conceptualised, interpreted and applied has varied.^{1,4} Early research in the field focussed primarily on the health literacy of individuals,^{5–7} whereas currently, the concept has been expanded to include the complex and multifaceted elements of the service system that impact on health literacy.⁸ Individual health literacy has been defined as 'the degree to which individuals can obtain, process, understand, and communicate about health-related

information that is needed to make informed health decisions,⁸ and has been a focus of research since the 1990s.⁹ A health-literate organisation is defined as 'an organisation that makes it easier for people to navigate, understand, and use information and services to take care of their health,'¹⁰ but it is a relatively new and evolving concept, first appearing in the literature in 2006.¹¹

Over the past 10 years, as research into organisational health literacy (OHL) has been growing,¹² the number of different terminologies being used across the world to describe it has also been increasing.^{10,13–15} Terms such as environmental health literacy,¹⁴ health literacy friendly,¹⁶ health literacy

responsiveness¹⁵ and health-literate healthcare organisations¹⁰ are used in the same space as OHL.¹⁷ This is perhaps due to the fact that there is no consensus about the definition of health literacy (individual or organisational), nor agreement on a single approach to implementing health literacy improvements. This contested space continues to create discussion and debate between health literacy researchers worldwide.^{18–20} The issues around consistent use of terminology are well documented in individual health literacy research,^{8,20} and this trend can now be seen in the OHL field as well.^{10,13–15} The lack of consistency among researchers has meant that translation of the concepts across different languages is contentious² as well as being a potential barrier to solution generation and progress in the field.⁸ The use of multiple terminologies and definitions has also been found to inhibit comparison between health literacy studies across the globe.²⁰

Terminology differences may impact on organisations' ability to appropriately characterise their OHL activities when undertaking accreditation processes. Internationally, there is an increased focus on health literacy as an essential component of quality health care. In the UK health literacy forms a part of the Information Standard and the Accessible Information Standard requirements under the National Health Service accreditation.²¹ Similarly, health literacy improvements also link to accreditation in Canada's Primary Care Standards and Medicine Services Standards.²² In Australia, health literacy has recently been included in Standard 2 of the National Safety and Quality Health Service Standards. Standard 2 is designed 'to create a health service that is responsive to patient, carer and consumer input and needs' and 'requires leaders of a health service organisation to implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.'²³ This aligns with OHL principles and the Australian Commission on Safety and Quality in Health Care approach to health literacy as a safety and quality issue.¹⁴

Controversy regarding terminology is not unique to the concept of health literacy. There are several examples of terminology being contested in areas of health and human services. These include clinical paediatrics²⁴ and spirituality in health-care²⁵ in relation to the documentation of practice terms allowing for data to be examined to evaluate and capture clinical practice in these fields.^{24,25} Similarly, as OHL becomes incorporated into health service accreditation standards,^{14,23} health professionals need to be familiar with the terminology applying to OHL in a range of settings. Efforts to measure OHL change will need to be accompanied by valid and reliable tools that use consistent terminology. Therefore it is important that there is a clear understanding of how different terminology might apply in different settings.

Objectives

The aim of this literature review was to document the range of different terms in the field of OHL so that practitioners and policy makers can understand the different meanings, compare study outcomes, avoid inefficient implementations and ensure the utilisation of appropriate terms when describing OHL action in evidence seeking activities and accreditation processes.

Methods

Using the literature review methods described by Grant and Booth,²⁶ we conducted a search of four databases (PubMed, Ovid Medline, Joanna Briggs, The Cochrane Library) and one grey literature site (Google) for the timeframe January 2006–September 2016.

Keywords were derived from MeSH headings and included: 'health-literate organiz(s)ation', 'organiz(s)ational health literacy', 'health systems health literacy', 'health literacy responsiveness', 'health-literate practice(s)', 'environmental health literacy' and 'health literacy environment'. The search was limited to papers in English but was not restricted by type of publication and therefore included policy, commentary, theoretical and reports of primary data analysis. To be eligible for inclusion, the papers needed to focus on health literacy from a health system improvement perspective, not an individual perspective, and provide a level of detail about the process or types of health literacy health system improvements, policy directives or frameworks the paper was referring to. Papers referring to improving health literacy in individuals or at an individual level, and not the health system, were excluded from review.

The grey literature search was conducted by using a structured search strategy of Google to determine further terminologies used to describe OHL not yet identified in the peer-reviewed papers. The first 100 records were reviewed. The decision to limit the records was based on the 'relevancy ranking within Google search engines.'²⁷

As described by Grant and Booth, a narrative synthesis and thematic analysis was used to group terms and phrases that describe OHL and the context in which different terms were used.²⁶

Key information such as the terminology used, description of what the terminology was referring to, the type of publication, country, and the year of publication was extracted from each source into a summary table (see Table 1). A conceptual analysis of terms and phrases was completed, mapping the identified terms and phrases against the three most commonly used or main terms: 'health system health literacy'; 'OHL'; and 'health literacy practice'.

Results

Forty-four papers citing 19 different terms or phrases to describe OHL were identified. Of these 44 papers, eight were peer-reviewed commentaries, seven peer-reviewed cross-sectional studies, three peer-reviewed framework or concept proposals, two peer-reviewed tool development and validations, one peer-reviewed study design, one peer-reviewed case study, one peer-reviewed rapid realist review, six government documents and 15 'other' documents. 'Other' includes websites, health service reports, Institute of Medicine reports, World Health Organization reports and conference proceedings. Although the papers were from 2006–2016, the majority of papers were published in the last 5 years (84%). With only 16% of the papers published between 2006 and 2011. The majority of papers were from the US (19) and Australia (10). There were fewer papers from the UK (3), Germany (3), New Zealand (3), Denmark (2), Belgium (1), Canada (1), Spain (1) and South East Asia (1).

Table 1. Terminology used to describe health literacy system improvements in the literature

Several references are repeated throughout the table, with the number of unique citations being 44

Terminology	Description/definition of the terminology	Type/s of paper/s	Year/s of publication	Country
1 Environmental health literacy ^{1,14}	'Infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.' ^{1,14}	Government document ¹⁴	2014	Australia
		Government document ¹	2014	Australia
2 Health literacy environment ^{1,11,14,33-35}	Skills of professionals to communicate clearly; interaction between health staff and clients; physical aspects such as signage and built infrastructure; access and navigation of services and the service system; readability of forms, brochures and information; policies and processes. ^{1,11,14,35}	Framework or concept proposal ³³	2015	US
		Other ¹¹	2006	US
		Other ³⁴	2010	US
		Cross-sectional study ³⁵	2011	Spain
		Government document ¹⁴	2014	Australia
3 Health literacy friendly ^{13,16,36,37}	A setting is considered to be health literacy friendly if it strives for the 10 attributes of a health-literate organisation. ^{13,37} Therefore health literacy friendly could be classified into the same definition and principles used to describe a health-literate healthcare organisation (see below, term 8).	Commentary ¹⁶	2014	Belgium
		Cross-sectional study ³⁶	2015	Germany
		Tool development and validation ¹³	2015	Germany
		Other ³⁷	2013	Denmark
4 Health literacy practice/s ³⁸⁻⁴³	Training in health literacy practices, directed by workforce needs assessment to identify health literacy development needs and capacity; encouragement and support for the health workforce to develop effective health literacy skills; experience and competence in health literacy practices; encouragement and support for the health workforce to use their health literacy skills in practice; utilisation of patient-centred practices; training and experience in communication, written information design, working with vulnerable populations. ⁴⁰⁻⁴³	Cross-sectional study ³⁸	2012	NZ
		Cross-sectional study ³⁹	2013	US
		Government document ⁴⁰	2015	NZ
		Government document ⁴¹	2010	US
		Framework or concept proposal ⁴²	2013	US
5 Health literacy responsiveness ^{13,15,36,44-46}	'The way in which services make health information, resources, supports and environments available and accessible to people with different health literacy strengths and limitations; ¹⁵ or 'Health literacy responsiveness of primary care practices focusing on the application of health literacy strategies through the healthcare workforce in the fields of interpersonal communication and navigation assistance.' ¹³	Other ⁴⁶	2015	South East Asia
		Commentary ⁴⁵	2015	UK
		Other ¹⁵	2014	Australia
		Cross-sectional study ⁴⁴	2015	Australia
		Cross-sectional study ³⁶	2015	Germany
		Tool development and validation ¹³	2015	Germany
6 Health literacy systems level infrastructure ⁴⁷	Policies, procedures, protocols, processes, services and infrastructure that support health literacy; staff training in written information and communication skills; written information that is adaptable to client needs, partnership and collaboration between community and health services; workforce diversity; and a structured approach to health literacy improvement processes within an organisation. ⁴⁷	Government document ⁴⁷	2014	Australia

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Table 1. (continued)

Terminology	Description/definition of the terminology	Type/s of paper/s	Year/s of publication	Country	
7	Health literacy universal precautions ^{33,41,48}	Systems, policies and practices that promote clear understanding for all patients, regardless of their health literacy level. ^{41,48}	Framework or concept proposal ³³	2015	US
			Framework or concept proposal ⁴⁸	2013	US
8	Health-literate healthcare organisation/s ^{10,13,17,36,49,50}	‘An organisation that makes it easier for people to navigate, understand, and use information and services to take care of their health’ ¹⁰ . This includes the following principles and practices within an organisation: ‘1. Has leadership that makes health literacy integral to its mission, structure, and operations. 2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement. 3. Prepares the workforce to be health literate and monitors progress. 4. Includes populations served in the design, implementation, and evaluation of health information and services. 5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation. 6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact. 7. Provides easy access to health information and services and navigation assistance. 8. Designs and distributes print, audiovisual, and social media content that is easy to understand and act on. 9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines. 10. Communicates clearly what health plans cover and what individuals will have to pay for services’ ¹⁰ .	Government document ⁴¹	2010	US
			Other ⁴⁹	2011	US
			Tool development and validation ⁵⁰	2015	Germany
			Commentary ¹⁷	2014	US
			Other ¹⁰	2012	US
			Cross-sectional study ³⁶	2015	Germany
			Tool development and validation ¹³	2015	Germany
			Cross-sectional study ⁵¹	2014	Australia
			Framework/concept proposal ⁴⁸	2013	US
			Cross-sectional study ⁵¹	2014	Australia
Commentary ²⁸	2012	US			
Commentary ⁵²	2012	US			
9	Health literate health service ⁵¹	No specific definition, however is used alongside the term ‘health-literate organisation’ proposing that the two terms hold the same meaning.	Cross-sectional study ⁵¹	2014	Australia
10	Health literate organisation/s ^{28,48,51,52}	The same definition and principles used to describe a health literate healthcare organisation (see above, term 8).	Framework/concept proposal ⁴⁸	2013	US
			Cross-sectional study ⁵¹	2014	Australia
			Commentary ²⁸	2012	US
			Commentary ⁵²	2012	US

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Table 1. (continued)

Terminology	Description/definition of the terminology	Type/s of paper/s	Year/s of publication	Country
11 Health system health literacy ^{53–56}	‘System-based approaches are required, which assumes a connectedness between individual, organisational and health system health literacy and resiliency. These approaches need to transcend organisational structures in order that they are themselves resilient to the numerous structural changes that are inherent in any health system’ ⁵³ . This term is also used to describe organisational health literacy improvements within several different health services across the same geographical region: ‘Iowa Health System comprises 10 senior hospital affiliates in seven cities, a rural hospital network, and more than 300 primary care physicians. The hospital affiliate described in this article is a three-campus regional health system in a bi-state location’ ⁵⁴ .	Commentary ⁵³ Other ⁵⁵	2016 2015	Australia Australia
		Other ⁵⁶ Cross-sectional study ⁵⁴	2008	NZ US
12 Health literate workplace ⁵⁷	Policies and practices that support health literacy principles and demonstrating a culture that values and practices clear communication. ⁵⁷	Commentary ⁵⁷	2012	US
13 Improving health literacy in services ⁴⁷	Health literacy integrated into policies, programs, infrastructure, culture, enhanced consumer engagement, leadership, partnership across levels and clear communication and information exchange. ⁴⁷	Government document ⁴⁷	2014	Australia
14 Organisational capacity to address health literacy ¹²	‘Organisational capacity refers to the ability of individuals within and across organisations to plan, implement, secure resources for, improve management skills to support, and sustain interventions that are intended to impact health literacy of the people those organisations aim to help’ ¹² .	Rapid realist review ¹²	2014	Canada
15 Organisational health literacy ^{12,17,53,58–61}	The same definition and principles used to describe a health literate healthcare organisation (see above, term 8).	Case study ⁵⁸	2012	US
		Commentary ⁵³	2016	Australia
		Commentary ⁵⁹	2013	US
		Commentary ¹⁷	2014	US
		Rapid realist review ¹²	2014	Canada
16 Organisational health literacy responsiveness ⁶²	Concepts or directions on how organisations can ‘support and respond to the health literacy needs of their clients and communities’ ⁶² . This concept includes the following seven domains: ‘i) policy and funding mandate; ii) leadership and culture; iii) systems, processes and policies; iv) access to programs and services; v) community engagement and partnerships; vi) communication with consumers; and vii) workforce.’ ⁶²	Other ⁶⁰	2014	UK
		Other ⁶¹	2015	UK
		Other ⁶²	2016	Australia

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Table 1. (continued)

Terminology	Description/definition of the terminology	Type/s of paper/s	Year/s of publication	Country	
17	Provider health literacy ^{63–65}	Training to improve provider understanding and skills in health literacy practices. ⁶⁴	Government document ⁶³ Other ⁶⁴ Other ⁶⁵	2014 2014 2009	Australia US US
18	Workforce health literacy ⁵³	Individuals working within health services are referred to as the workforce. Meaning the term ‘workforce health literacy’ is referring to the individual health service staff’s own health literacy knowledge skill and practice. ⁵³	Commentary ⁵³	2016	Australia
19	Workplace health literacy ⁶⁶	Training staff on health literacy principles of health information access, appraisal and application; having health literate infrastructure; have health literate communication; and health literacy awareness across all levels of the organisation. ⁶⁶	Study design ⁶⁶	2015	Denmark

Table 1 shows the description of the various terms used by type of publication, year and country of study. There are 19 terms that related to the definition of OHL. The terms ‘health-literate organisations’, ‘health-literate healthcare organisations’, ‘health-literate health service’, ‘health literacy friendly’ and ‘organisation health literacy’ are all believed to have originated from the paper by Brach *et al.*¹⁰ Seven terms were found that related to the concept of ‘health literacy practice’. Six different terms were used to describe elements of ‘health systems health literacy’, which is often used to describe both the broader health system (including government policy and funding mechanisms) and the multiple interventions required within an organisation to achieve OHL.

The use of terminology varied by country, with the exception of the term ‘health literacy friendly’ which was used in various European countries. Australian publications used the largest number of different terms (11), followed closely by the US (9). The terminology used in different types of publications also varied but there were no other apparent influencers (i.e. policies, accreditation, year of publication) that determined the creation or use of different terminologies.

Table 2 outlines the terminology used to describe health literacy system activities grouped by similarity between like terms. The 19 terms were classified according to the concepts they were most aligned with. This classification allowed 19 different terms to be considered under the three most commonly used or main terms, which were ‘health system health literacy’, ‘OHL’ and ‘health literacy practice’. There were six terms whose concepts bridge over two areas (either ‘OHL’ and ‘health literacy practice’ or ‘OHL’ and ‘health system health literacy’) due to the integrated and interdependent nature of the concept of health literacy. In Table 2, with the exception of the term ‘health literacy universal precautions’ which bridges over all three main terms, all terms were classified mostly under one main term but could also be placed against a second term if they had similar elements or principles that correlated to the second main term.

Discussion

The purpose of this review was to examine the literature on OHL, describe the different meanings of the broad range of OHL terminology and identify how this might assist practitioners and policy makers seeking information and evidence or developing health service policy.

The results of this review suggests that ‘health system health literacy’ is unique, in that it relates to elements of the health system which are beyond individual and organisational control, and which include government policy directives and funding mechanisms¹. ‘OHL’ refers to the concept of health literacy that relates to organisations within the health system while ‘health literacy practice’ refers to the action taken by organisations to become health literate.

The results indicate that multiple OHL terms may need to be used to describe certain circumstances. For example, OHL is achieved by being health literacy responsive, taking a universal precautions approach and ensuring staff use health literacy practices. Therefore all four terms may have a place in the terminology of OHL but at different levels or in different contexts. It could be averred that these terms are either principles or practice. However, for the most part these terms refer to the same or similar concepts.

Consistent with other areas of healthcare^{24,25} the terminology used in OHL has evolved over time. In 2010 the term ‘health-literate healthcare organisations’ was used to describe the concept,¹⁰ but over time it evolved into ‘health-literate organisations’²⁸ and finally from 2014–2016 transformed into the term ‘OHL’¹². These terms appear to have evolved from each other and were initiated from the original paper by Brach *et al.*¹⁰ with a consistently similar definition and interpretation of these four terms across the years.

It is possible that the selection or creation of terminology may be influenced by the aims (and potentially the theoretical framing) of the research or policy document. For example a study exploring how an organisation responds to health literacy needs may use the term ‘OHL responsiveness’. Similarly, a study investigating the

Table 2. Terminology used to describe health literacy system improvements grouped by similarity between like terms

Most commonly used term (main term)	Other terms with largely the same or similar definitions	Terms with some similar concepts
Health system health literacy ^{53–56}	Environmental health literacy ^{1,14}	Organisational health literacy ^{12,17,53,58–61} Organisational health literacy responsiveness ⁶² Health literacy systems level infrastructure ⁴⁷ Health literacy universal precautions ^{33,41,48} Health literacy responsive/ness ^{13,15,36,44–46} Health literacy universal precautions ^{33,41,48}
Organisational health literacy ^{12,17,53,58–61}	Health literacy systems level infrastructure ⁴⁷ Health-literate healthcare organisation/s ^{10,13,17,36,49,50} Health-literate health service ⁵¹ Health-literate organisation/s ^{28,48,51,52} Improving health literacy in services ⁴⁷ Workplace health literacy ⁶⁶ Health-literate workplace ⁵⁷ Health literacy environment ^{1,11,14,33–35} Environmental health literacy ^{1,14} Organisational capacity to address health literacy ¹² Health literacy friendly ^{13,16,36} Health literacy responsive/responsiveness ^{13,15,36,44–46} Organisational health literacy responsiveness ⁶²	
Health literacy practice/s ^{38–43}	Workforce health literacy ⁵³ Provider health literacy ^{63–65} Health literacy universal precautions ^{33,41,48} Health literacy responsive/ness ^{13,15,36,44–46}	Organisational health literacy responsiveness ⁶² Organisational health literacy ^{12,17,53,58–61}

use of health literacy by professionals may use the term ‘provider health literacy’ or ‘health literacy practice’. Terminology may also be selected based on other language common to the area. For example the use of ‘health literacy environment’ in government publications could be associated with other similar terminology they use, including ‘policy environment’ and ‘political environment’. Whereas ‘health literacy responsiveness’ seems to be more closely associated with quality-improvement practices, such as ‘cultural responsiveness’. These nuances and interrelations are important to understand when describing OHL activity in regards to accreditation processes to ensure that appropriate language is used to capture the depth and breadth of the OHL quality improvement activities being undertaken. Different health literacy terminologies (e.g. ‘environmental health literacy’ and ‘health literacy environment’) often have very different meanings and applications. Therefore it is essential that government bodies and organisations are speaking the same language when developing accreditation requirements that need to be implemented on the ground. For example, the term ‘environmental health literacy’ may be used in a government policy document to describe the policy environment of health literacy in the health systems, whereas an organisation may interpret this term as the environment they provide for their clients (i.e. signage, brochures, service interaction). However we can see from Table 1 that this latter interpretation should actually be referred to as ‘health literacy environment’. This is an example of two very similar terms with two very different meanings when it comes to operationalising government directives with regard to OHL.

It is possible that the different terms have been created to expand the concept of health literacy from an organisational perspective to encompass a wider breadth of activity and key elements of OHL. It could also be due to theoretical or conceptual evolution of the term OHL, with new terms being created as the

understanding of the concept and its various interconnections with the health system grows. Branding also plays a role in designing terminology, wherein researchers use specific terms to highlight the particular focus of their research. Berkman and colleagues argue that a broader approach to health literacy at an organisation or system level has potential benefits, such as broadening to encompass the true complexity of health literacy and engage and include a broader cross-section of health professionals from different disciplines, but it may also risk the concept becoming immeasurable or potentially duplicative of other concepts (e.g. patient-centred communication).⁸

Through this review, it is evident that the three dominant terms (Table 2) are not mutually exclusive, but rather interrelated. Health system health literacy is the overarching ‘all-encompassing’ term. Within health system health literacy sits OHL, and within this sits health literacy practice. The terms and concepts are all interdependent. OHL encompasses several principles and practices of health literacy practice, however it is broader than just principles and practices. Similarly health system health literacy encompasses OHL but also has several principles beyond organisation control, such as government policy direction and funding mechanisms. Understanding these interdependencies are of value to health services looking to improve OHL responsiveness for accreditation requirements. These interdependencies show that improving health literacy practice alone will not necessarily improve OHL, rather there is a need to enact change in the three domains of health system health literacy, OHL and health literacy practice.

Various Australian government documents are calling for health services to improve how they respond to the health literacy needs of their clients.¹ Simultaneously, there is a growing recognition of the importance of health literacy in the Australian health system with health literacy now commonplace

in numerous Australian policy approaches and accreditation standards.^{23,29–32}

Conclusions

This paper provides practitioners with an overview of OHL terms currently in use and how they can be used to seek information and evidence to inform practice or develop health service OHL policy. This will allow health services to ensure they can clearly define their roles and responsibilities in regards to OHL for accreditation purposes by ensuring that terminology use is fit for purpose. The paper also provides an inventory of terminology to be used when searching for evidence-based practices in the OHL literature. This ensures all relevant research and evidence can be captured so that practitioners and policy makers can compare study outcomes, avoid inefficient implementations and ensure the use of appropriate terms when describing OHL action in evidence-seeking activities and accreditation processes.

Competing interests

The authors declare no conflicts of interest.

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