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HEALTH LITERACY: A CALL FOR ACTION FOR A JUST AND EGALITARIAN SOCIETY

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Abstract: Health Literacy Survey -2019 (HLS19) undertook a two-year extensive comparative survey in 17 European countries whose results demonstrated that while health literacy levels have risen, there is vast room for improvement. 36% of the Bulgarian population has poor or unsatisfactory level of health literacy (very difficult/ difficult range answers). This means that more than a 1/3 of Bulgarian citizens are facing hurdles when presented with health or healthcare related issues to deal with which inexorably affects their quality of life and potential. To society this means that there is a measurable inequality between those with high and low health literacy that is evidenced by social gradient. Thus, low health literacy has direct effect on perpetuating health inequalities which in turn affects social justice and attainment of human development and flourishing. HL is closely associated with social determinants of health and poor health/ outcomes due to low literacy is as an injustice that needs to be addressed systematically from broad policy perspective. It is an injustice as studies demonstrate that HL is a modifiable factor that has a direct positive effect on improving well-being, reducing absenteeism, and triggering economic and social progress. The purpose of the project is to analyze available literature, draft and test questionnaires, analyze results in order to gain better understanding of the health literacy needs of Bulgarian population and to better inform public health policies and implement targeted evidence based interventions. Improved health literacy will lead to more effective and efficient healthcare utilization contributing to better patient outcome and optimal use of health and medical resources. In fact, the WHO Shanghai Declaration (2016) declared health literacy a critical determinant of health and established the direct link between adequate health literacy and achievement of Sustainable development goals.

Key words: health literacy, knowledge gap, human flourishing, HLS19 survey
Field: Social Sciences and Humanities

INTRODUCTION

Covid-19 has demonstrated that health literacy is not simply "the people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare (being ill), disease prevention (being at risk) and health promotion (staying healthy) to maintain or improve quality of life during the life course" (Sørensen et al. 2012) but is the river Styx that divides the world of life from death. Health literacy has become a distinct discipline as it has been demonstrated that having the capacity to address, understand and act upon health or health-related information is correlated but not interchangeable with intelligence, general literacy, and educational level (HLS19 Consortium 2021).

METHODS

The first phase of the survey is focused on literature review of previous HL surveys and recommendations, drafting and testing questionnaires and defining respondents target groups. Sample of 1000 respondents in Bulgaria were stratified by age, gender, and residency according to data of 2010 Bulgarian census.

DISCUSSION

Health literacy has a twofold focus. One geared inwards: what do I know? How do I interpret this info? How do I act or not? The second perspective is outward towards family, friends, and society: How do my actions affect others? Am I accountable and to whom? Does my action/inaction matter? In other words,

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improving health literacy is key to empowering individuals to make informed decisions not only about their personal health, but also the health of their families and communities. HL is fundamental for individual wellbeing exemplified by better, healthier decisions for one's life outside healthcare system: appropriate physical activity, less tobacco and alcohol consumption, better diet with fresh vegetables and fruits and ability to critically assess health -related information and act upon it. Additionally, HL is a key aspect of patient autonomy within the healthcare system and is a prerequisite for meaningful patient-centered care that focuses on the holistic, human needs of patient, and not on their disease or condition. Lastly, chronic disease patients who are on the intersection of health and social care systems and general population, benefit exponentially from improved health literacy as it directly translates into better management skills of their prolonged condition.

The pandemic has demonstrated that health literacy is a decisive factor in public health too. The higher the health literacy, the higher the likelihood that individuals assess evidence -based information and act accordingly such as maintaining physical distance, wearing masks, washing hands, and getting vaccinated. On the contrary, lower health literacy provides fertile ground for misinformation and disinformation to grow and negatively affect individuals and communities: such as failure to follow mandates (omitting to act), reference to conspiracy theories and actively hurting oneself with non-evidence-based self-treatment methods or hurtful practices like consuming bleach (committing an act).

So far research on HL has focused on the individual, however there is a growing recognition that communities, governments, and other actors need to improve health literacy and make it an organizational priority. Covid-19 further indicates the pressing need to improve health literacy on organizational and societal level. Public Health interventions are still somewhat ineffective due to the knowledge gap which is a phenomenon that prevents experts from understanding why a course of action is not self-evident for the general public. This failure to meet the public where it stands has affected relations and trust between the professional communities and society. Evidence-based science and recommendations do not automatically lead the public to act immediately and there is an obligation that institutions serve better their customers in the way it best fits them and brings desired results. Necessary actions can be as easy as translating complex requirements into easy to follow, step- by- step guidelines. There is evidently a knowledge gap phenomenon that needs to be addressed via making organizations and professional groups more health-literate and user friendly. Particular efforts should be geared towards introducing HL training and sensitivity of media as HLS19 survey results pointed out that individual's preferences for obtaining health and well-being -related information are shifting from health providers to sources outside the health realm(HLS19 Consortium 2021).

From a citizenship perspective, improved HL also means that individuals and communities increase their power of shaping or demanding health and other services which affect their well-being. That contributes to strengthening of social capital and making communities more resilient to adverse events be them environmental, social, or economic. Healthy individuals within healthy society contribute to the economic progress and output of the country which leads to stable economic and social development. Last but not least, healthy individuals are key aspect of national security in terms of the triad of population, government, territory, which, according to political sciences, constitutes a country. Further, the state represented by public institutions has the obligation to protect its citizens by traditional instruments of statehood but also by launching a safety net of knowledge, training and tools which promote autonomous agency for attaining rewarding personal, social, and economic life. That is, the state has an ethical obligation to provide the optimal physical and non-physical conditions for launching personal potential and maintaining wellbeing.

Health is not a static absence of disease but a life process which demands the individual to maintain, care and manage changes within themselves on a biological level but also within social contexts and changing environments. Studies have demonstrated the correlation between low health literacy and: "increased hospital admissions and readmissions, poorer medication adherence and increased adverse medication events, less participation in prevention activities, higher prevalence of health risk factors, poorer self-management of chronic diseases and poorer disease outcomes, less effective communication with healthcare professionals, increased healthcare costs, lower functional status and poorer overall health status, including increased mortality" (Calaglu et al. 2020). In terms of direct costs, it is estimated that 3-5% of health care expenditures are due to low health literacy(Rasu et al. 2015). Thus, allocating budget resources to improving health literacy through targeted interventions is an investment with high returns in prosperous society. HL cannot be learnt or improved in an emergency, but it is a necessary, long-term investment to be made by societies now more than ever.

Health literacy is also context and content -specific (McKenna et al. 2017) which means that solutions in one context can yield positive results, while in other can be detrimental. Successful interventions cannot

be transferred automatically without culturally competent and sensitive, in-depth adaptation to cultural and social contexts. This point is particularly important as presently most research on HL is done in the Northern hemisphere and Western Europe, and while there is an altruistic urge to share knowledge and experience, it has to be done with caution and respect. Data suggests more targeted policies, stratified by demographics, socio-economic background, culture, and education need to be drafted and implemented. That will contribute to serving social justice and improve equality of opportunity and ultimately, and equitable, egalitarian society. Limited health literacy widens the gap between people with healthy vs unhealthy lifestyles; poor vs good health; employment vs unemployment; quality of life and perceived position in society. Further, people with limited health literacy cannot benefit fully from the healthcare system and cannot realize their full potential. In other words, HL is crucial to healing the chasm between poverty and justice.

HL should be a priority for all stakeholders within the public and private realms: education and health systems, communities, local authorities, governments, and international institutions. Only with concerted actions individuals and communities will be able to enhance their health literacy levels and diverse health outcomes and perceived state of well-being will be a result of choice, not injustice.

Nominally, in Bulgaria human rights and particularly the right to health is promoted and protected by the state via a universal health system, health insurance, health promotion and prevention, etc. Yet, 36% of the Bulgarian population have poor or unsatisfactory level of health literacy (very difficult/ difficult range answers) which represent a de facto obstacle for full enjoyment of rights. This means that more than a 1/3 of Bulgarian citizens are facing hurdles when presented with health or healthcare related issues to deal with which inexorably affects their quality of life and potential. Thus, low health literacy has a direct effect on perpetuating health inequalities which in turn affects social justice and attainment of human development and flourishing. As Covid-19 pandemic has demonstrated, untimely death is a call to action to weave sound knowledge safety nets around individuals, communities, and our society so death occurs because of natural cause or accidents not because of distrust in science and poor health literacy.

CONCLUSION

In the words of Goethe: “Knowing is not enough; we must apply. Willing is not enough; we must do”, health literacy is critical for achieving healthy, equitable society and social justice. Thus, Health literacy should be a national priority and sufficient funds should be allocated for drafting and implementing an evidence-based Health literacy strategy and dedicated inter-ministerial and inter-institutional Task force for its implementation. The Task Force (deep appreciation to Dr. William Foege and the Task Force for Global Health for all their passionate work for global health, Atlanta, Georgia should be comprised by decision-makers from the Ministries of Finance, Education and Health, Professional organizations of physicians, dentists and healthcare givers, Professional organizations of educators, psychologists and communication specialists, Media representatives and representatives of civil society (patient groups, chronic diseases patient groups, vulnerable populations, and other with special interest in health and education) and other professionals in order to provide for targeted, tailored made interventions for improving Health literacy on individual, societal and organizational level.

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