



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Document Health Literacy

**Proposed by ANEM-Portugal and Associa-Med Tunisia  
Presented to the IFMSA General Assembly March Meeting 2020, in Kigali, Rwanda.**

### Policy Statement

#### Introduction:

Globalization and the new communication tools, such as the internet and social media, allow communities to interact and access information in new ways, changing the traditional doctor-patient relationship and the way patients access, perceive and understand evidence-based health-related information. Furthermore, health literacy represents one of the key determinants of health and a powerful indicator of an individual's health outcomes by increasing the knowledge and capability of taking informed health decisions as well as protect and improve their own health.

#### IFMSA Position:

The IFMSA acknowledges the importance of Health Literacy in driving social change towards empowerment and health equity for all. Furthermore, we would like to highlight the importance of access to evidence-based health information to improve health outcomes. Finally, IFMSA also stresses the threat of unverified, misleading and incorrect healthcare information to communities' health.

#### Call to Action:

Therefore, IFMSA calls on:

#### The World Health Organization (WHO) and Non-Governmental Organizations (NGOs) to:

- Adopt policies to ensure transparent, up-to-date and unbiased access to reliable health information provided by health care facilities and national health organizations;
- Develop, strengthen and implement multi-sectoral public policies, programme and action plans to promote health education and health literacy that meet the needs of the population;
- Raise awareness of the importance of health literacy and eHealth literacy for achieving the Sustainable Development Goals, including, but not limited to, quality education and poverty reduction;
- Support and promote health literacy online strategies including, but not limited to, writing actionable content, displaying content clearly on the page, sharing information through multimedia, designing intuitive interactive graphics and tools, labeling and organizing content with the users in mind.

#### Governments, Health Ministries and other relevant Ministries to:

- Adopt policies to ensure transparent, up-to-date and unbiased access to reliable health information and monitor their impact as they are implemented;



# IFMSA

International Federation of  
Medical Students' Associations

- Allocate resources and funds to select, compile and channel evidence-based information and to address health literacy in vulnerable populations equally;
- Create partnerships with health students' organizations, supporting them on the development of health literacy promotion initiatives and community-based activities;
- Develop robust evaluation, regulating and monitoring measures of the influence of marketing, pharmaceutical industry and other organizations regarding the information provided by healthcare facilities and national health organizations;
- Develop robust evaluation and monitoring measures of the communities' health literacy and population groups, quantifying its impact on health and quality of life outcomes.

#### **Universities, Research and other Academic and Educational Institutions to:**

- Support research to identify barriers and measures to increase health literacy and distribute examples of best practice in health literacy intervention development, providing evidence of what works, in which contexts and why;
- Encourage partnerships among health professionals, educators, learners, and students to develop health-related curricula, and conversely, to assist in the design of patient-centered health care services and interventions;
- Ensure access to evidence-based information, promoting open resources to verified and reliable health information.

#### **Healthcare facilities and healthcare professional organizations to:**

- Provide evidence-based training to healthcare professionals to adequately use and transmit health information to their patients about their health status, prescriptions and healthy lifestyles;
- Ensure easy and timely access to well-trained medical interpreters for patients with low literacy, language and other communication barriers.

#### **Healthcare professionals to:**

- Provide health related information in a language, format and technical level that is understandable to patients, whilst establishing a feedback process in a respectful and non-discriminatory way;
- Take into account the cultural beliefs and characteristics of the population to which healthcare information is directed;
- Provide guidance and time for the patients to consider, discuss and understand the healthcare issue at hand;
- Address the special needs of the chronically ill, many of whom have limited health literacy, by educating patients and caregivers about their health status and ways to improve their health outcomes.

#### **IFMSA, National Member Organizations (NMOs) and healthcare students to:**

- Develop capacity building initiatives that empower healthcare students and gives them the tools needed to advocate for health literacy in their communities;
- Take the lead in the promotion of health literacy through student-led activities and public awareness campaigns;
- Collaborate with universities and other educational bodies to strengthen effective communication and health literacy within health curricula.



# IFMSA

International Federation of  
Medical Students' Associations

## Position Paper

### Background information:

The WHO Constitution states that “the extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.” The Constitution also states that: “Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people” [1]. Access to relevant, up-to-date, evidence-based, unbiased healthcare information is crucial for every aspect of health, positively influencing health outcomes [2]. Moreover, healthcare information is only useful if it is provided in the right language, and in a format and technical level that is understandable to patients, whilst taking into account the cultural beliefs and characteristics of the population to which is directed.

Since health is a human right, there is a moral and legal obligation of states and governments to provide its populations the tools to achieve the best health outcomes possible. Health literacy, which “represents the cognitive and social skills which determine the motivation and ability of individuals to gain access, understand and use information in ways which promote good health”, is one of such tools [3]. Therefore, nations need to strengthen efforts in this area and accelerate action towards significantly increasing the number of health-literate individuals. Consequently, national health literacy policies and plans must compete with governmental priorities, decision making processes, financial constraints, cultural beliefs and past experiences [4].

### Discussion:

#### 1. Online health information

The health sector isn't impervious to the effect of globalization, social media and the internet. Even though the large volume of health information resources available on the internet has a great potential to improve health, it also has a potential for harm, due to inaccurate, misleading or biased online health information [5].

In recent years, progress has been made with the development of several guidelines and checklists to improve the quality of online health information. However, little attention has been devoted to how consumers use, compare and evaluate online health information [6].

#### *Social Media and the Internet*

Access to information and communication technology is growing every year. In fact, 60% of the world's population are using the Internet [7]. As access improves, people are actively searching for more information regarding their health status, whilst engaging with mass media content commonly generated by commercial entities, such as the marketing and pharmaceutical industry, that can be, directly or indirectly, health-compromising. Even though



# IFMSA

International Federation of  
Medical Students' Associations

there is a huge potential for health-related initiatives and interaction in online health related support groups, the quality and reliability of the information shared on the World Wide Web can be questionable [8].

The concept of eHealth Literacy (eHL) is defined as “the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem” [9]. It aims to help people make informed decisions about healthcare using eHealth resources and is considered a tool for improving health outcomes and reducing health inequities (including educational resources, access to the internet, language barriers, socioeconomic status and other related social determinants of health) [10].

## 2. Sustainable Development Goals

The 2030 Agenda identifies 17 Sustainable Development Goals (SDGs) which aim to “ensure that all human beings can fulfil their potential in dignity and equality in a healthy environment.” [11]. While there is no specific target on health literacy within the SDGs, health literacy is an essential precondition and indicator of achieving the SDGs [12]. Therefore, health literacy must move beyond the bench to achieve the aspirations and objectives of the SDGs.

Better health literacy underpins improvements across all SDGs and without considering all the goals as a whole, any improvements on the global health arena will be able to take place. To integrate interdisciplinarity as a holistic view will be a crucial step in order to be able to tackle the existing and the upcoming challenges that society will need to face when it comes to health-related issues.

### 2.1 SDG 1 - No poverty

Lack of educational opportunity and inadequate health information can lead to information poverty or misleading concepts, respectively. Moreover, poverty tends to breed poverty, passing from one generation to another. According to literature, improvements in educational and health outcomes are strongly and negatively associated with poverty incidence [13]. Thus, addressing the overall education and health situation of a country has a considerable impact on poverty magnitude.

### 2.2 SDG 3 - Good Health and Well-Being

Health literacy is required at the individual and community level to ensure the health and well-being for all. To end the epidemics of AIDS, and other communicable diseases, we need appropriate health messages and services to be delivered, understood and taken up. Also, to achieve Universal Health Coverage, and to provide access, understanding and uptake of effective medicines and vaccines for all.

### 2.3 SDG 4 - Quality Education

The literature on health inequalities has repeatedly demonstrated a strong association between lower levels of education and poorer health outcomes [14] [15] [16]. In fact, not only



# IFMSA

International Federation of  
Medical Students' Associations

people with low health literacy were found to be less healthy, but also to have less knowledge about their own health [17].

Reforms in education provide significant opportunities to develop health literacy capabilities [18]. In fact, three aspects of health literacy have been described in the literature as particularly important to develop early in life: 1) *critical health literacy*, originally defined as “advanced cognitive skills which, together with social skills, can be applied to critically analyze information, and to use this information to exert greater control over life events and situations”; 2) *empowerment* of children and young people, so that they can take control and make informed decisions that can influence their health; 3) *self-efficacy*, which is all about equipping children and young people with confidence in their own ability to influence health [19] [20]. The education sector and schools, supported by other sectors such as national health systems, can play a crucial role in implementing the needed measures to develop these aspects, such as skilling up future generations of teachers as part of their initial training, as well as encouraging the incorporation of health literacy within the schools' curricula.

### 3. Prevention and Primary Health Care

Primary health care (PHC) is a whole-of-society approach centered on the needs and circumstances of individuals, families and communities. The delivery of primary care can be understood as the delivery of five key concepts: comprehensive care for most health problems, continuity of care, long-term and person-focused care, care coordination and providing first contact of care for new health problems [21].

Primary care professionals are the first point of access to healthcare services and play a key role in building patients' health literacy level [22], which includes being able to read and comprehend essential health-related materials (e.g., prescription bottles, prescription labels, appointment slips). When patients receive written health communication materials that don't match their reading level, patient education is not effective. Additionally, when patients have low literacy skills but high verbal fluency, these skills can mask their inability to interpret written information [23].

In the general population, health literacy is associated with healthcare usage and expenditures. Existing evidence shows that individuals with low health literacy incurred in more visits and spent more on visits and prescription drugs [24]. Furthermore, these patients are more likely to be hospitalized [25] and to go to the emergency department more often, in addition to being more likely to return to the emergency department after 2 weeks following a first visit [26]. Studies also report that those with low health literacy skills are more likely to have chronic conditions and to find it more difficult to manage those conditions, which also results in higher healthcare costs [27].



# IFMSA

International Federation of  
Medical Students' Associations

## References:

- [1] World Health Organization. Constitution of the World Health Organization [Internet]. 2006. [cited 31 December 2019]. Available from: [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)
- [2] Rudd R, Groene O, Navarro-Rubio M. On health literacy and health outcomes: Background, impact, and future directions. 2013. Elsevier. Available from: <https://www.elsevier.es/es-revista-revista-calidad-asistencial-256-articulo-on-health-literacy-health-outcomes-S1134282X13000419> DOI: 10.1016/j.cali.2013.03.003
- [3] World Health Organization. Health promotion glossary [Internet]. 1998. Available from: <https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf> DOI:10.1093/heapro/13.4.349
- [4] World Health Organization. European Health Report 2018 [Internet]. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/380478/HEALTH\\_REPORT\\_HIGH\\_LIGHTS\\_2018\\_EN.PDF?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/380478/HEALTH_REPORT_HIGH_LIGHTS_2018_EN.PDF?ua=1)
- [5] Kim P, Eng TR, Deering MJ, Maxfield A. Published criteria for evaluating health related web sites: review. 1996. BMJ. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27772/#> 1999;318(7184):647–649. DOI:10.1136/bmj.318.7184.647
- [6] Diviani N, van den Putte B, Giani S, van Weert JC. Low health literacy and evaluation of online health information: a systematic review of the literature. 2015. J Med Internet Res. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4468598/> 2015;17(5):e112.doi:10.2196/jmir.4018
- [7] World Internet User Statistics and 2019 World Population Stats. Available from: <https://www.internetworldstats.com/stats.htm>
- [8] Boulianne S. Social media use and participation: a meta-analysis of current research, Information, Communication & Society . 2015. Available from: <https://www.tandfonline.com/doi/abs/10.1080/1369118X.2015.1008542> 18:5, 524-538, DOI: 10.1080/1369118X.2015.100854
- [9] Norman CD, Skinner HA. eHealth Literacy: Essential Skills for Consumer Health in a Networked World. 2006. J Med Internet Res. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1550701/> 2006;8(2):e9. doi:10.2196/jmir.8.2.e9
- [10] Wu AD, Begoray DL, Macdonald M, Wharf Higgins J, Frankish J, et al. Developing and evaluating a relevant and feasible instrument for measuring health literacy of Canadian high school students. 2010. Health Promot Int. Available from: <https://pubmed.ncbi.nlm.nih.gov/20466776-developing-and-evaluating-a-relevant-and-feasible-instrument-for-measuring-health-literacy-of-canadian-high-school-students/> 25(4), 444-52. 10.1093/heapro/daq032



# IFMSA

International Federation of  
Medical Students' Associations

- [11] United Nations. Resolution adopted by the General Assembly on 25 September 2015: Transforming our world: the 2030 Agenda for Sustainable Development. 2015. [cited 31 December 2019]. Available from: [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)
- [12] Gillian P, Scott R. Beyond the bench and bedside: Health Literacy is fundamental to sustainable health and development. 2019. Information Services & Use, vol. 39, no. 1-2, pp. 79-92, 2019. Available from: <https://content.iospress.com/articles/information-services-and-use/isu180037> DOI: 10.3233/ISU-180037
- [13] Janjua P, Kamal U. The Role of Education and Health in Poverty Alleviation A Cross Country Analysis. 2014. British Journal of Economics, Management & Trade, 4(6): 896-924, 2014.
- [14] Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. Health Aff (Millwood). 2002 U.S. National Library of Medicine. Available from: <https://pubmed.ncbi.nlm.nih.gov/11900187-socioeconomic-disparities-in-health-pathways-and-policies/><https://pubmed.ncbi.nlm.nih.gov/11900187-socioeconomic-disparities-in-health-pathways-and-policies/> 2002;21(2):60–76. DOI:10.1377/hlthaff.21.2.60
- [15] Kunst AE, Bos V, Lahelma E, et al. Trends in socioeconomic inequalities in self-assessed health in 10 European countries. Int J Epidemiol. 2005. U.S. National Library of Medicine. Available from: <https://pubmed.ncbi.nlm.nih.gov/15563586-trends-in-socioeconomic-inequalities-in-self-assessed-health-in-10-european-countries/> 2005;34(2):295–305. DOI:10.1093/ije/dyh342
- [16] Mackenbach JP, Stirbu I, Roskam AJ, et al. Socioeconomic inequalities in health in 22 European countries [published correction appears in N Engl J Med. 2008 Sep 18;359(12):e14]. N Engl J Med. Available from: <https://pubmed.ncbi.nlm.nih.gov/18525043-socioeconomic-inequalities-in-health-in-22-european-countries/>2008;358(23):2468–2481. doi:10.1056/NEJMsa0707519
- [17] van der Heide I, Wang J, Droomers M, Spreeuwenberg P, Rademakers J, Uiters E. The relationship between health, education, and health literacy: results from the Dutch Adult Literacy and Life Skills Survey. 2013. J Health Commun. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3814618/#R16> 2013;18 Suppl 1(Suppl 1):172–184. doi:10.1080/10810730.2013.825668
- [18] Logan R, Siegel E. Health Literacy: New Directions in Research, Theory and Practice. 2017. IOS Press.
- [19] St Leger L, Nutbeam D. A model for mapping linkages between health and education agencies to improve school health. 2000. J Sch Health. Available from: <https://pubmed.ncbi.nlm.nih.gov/10715824-a-model-for-mapping-linkages-between-health-and-education-agencies-to-improve-school-health/>2000;70(2):45–50. doi:10.1111/j.1746-1561.2000.tb07239.x
- [20] McDaid D. Investing in health literacy: What do we know about the co-benefits to the education sector of actions targeted at children and young people? .2016. WHO Regional Office for Europe: Policy brief 19. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf?ua=1)



# IFMSA

International Federation of  
Medical Students' Associations

[21] World Health Organization: Building the economic case for primary health care: a scoping review. Available from: [https://www.who.int/docs/default-source/primary-health-care-conference/phc---economic-case.pdf?sfvrsn=8d0105b8\\_2](https://www.who.int/docs/default-source/primary-health-care-conference/phc---economic-case.pdf?sfvrsn=8d0105b8_2)

[22] Hedelund L, Smith S, Cai A, Meiser B, Yanes T, Ahmad R, Rowlands G. How is health literacy addressed in primary care? Strategies that general practitioners use to support patients. 2018. J of Communication in Healthcare. Available from: <https://www.tandfonline.com/doi/ref/10.1080/17538068.2018.1531477?scroll=top>

[23] Office of Disease Prevention and Health Promotion. The Healthy People 2020. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy#11>

[24] Rasu RS, Bawa WA, Suminski R, Snella K, Warady B. Health Literacy Impact on National Healthcare Utilization and Expenditure. Int J Health Policy Manag. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4629700/> 2015;4(11):747–755. doi:10.15171/ijhpm.2015.151

[25] Baker DW, Gazmararian JA, Williams MV, et al. Functional health literacy and the risk of hospital admission among Medicare managed care enrollees. Am J Public Health. Available from: <https://pubmed.ncbi.nlm.nih.gov/12144984-functional-health-literacy-and-the-risk-of-hospital-admission-among-medicare-managed-care-enrollees/> 2002;92(8):1278–1283. doi:10.2105/ajph.92.8.1278

[26] Griffey RT, Kennedy SK, D'Agostino McGowan L, Goodman M, Kaphingst KA. Is low health literacy associated with increased emergency department utilization and recidivism? [published correction appears in Acad Emerg Med. 2015 Apr;22(4):497. McGowan, Lucy [corrected to D'Agostino McGowan, Lucy]]. 2014. Acad Emerg Med. Available from: <https://pubmed.ncbi.nlm.nih.gov/25308133-is-low-health-literacy-associated-with-increased-emergency-department-utilization-and-recidivism/> 2014;21(10):1109–1115. doi:10.1111/acem.12476

[27] Mirczak A. Health literacy level among elderly and chronic disease self-management. 2017. Journal of Education, Health and Sport. Available from: <http://ojs.ukw.edu.pl/index.php/johs/article/view/4212> 2017;7(3):72-85. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.265641>