



The need for health literacy in the 21st century

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Abstract

Health literacy is the ability of individuals to understand, evaluate and use health information effectively in their daily lives and should not be reduced to the simple ability to read or write about health-related topics. With appropriate health literacy, citizens will gain greater autonomy in their self-care, improve their quality of life and make better use of health services, thereby reducing health service overload, inequalities and costs. To increase health literacy, it is necessary to identify the specific health needs of today's society and to implement educational programmes that include content and pedagogical methods that address these needs. Addressing these needs requires a diagnostic analysis embedded in each culture and continuous re-evaluation of the scope and effectiveness of the programmes implemented from an interdisciplinary perspective. Currently, most community and school-based programmes are based on disease prevention and maintaining good sexual and environmental health. Since the pandemic, there has also been an increase in programmes to achieve and maintain good mental health, combined with the use of various applications to prevent anxiety and depression. However, there is still a large gap in the evaluation of the impact and effectiveness of these programmes. In general, most of these programmes need to be adapted to the digital age and have a comprehensive and holistic design and purpose. In conclusion, we believe that health literacy is essential in the 21st century and that it must be based on the promotion of healthy habits and behaviours as well as an understanding of one's own health.

Keywords: community; health education; health literacy; health promotion; school

1. Introduction

Health literacy is a concept that goes beyond the ability to read and write about health-related issues. It refers to the ability to understand, evaluate and use health information effectively to make informed decisions and participate in health management (Nutbeam, 2000). It encompasses three interrelated dimensions: functional literacy, interactive literacy and critical literacy (Nutbeam, 2000, 2008; Pino Juste, 2020, 2021; Sørensen et al., 2012).

- **Functional literacy:** Refers to the basic ability to understand and use health information in everyday situations. It includes skills such as reading medicine labels, following dosage instructions and understanding basic health information provided by health professionals.
- **Interactive literacy:** Involves the ability to communicate and search for health information. People with interactive literacy can actively engage in conversations with health professionals, ask relevant questions and find relevant information about health topics, either online or from other sources.
- **Critical literacy:** Includes the ability to analyse and critically evaluate health information and health-related media messages. People with critical literacy can distinguish between reliable and unreliable sources of health information, assess the quality of evidence presented and understand the possible biases or interests involved in the communication of health information.

These dimensions are not independent but interrelated and mutually reinforcing. For example, good functional literacy can facilitate the search for health information (interactive literacy) and the ability to critically evaluate that information (critical literacy).

Together, these dimensions of health literacy are critical to empowering people to make informed choices and improve their wellbeing and that of their communities.

Health literacy is therefore crucial to empowering people to manage their own health and well-being and to participate effectively in health-related decision-making at the individual, family and community levels (Sørensen et al., 2012).

1.1 Clarification of terminology

In this context, it is easy to find several terms that are often used synonymously: health education, health promotion or health literacy. We approach the differences between these concepts.

Health education can be defined as the provision of information and the development of skills that empower individuals to make informed decisions regarding their health. It focuses on providing specific knowledge about health issues and teaching practical skills to promote healthy behaviours and prevent disease (World Health Organization & United Nations Educational, Scientific, and Cultural Organization, 2021).

Health promotion, on the other hand, is a broader approach that seeks to create enabling environments, strengthen community capacity and address social determinants of health, with the objective of enhancing overall well-being. It focuses on creating conditions conducive to health rather than simply addressing individual health problems (World Health Organization, 1986).

Health literacy goes beyond the mere acquisition of health knowledge. It refers to the ability to understand, evaluate and use health information effectively to make informed decisions and participate in health management (Nutbeam, 2000). It includes not only the understanding of health concepts, but also the ability to access, understand and apply health information in everyday life.

In summary, while health education focuses on the acquisition of specific knowledge and abilities, health promotion addresses environmental and social factors to improve health at the community level. Health literacy, on the other hand, is focused on enabling people to understand and use health information effectively in their daily lives.

In this essay we will focus on the importance and design of health literacy programmes.

2. Reasons for the importance of Health Literacy.

Below we list the main factors that determine the importance of a person's health literacy.

a) Individual empowerment: Health literacy empowers individuals to make informed decisions about their well-being and medical care. With greater knowledge of health and disease concepts, individuals can take a more active role in managing their own health and that of their families.

Making informed decisions about wellness and medical care is critical to ensuring effective health care and improving long-term health outcomes. Here are some reasons supported by the literature:

b) Improved quality of care: The ability to make informed decisions allows individuals to select treatment options that better meet their needs and preferences, which can lead to greater satisfaction with the care they receive.

c) Active participation in healthcare: Patients who make informed decisions are more engaged in their healthcare and are more likely to actively participate in the decision-making process with their healthcare providers.

d) Reduced risks and complications: By understanding the benefits and risks associated with different treatment options, patients can make choices that minimise the risk of complications and adverse effects, thereby improving their quality of life (Härter et al., 2011).

e) Patient empowerment: The process of informed decision-making empowers patients by giving them the knowledge and confidence to assume control of their health and well-being.

f) Improved health outcomes: The implementation of informed decisions can lead to better adherence to treatment and lifestyle changes, which in turn can lead to better long-term health outcomes (Stacey et al., 2017).

g) Disease prevention: Understanding basic health concepts and promoting healthy practices can help prevent chronic and acute illnesses. Those who are health literate are more likely to adopt healthy lifestyles, such as a balanced diet, regular exercise and regular medical check-ups.

h) Reducing health inequity: Health literacy can contribute to reducing health disparities by providing all people with access to accurate and understandable health information. This is especially important for communities that are marginalised or have limited access to health resources.

Health literacy plays a critical role in reducing health inequity, as it provides equitable access to information, empowers individuals to make informed decisions, reduces disparities in access to healthcare, and promotes equity in health outcomes (Berkman et al., 2011).

i) Improved communication with healthcare professionals: Those who are health literate are better able to communicate with healthcare professionals in a clear and effective manner, which facilitates comprehension of diagnoses, treatments and medical advice. This can improve the quality of medical care and reduce errors in interpretation.

According to Sørensen et al. (2012), improving communication with healthcare professionals through health literacy is important for several reasons.

- It facilitates the understanding of medical information. Health literacy enables individuals to understand medical terminology and health concepts, enabling them to participate more effectively in conversations with their health professionals and

enhancing comprehension of diagnoses, treatments and medical care (Berkman et al., 2011).

- It promotes active participation in decision-making: People with adequate health literacy can participate more actively in making decisions about their health, expressing their preferences and concerns and working with their health professionals to develop treatment plans tailored to their individual needs.

- Improved adherence: Effective communication between patients and healthcare professionals, facilitated by health literacy, can improve treatment adherence. When patients better understand treatment instructions and the benefits of following the care plan, they are more likely to follow the recommendations of their healthcare professionals (Berkman et al., 2011).

- Reduce errors and misunderstandings: Clear and effective communication between patients and health professionals can help prevent misunderstandings and errors in health care. Health literacy enables patients to ask relevant questions, share relevant information about their medical history, and understand the instructions and recommendations of their healthcare professionals.

- In summary, improving communication with healthcare professionals through health literacy is important because it facilitates understanding of medical information, encourages active participation in decision-making, improves adherence to treatment, and reduces errors and misunderstandings in medical care.

j) Reduced health costs: Health literacy can contribute to reduced costs in the health care system by promoting disease prevention and more efficient use of medical services. People with higher levels of health literacy tend to seek medical care in a timely manner and have a better understanding of treatment options, which can reduce the need for costly medical interventions.

k) Adapting to changes in healthcare: In the 21st century, health care is changing rapidly due to technological advances, changes in delivery systems and the increase in chronic diseases in developed societies. Health literacy is essential for individuals to understand and adapt to these changes, such as the use of advanced medical technologies or telemedicine, which is becoming increasingly important in healthcare systems around the world due to its low cost and ease of use for large numbers of patients.

3. Possible health literacy actions in the school and community.

In the study by Pino Juste (2020), an approach was made to the areas and groups of intervention of health literacy programmes. The majority of health literacy programmes are implemented in either in the school setting (focusing on the need to include different topics, such as mental health or sexual health, in the educational curriculum) (Casañas et al., 2020; Nutbeam, 2008; Van Boxtel et al., 2024) or in the community setting (through the literacy of patients, carers and health professionals) (Berkman et al., 2011; Navarro, 2021).

At the school level, health literacy can be promoted through a variety of actions aimed at educating students about health issues and encouraging the adoption of healthy behaviours from an early age. This can include integrating health-related content into the curriculum, organising hands-on activities, or creating a healthy school environment (World Health Organization, 2009).

The curriculum should include content related to food and nutrition, physical activity habits, mental health and disease prevention, with a focus on promoting healthy lifestyles (Nutbeam,

2008). However, other authors also include sex education, road safety education and environmental health. It is therefore important to include health literacy in educational curricula is important, as it provides an approach from all relevant dimensions that improves knowledge about promoting children's health (Van Boxtel et al., 2024).

In addition, student health clubs can be established where young people can lead health promotion initiatives, such as awareness campaigns or volunteering in the community (Glanz et al., 2008).

However, the professional training of teachers is one of the key points in the implementation of health literacy in schools, as indicated by Velardo and Drummond (2015). They state that the role of the teacher in the context of teaching health literacy is as important as the role of the student in the acquisition of health literacy.

As the organisation Schools for Health in Europe has reflected (Okan et al., 2020), teachers have an important role in the quality of health education and health literacy taught in the classroom, as they are the main actors in the acquisition of healthy habits in students.

At the same time, it should be emphasised that the level of health literacy of teachers is linked to the level of health literacy of their students (Peterson et al., 2001). Therefore, it is crucial that health literacy is included in the teacher training curriculum to ensure that teachers can effectively transfer health literacy skills to their students (Okan et al., 2020; Sørensen & Okan, 2020).

At the community level, health literacy interventions can target people of all ages and socioeconomic groups. This can include organising workshops and health talks in community venues such as health centres, libraries, social centres and even places of worship to address issues relevant to the local population (Rudd & Anderson, 2006; Sørensen et al., 2012). In addition, adult education programmes can be established that focus on improving the health literacy of community members, especially those with low levels of formal education (Kickbusch et al., 2013). It is also important to involve local community leaders and health professionals in these initiatives to increase their impact and legitimacy in the community (Koh & Sebelius, 2010).

At the present time, a significant proportion of the intervention strategies that are being implemented in both educational and community settings are related to the acquisition and maintenance of good mental health, which has been considered one of the cornerstones of public health in Europe since the onset of the Covid-19 pandemic.

The implementation of these activities has been adopted due to two interrelated factors: the clear worsening of symptoms in patients with mental health problems and the boost that digital applications have received after the pandemic. This has made the implementation of digital mental health applications necessary to improve the population's access to resources to address this problem (Martinez-Martin et al., 2020; Nogueira-Leite et al., 2024).

Currently, these interventions are conducted via mobile phones and associated applications (such as mHealth (*mobile health*)), which enhance "positive" mental health and even act as a protective factor against depression and anxiety (Bendtsen et al., 2020). However, the use of these applications must be guided by the principle of minimum risk and maximum benefit. It is essential that they are regulated by the various national legislations (Essén et al., 2022; Nogueira-Leite et al., 2024).

At the same time, in recent years, the movement known as 'One Health' has gained prominence and more recently has integrated health literacy, referred to as 'One Health Literacy'. Through this concept, it is possible to maintain the balance of health and quality of life for humans,

animals and the environment by integrating the different domains of health literacy. It is in these areas that collaboration between different sectors of society is essential, enabling the development of innovative solutions that will lead to better long-term outcomes (Blankart et al., 2024; World Health Organization et al., 2022).

Nevertheless, in order to carry out these activities, it is necessary to reduce the so-called 'digital divide' that a large part of the adult population suffers in their daily lives, which can even affect access to health resources (Alarcón Belmonte et al., 2024). The World Health Organization has focused on this in its so-called Global Strategy for Digital Health 2020-2025 (World Health Organization, 2021), which aims to empower societies and improve their well-being.

4. Phases in the instructional design of health literacy programmes.

The instructional design of health literacy programmes is a crucial process for developing effective interventions to improve understanding and informed decision-making about health issues in the population. This process involves a series of interrelated stages, from identifying needs and objectives through to programme implementation and evaluation. I will describe these stages in detail below.

a) Identifying needs and objectives: The initial phase of educational design involves identifying the health literacy needs of the target population and setting clear and achievable objectives for the programme. This may involve reviewing epidemiological data, public health surveys and consultation with relevant stakeholders to identify priority areas for intervention (Nutbeam, 2000).

b) Selection of educational content and methods: Once the objectives of the programme have been established, the selection of relevant educational content and the most appropriate pedagogical methods to address the identified needs is undertaken. This may include developing educational materials, planning practical activities and using information and communication technologies (ICTs) to enhance learning (World Health Organization, 2009).

c) Designing the curriculum: In this phase, a detailed curriculum is developed that organises educational content and learning activities in a sequential and coherent way. It is essential to consider the characteristics of the target group, such as their educational level, culture and socio-economic context, in order to adapt the intervention effectively (Sørensen et al., 2012).

d) Developing educational materials and resources: Educational materials are developed based on the previously designed curriculum. These materials may include informational brochures, educational videos, interactive games, scape rooms, and other educational resources that facilitate learning and retention of health information (Berkman et al., 2011).

e) Programme implementation: Once the educational materials have been prepared, the health literacy programme is implemented. This may involve training facilitators, organising teaching-learning sessions and conducting outreach and advocacy activities to engage the target population (Glanz et al., 2008).

f) Evaluation of the programme: Finally, an evaluation of the programme is conducted to determine its effectiveness and make any necessary adjustments to improve its impact. This may include assessing participant satisfaction, knowledge gained, behaviour change, and short and long-term health outcomes (Stacey et al., 2017).

In summary, the didactic design of health literacy programmes is a complex process that requires careful planning and implementation. One of the key steps is to identify the specific needs of communities, as each society will have different needs and health literacy is content-

and context-specific. By following these steps and drawing on scientific evidence and best practice, it is possible to develop effective interventions that improve understanding and promote healthy behaviours in the population

5. Conclusion

Health literacy is essential in the 21st century to empower people to make informed decisions about their health, prevent disease, reduce health inequalities, enhance communication with health professionals, reduce healthcare costs and adapt to changes in healthcare.

Health literacy efforts at the school and community level are critical to promoting understanding of health and encouraging healthy behaviours. By educating people about health issues and empowering them to make informed decisions, they can contribute to improving overall well-being and reducing health inequalities in society.

Improving children's health literacy can, over time, reduce the health inequalities that currently exist in many communities or countries and lead to new generations of healthier people.

It is therefore necessary to examine the specific health needs of communities through the implementation of health literacy programmes, as this will enable action to be taken to improve the health literacy of communities.

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