

IFMSA Policy Document

Health Literacy

Proposed by Team of Officials

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Policy Commission

- Ibrahim Abusufian Elkabashi Dafallah, MedSIN Sudan, ibrahimabusufian9@gmail.com
- Antonio Guevara Ferreira Exposto Rodriguez Lopez, ANEM Portugal, a.lopez@campus.ul.pt
- Mahmood Al-Hamody, IFMSA Vice-President for External Affairs, vpe@ifmsa.org

Policy Contributors

- Aashna Mahesh Gajria, MSA-INDIA (MSAI)
- Christopher Haruna Dakat, NiMSA-Nigeria
- Isha Abbasi, IFMSA-Pakistan
- Matij Pervan, CroMSIC-Croatia
- Moaaz Rafat Eladawy, IFMSA-Egypt
- Osman Abdelhakeim Gussor, MedSIN-Sudan

Policy Statement

Introduction:

Globalisation, access to the internet and new communication tools have transformed the way communities interact and access information. This shift has altered the traditional doctor-patient relationship and how patients access, perceive and understand health-related information, whether evidence-based or not. Moreover, health literacy is a key social determinant of health. It impacts individuals' ability to access appropriate health services and empowers them to make informed decisions about their health and well-being. Medical students and health and care workers have a crucial role in promoting and improving health literacy among the general population and empowering patients to become active partners in their healthcare. Prioritizing health literacy as a key focus area in our work in IFMSA is essential to promote an inclusive and patient-centred approach to healthcare among our members, ultimately contributing to more equitable and effective healthcare systems globally.

IFMSA position:

The IFMSA recognizes the importance of Health Literacy as a fundamental human right and a critical determinant of individual and community health, promoting health empowerment and fostering health equity for all individuals. We emphasize the critical need for universal access to evidence-based health information to enhance health outcomes. Furthermore, IFMSA emphasizes the potential harm caused by unverified, misleading, and inaccurate healthcare information, underscoring the imperative to safeguard communities from such threats to their health and well-being. Finally, IFMSA recognises the importance of communication and cultural competence of health and care workers in delivering evidence-based and tailored health information to patients.

Call to Action:

Therefore, IFMSA calls on:

Governments, Health Ministries and other relevant Ministries to:

- Adopt policies that ensure transparent, up-to-date, and unbiased access to reliable health information for patients and the community while diligently monitoring the impact of these policies as they are implemented;
- Allocate adequate resources and funds to carefully select, compile, and disseminate evidence-based information, ensuring equitable access to health information for populations in vulnerable and marginalised settings;
- Foster partnerships with health students' organizations, offering support in the development of health literacy promotion initiatives and community-based activities, harnessing the potential of youth engagement;
- Establish robust evaluation, regulation, and monitoring mechanisms to assess the influence of marketing, pharmaceutical industry, and other non-health entities on healthcare facilities and national health organizations, ensuring the provision of accurate and unbiased information;
- Develop comprehensive evaluation and monitoring frameworks to assess the health literacy levels within communities and specific population groups, quantifying its impact on health outcomes and quality of life.

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

- Provide technical guidance to governments in developing policies that ensure transparent, up-to-date, and unbiased access to reliable health information and its provision by healthcare

facilities and national health organizations;

- Develop, strengthen and implement multi-sectoral public policies, programmes and action plans to promote health education and health literacy tailored to the specific needs of diverse populations;
- Raise awareness about the significance of health literacy and eHealth literacy in achieving Sustainable Development Goals and foster a collective commitment to integrating health literacy into global development agendas;
- 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, and labelling and organizing content with the users in mind.

Universities, Research and other Academic and Educational Institutions to:

- Support research to identify barriers to health literacy and explore effective measures to enhance it, highlighting examples of best practices in health literacy intervention development and providing evidence-based insights into their relevance and impacts in different contexts;
- Encourage partnerships among health professionals, educators, learners, and students to develop health-related curricula that underpin health literacy education and to design and deliver patient-centred healthcare services and interventions;
- Ensure access to evidence-based information, promoting open resources that offer 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;
- Provide their workers with access to online and electronic health resources and information tools;
- Ensure easy and timely access to well-trained medical interpreters for patients with low literacy, language and other communication barriers.

Health and care workers to:

- Provide health-related information to patients in a language, format, and technical level that is easily understood while establishing a respectful and non-discriminatory feedback process to ensure that patients can comprehend and engage with the information shared;
- Take into account the cultural beliefs and characteristics of the population to which healthcare information is directed;
- Provide sufficient guidance and time for patients to consider, discuss, and comprehend the health issues at hand and the information they receive.

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

- Develop capacity-building initiatives that empower their peer students and equip them with advocacy skills to promote health literacy in their communities.
- Take the lead and collaborate with other health student-led organisations in organizing student-led activities and public awareness campaigns that raise awareness and promote health literacy among the public;
- Collaborate with universities and other educational bodies to incorporate health literacy and effective communication principles into health curricula, ensuring future healthcare professionals are well-prepared to address the health literacy needs of patients.

Position Paper

Background information:

Health literacy is known to have far-reaching impacts on the foundations of healthcare. Based on the interactive health literacy framework, health literacy is influenced and created by the interaction of a person's skills, abilities and health awareness with health contexts, healthcare and education systems, and broad social and cultural factors at home, work, and in the community. This interaction creates varied, complex environments where individuals seek optimal health [1, 2].

Health literacy plays an important role in healthcare by strengthening access to medical information and allowing patients to understand and extract meaning from common medical symptoms, accurately evaluating and understanding the scope and breadth of illness while being able to apply conscious decisions within and outside of the clinical setting regarding their health [3]. In this way, higher levels of health literacy can enhance and ensure effective communication between patients and health professionals [3]. Health literacy also plays a role in preventive medicine, particularly through health promotion which can allow people to educate and get educated on health issues through forming a reflected stance to approaching personal and community health as well as preventing disease through understanding risk factors associated with disease centred on evidence-based research [3].

Through this position paper, we aim to examine the importance of health literacy in determining individual and community health status and outcomes and in the fulfilment of the right to health. We further aim to provide a basic understanding of the concept of health literacy.

Discussion:

1. Definitions

Understanding the key terminologies and definitions related to health literacy is fundamental in addressing the challenges and improving healthcare outcomes. Health literacy, health information, health communication, and health literacy interventions play vital roles in promoting equitable access to health information and empowering individuals to make informed decisions about their health.

Health literacy can be defined as an individual's ability to "obtain, process, and understand basic health information and services needed to make appropriate health decisions" to maintain and improve health [3, 4]. It emphasizes the importance of both individual skills and the accessibility of health information and services. Health information specifically refers to "information pertaining to health conditions, treatments, and services that individuals can use to make informed decisions about their health" [5]. It encompasses various forms, such as written materials, digital resources, and verbal communication.

Health communication is a critical component of health literacy and involves "the dissemination of health-related information, tailored to individuals' literacy and cultural backgrounds, to promote positive health outcomes" [6]. Effective health communication considers the target audience, utilizes clear and plain language, and employs culturally sensitive approaches to enhance comprehension and engagement.

Health literacy interventions are strategies aimed at improving health literacy levels. These interventions can be categorized into individual-focused and system-focused approaches. Individual-focused

interventions target the skills and knowledge of individuals, while system-focused interventions aim to improve the accessibility and delivery of health information and services to ensure they are understandable and actionable for all individuals [7].

2. Health Literacy and the Social Determinants of Health

Health literacy and social determinants of health (SDH) are two interconnected concepts that significantly influence individuals' health outcomes and well-being. Health literacy is, itself, a fundamental determinant of health that influences an individual's ability to access, understand, and apply health information to make informed decisions [8]. Health literacy levels play an independent role in improving health even after socioeconomic differences are adjusted. This is due to its direct impact on health behaviours such as the use of preventive services, treatment compliance, and increased proactiveness in healthcare decision-making [9, 10]. Other studies have highlighted how health literacy levels can have a clear impact on the mortality rate in older people [11], as well as in the context of the COVID-19 Pandemic, where following evidence-based protocols was crucial in preventing the transmission of the virus [12].

Conversely, social determinants can have a profound impact on the individual's health literacy levels. Socioeconomic status impacts access to education, healthcare resources and health information and understanding complex healthcare systems impacting health literacy levels of individuals [8][13]. Education is another critical factor impacting health literacy, impacting individuals' comprehension skills, critical thinking abilities and their engagement with health information more effectively [14][15]. Cultural background and language barriers also significantly impact individuals' access to health information and navigating healthcare systems, which can be detrimental to health literacy levels [15][16]. These social determinants can create barriers to accessing health information and services, leading to a cycle of poor health outcomes and limited health literacy for future generations.

In conclusion, health literacy and social determinants of health are intricately linked and play crucial roles in shaping individuals' health outcomes and overall well-being. Addressing the interplay between health literacy and SDH is essential in advancing health equity and reducing health disparities. Policymakers and healthcare professionals must consider the bidirectional relationship between these two concepts to develop effective strategies that empower individuals to navigate complex healthcare systems and attain improved health outcomes.

3. Understanding the barriers to health literacy

To understand the problem of Health Literacy, it is crucial to comprehend the various challenges and determinants that continually influence health literacy and shape global health.

3.1. Poverty and Low Socioeconomic Status

Socioeconomic status and poverty have been directly associated with a lower health literacy rate [8]. In low socioeconomic settings, there is often a lack of resources and opportunities, including limited access to educational materials, healthcare facilities, and health-promoting programs that can impede individuals' ability to gain essential health knowledge and access essential health services [17]. As a result, individuals with low SES may struggle to make informed decisions about their health, leading to poorer health outcomes. As such, more equitable distribution of resources, decreased financial hardship and inclusive access to services through systematic interventions, such as Universal Health Coverage and publicly funded education, are essential to help reduce inequities in health literacy driven by poverty.

3.2. Cultural and Linguistic Diversity

Cultural and linguistic diversity has a significant impact on health literacy, particularly in terms of social

and geographic isolation, cultural differences, language barriers, and policy-related obstacles, often disproportionately affecting Indigenous populations and rural communities [18], exacerbating existing health disparities and hindering access to critical health information and services. Individuals from these marginalized groups may face difficulties in comprehending and navigating health resources, leading to lower health literacy levels [19].

Language, specifically, represents one of the main challenges facing patients in acquiring health knowledge. As healthcare professionals often communicate with patients using complex medical jargon, technical language and terminology that may be unfamiliar and difficult to comprehend for individuals with limited health literacy [14]. This can lead to confusion and misunderstandings, ultimately impacting patients' ability to make informed decisions about their health. Furthermore, linguistic minority populations and migrants, often which face challenges in properly comprehending health information due to a lack of information in their relevant language or lack of translation, impeding their ability to make informed decisions about their well-being due to less health information available in their native language [20].

3.4. Discrimination and Inclusion

Members of marginalized communities, such as racial and ethnic minorities, LGBTQI individuals, migrants and individuals with disabilities, often face systemic discrimination and societal biases, which adversely affect their access to health information and health services [21, 22]. Studies have shown that individuals who have experienced discrimination in healthcare settings have lower levels of trust in healthcare providers and institutions, which can lead to avoidance of healthcare services and limited engagement with health information [23, 24]. This mistrust hinders patients' ability to actively participate in their healthcare decisions and access accurate health information to make informed choices about their well-being. Furthermore, discrimination can also lead to exclusion from healthcare programs and services, leading to inadequate access to healthcare and health resources and depriving individuals of the necessary tools to enhance their health literacy and make informed decisions about their well-being [25]. Additionally, discriminatory practices in healthcare settings can result in limited opportunities for individuals to seek health information and preventive care, perpetuating health inequalities.

3.5. Misinformation and Lack of Evidence

Misinformation, often spread through various media channels and social platforms, can lead to the dissemination of inaccurate or false health information. This misinformation can range from misleading claims about treatments and remedies to the promotion of unproven or potentially harmful practices [26][27]. Individuals exposed to such information may find it challenging to differentiate between credible sources and unreliable ones, affecting their ability to make informed decisions about their health.

The internet and social media platforms have played a significant role in the spread of health-related misinformation [26]. Since the advent of our digital age, telecommunications and the internet have taken a centre stage in providing information and news to billions of people around the world via social media, websites, news and other means. The information traded on these platforms is not free from health-related information which is the primary source for health-related information for billions of people [26][28]. With the ease of sharing information online, misinformation can quickly go viral, reaching a vast audience and potentially influencing health-related decisions and behaviors. Lack of regulation and fact-checking on these platforms further exacerbate the problem, making it difficult for individuals to identify evidence-based information [26]. Recently, there has been progress in creating guidelines to stratify online health information based on quality. Nonetheless, more research needs to be done on how

individuals utilize, assess, and compare such information [28].

Furthermore, access to evidence-based information and the ability of the health care provider to communicate it appropriately are essential in addressing low health literacy. Healthcare workers must be able to identify and interpret relevant clinical evidence, assess whether the evidence applies to the patient, assess their patient's literacy levels and understanding in addition to their specific circumstance and, accordingly, provide them with the appropriate information and guidance to address their health issue [29]. In order to be competent in evidence-based practice and communication, providers will require access to up-to-date resources, as well as training and support [29][30].

4. Health literacy and better health promotion

Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” [31]. It entails a focus on a wide range of social and environmental interventions in addition to on individual behavioural interventions. The Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development establishes the importance of health literacy as key driver of health promotion [32]. As health promotion strategies rely on disseminating accurate and actionable health information, individuals' health literacy levels significantly influence the effectiveness of these interventions. Research has consistently shown that individuals with higher health literacy are more likely to engage in health-promoting behaviors, such as preventive screenings, adherence to treatment plans, and healthy lifestyle choices [14, 33].

On the other hand, health promotion strategies that take health literacy into account are more likely to be successful in reaching their target audience and achieving desired health outcomes. Tailoring health messages to suit the health literacy levels of the intended recipients is crucial for improving comprehension and engagement with the information [13]. Health promotional materials used in health education campaigns that are challenging to understand for the community affect health literacy, health-seeking behavior, understanding of disease its prevention as well as the acceptance of medical interventions [34]. Some techniques, such as using health promotional materials reflecting the minimum educational level of the target audience, use of local and minority languages, use of drawings or sign language for the illiterate and handicapped, respectively or health education by social workers and physicians can help minimize the inequities caused by inadequate health promotion. As such Designing effective health promotion interventions necessitates a thorough understanding of the target population's health literacy levels and needs. Health literacy assessments should be incorporated into the planning phase to identify potential barriers and tailor interventions accordingly [35].

Different approaches can be used to incorporate health literacy into the health promotion agenda to improve its efficiency; [36]

- A systemic approach which goes from bottom to top, enhancing health literacy from the individual/family level to the community level. This entails the maximization of health learning opportunities across all levels and age grades of society. It also diversifies the forms, modes and languages this knowledge will come in. To implement this, health literacy should be included at all levels; from schools to workplaces, homes and even social services.
- The inclusion of health literacy in global, national and regional policies and strategies for health promotion. Health literacy is an asset to health and can be developed as it is responsive to health promotion intervention. The inclusion of health literacy in health promotion strategies will greatly reduce health disparities and improve prevention and treatment of both non-communicable and

communicable diseases. It is necessary to improve awareness of health literacy among policy and decision-makers.

5. Actions on Health Promotion

The five strategies set out in the Ottawa Charter for Health Promotion essential for success are [37]:

1. **Build healthy public policy:** Health promotion policy adopts different approaches such as legislation, fiscal measures, taxation as well as organisational change. It focuses beyond health-related policies and requires the identification of negative impacts on health in non-health sectors, and ways of removing them [37]. This necessitates a high health literacy among decision-makers and policy-makers to ensure their commitment to consider health in all policies and legislations [32].
2. **Create supportive environments:** Our societies are complex and interrelated. The inextricable links between people and their environment constitute the basis for a socioecological approach to health promotion. The Charter recognizes that “Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” [37]. In order to create an environment that is supportive of health, health-literate settings are essential to driving awareness of and action to strengthen health literacy and, consequently, promote healthier communities throughout the policies, procedures and practices of the settings [20].
3. **Strengthen community action:** The community plays a crucial role in influencing health literacy and is an aggregate of external influences on health literacy. Within the Ottawa Charter for Health Promotion, communities need to work together to advocate regarding health issues to community members and local governments, educate community members about optimal health practices, address unhealthy living conditions such as pollution and environmental hazards [39]. Communities should also work on optimizing educational and social spaces while working to reduce inequities with focus on marginalized groups to preserve the health of the entire population.
4. **Develop personal skills:** Health promotion focuses on personal and social development to promote healthy lifestyles and behaviours that are appropriate to people’s settings [39]. For individuals to be able to change their lifestyle, they must first understand basic facts about a particular health issue, adopt key attitudes, learn a set of skills and be given access to appropriate services. As health literacy represents the knowledge and competencies of an individual that enable them to utilize health information [31], it hence supports and is supported by health promotion strategies.
5. **Reorient health services:** Health promotion is a shared responsibility among individuals, community members, health professionals, healthcare facilities and governments. Given the widespread impact of the practice of health promotion, the health sector must reorient towards health promotion, including in strengthening health education and literacy, beyond its responsibility for providing clinical and curative services [37].

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