

Health literacy – integrating the problem or the solution

Letramento em saúde – integrar o problema ou a solução

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Healthcare professionals have historically invested in health education initiatives, incessantly striving to develop health promotion competencies and achieve better outcomes in the short and long term. Various strategies have been explored in an eager quest to attain satisfactory results, preferably as swiftly as possible.

For a long time, the responsibility for health success was focused on the prescriptive actions of professionals, as if it depended exclusively on them. And for another period, people were informed about what they should do (not always what they could, understood, or how they could achieve it). The context's background, the environment in which they lived, and the individual and/or collective demands were disregarded.

Today, social, political, and sanitary challenges require multiple, collaborative actions from various stakeholders, as the responses in healthcare are multifaceted, involving people in the decisions that affect their health. Nata Menabde wrote some time ago that “good health is key to productive societies.”¹ She justified this by stating that healthy people can go to school and work, making it less likely that they will experience hunger or live in poverty. This means investing in people's education, including food and employment. Indeed, it means improving health and having hope for life. It means investing in people and systems.

However, people learn in varied ways and respond differently to the various modes of communication. We must do things differently if we want different learning outcomes and improved behaviors. It may be that people cannot use their reading and

numeracy skills in contexts different from their usual ones or those that require specific knowledge, such as in healthcare.

Therefore, measures should be undertaken to facilitate people's access to health information and services. If these are clear, comprehended, and accessible, they will be useful for making well-informed choices. Moreover, this applies to the decisions of the individual, their family, and their community. It means equity in access and opportunities.

Making healthy choices is not straightforward when the available options and especially the implications of those choices are not understood. We are talking about people's health literacy, representing "the personal knowledge and competencies that accumulate through daily activities, social interactions, and across generations. Personal knowledge and competencies are mediated by the organizational structures and the availability of resources, that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them."² This allows them to gradually engage, argue for rights, participate in community actions, and demand government actions.

Health literacy development is "undertaken across all settings where people's knowledge, understanding and behavior about health can be influenced," which is essentially anywhere.³ Assuming that all individuals may find it difficult to understand and access healthcare facilitates coordinated actions, necessitates the education of healthcare professionals, and changes in how systems respond to HL, addressing differences equitably. Consideration must be given to investments for a more "health literate" society.⁴

Health literacy can help people gain control over health determinants, but any change is progressive and suggestions have emerged on how to intervene to address the challenge of limited health literacy in populations. These include improving the quality of health communication (skills and support for frontline professionals), normalizing curriculums, preparing instructors and students, adapting people's communication methods and access to services, ensuring that priority is proportional to people's needs,⁴ and carrying out health education initiatives that enable the development of transferable skills to access, understand, analyze, and apply information.

Planned action must be intentional and continuously assessed for process adjustments and improvements.

The outcome of collective actions to overcome limited health literacy may be slow, as the process is cumulative and educational efforts do not yield immediate results. Yet, there is always something everyone can do in their environment to impact health positively. It starts where you are, using what you have and doing what you can. The choice depends on each individual! There is always the option to stop being part of the problem and to integrate into the solution.

References

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