

Health literacy to address health disparities: innovative & integrated strategies

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Health literacy, a multifaceted concept encompassing skills, knowledge, and confidence in accessing, comprehending, and using health information, plays a pivotal role in shaping health outcomes and healthcare utilization. In England, statistics reveal that a significant proportion (42%) of working-age adults lack the necessary skills to interpret and apply everyday health information, a figure that escalates (61%) when numerical comprehension is required [1].

While sustainable development goal (SDG) 3, aiming to ensure healthy lives and promote well-being for all ages, stands as the singular health-specific goal within the Sustainable Development Goals (SDGs), several other goals—such as SDG1 (No poverty), SDG2 (Zero hunger), SDG4 (Quality education), SDG8 (Decent work and economic growth), and SDG10 (Reduced inequalities)—are inherently interconnected with health and contribute significantly to enhancing overall population health [2]. Notably, at the 9th Global Conference on Health Promotion in 2016, the World Health Organization (WHO) unveiled the Shanghai Declaration. This declaration elevated health literacy to a foundational pillar for health and sustainable development in the forthcoming decades [3].

In developing countries, amidst pressing challenges like insufficient healthcare access, another insidious concern lurks: the prevalence of low health literacy. Unlike developed nations, developing countries grapple with markedly lower levels of health literacy. Yet, collective efforts aimed at educating and empowering individuals to make informed health choices could precipitate a substantial decline in low health literacy, often termed the "silent killer".

Low levels of health literacy often stem from deficiencies within education and healthcare systems, which bear the responsibility of disseminating crucial health information to the public. Consequently, nations with inadequate systems in place are more prone to having subpar levels of health education [4,5].

In developing countries, among those with inadequate health literacy, a significant majority are women from socioeconomically disadvantaged backgrounds with limited educational opportunities. This underscores a widespread deficiency in health education, particularly among women, within developing nations. The root cause likely lies in gender disparities, perpetuating unequal access to education, essential services, and employment opportunities for women. Moreover, global poverty disproportionately affects women, exacerbating these disparities on a worldwide scale [5].

The impact of limited health literacy reverberates across health behaviors and service utilization. Individuals with constrained health literacy often exhibit unhealthy lifestyle choices, such as poor dietary habits, smoking, and sedentary lifestyles, leading to increased morbidity and premature mortality. Moreover, this demographic is more reliant on emergency services, struggles to manage chronic conditions effectively, and consequently incurs heightened healthcare costs [6].

Pakistan's healthcare system grapples with a multitude of challenges, contributing to its sluggish functionality. Within this framework, many healthcare providers persist in traditional, authoritative roles, occasionally making ill-informed decisions for their patients. Compounding this issue is the prevalence of low health literacy, resulting in delayed diagnoses of critical illnesses. A study conducted in Pakistan revealed that nearly half of the patients surveyed struggled to fully comprehend physician instructions and medication usage. This deficient literacy, coupled with linguistic barriers, renders individuals susceptible to the pitfalls of an inadequate healthcare system. Limited research on health literacy exists, primarily centered in Lahore and a few other cities within Punjab [7].

Initiatives aimed at bolstering health literacy yield far-reaching benefits. They foster health knowledge, instill resilience, stimulate positive behavior modifications, and equip individuals to manage chronic ailments more effectively, consequently alleviating pressure on healthcare systems. However, while evidence suggests that improving health literacy

holds promise in reducing health disparities, further rigorous research is imperative to discern effective strategies, particularly for vulnerable populations [1].

Various promising strategies exist to fortify health literacy and empower individuals to take charge of their health. Implementing the teach-back method in health and social care services to ensure comprehension, integrating health literacy promotion into early education curricula, and harnessing community-based peer-support networks are notable avenues.

While a comprehensive overhaul of the educational system extends beyond the scope of the medical community, there are now accessible and innovative solutions poised to revolutionize healthcare accessibility.

Leveraging the tremendous surge in technology, telecommunications, and social media in Pakistan emerges as a viable solution. The exponential growth in mobile phone usage signifies a global shift toward adopting cellular technology as a primary mode of communication, even in developing nations. Despite lower literacy rates, more than one-third of Pakistan's population utilizes cell phones for text messaging. Harnessing the vast reach of these telecommunication and television networks in Pakistan stands as the most pragmatic approach to disseminating fundamental health information [8].

Although sporadic efforts utilizing public service announcements (PSAs) for issues like smoking, COVID-19, breast cancer have been implemented, achieving substantive change in health awareness mandates consistent, targeted, and comprehensive initiatives.

Achieving substantial progress in health literacy necessitates collaborative efforts across sectors. Integration of health literacy initiatives within health services, education sectors, and community-based organizations, supported by active involvement from employers, communities, and families, is pivotal. This interdisciplinary synergy will foster a cohesive approach in equipping individuals with the tools to navigate and improve their health outcomes, thereby advancing towards a more equitable healthcare landscape.

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REFERENCES:

1. Public Health England. Improving health literacy to reduce health inequalities. 2015. AvailableURLhttps://assets.publishing.service.gov.uk/media/5a80b62d40f0b62302695133/4b_Health_Literacy-Briefing.pdf
2. Budhathoki SS, Pokharel PK, Good S, Limbu S, Bhattachan M, Osborne RH. The potential of health literacy to address the health-related UN sustainable development goal 3 (SDG3) in Nepal: a rapid review. *BMC Health Services Research*. 2017;17(1):1-13. Doi:10.1186/s12913-017-2183-6
3. World Health Organization. United Nations Development Program. Policy briefs 4: Health literacy. In: 9th Global Conference on Health Promotion. Geneva: World Health Organization; 2016: 1–9.
4. Meherali S, Punjani NS, Mevawala A. Health literacy interventions to improve health outcomes in low-and middle-income countries. *HLRP: Health Literacy Research and Practice*. 2020;4(4): e251-e266. Doi:10.3928/24748307-20201118-01
5. Hedman-Robertson AS, Allison KG, Kerr DL, Lysoby L. Historical and contemporary aspects of health literacy in certified health education practice. *American Journal of Health Education*. 2021;52(6):323-332. Doi :10.1080/19325037.2021.1976327
6. Malik M, Zaidi RZ, Hussain A. Health literacy as a global public health concern: a systematic review. *Journal of Pharmacology & Clinical Research*. 2017;4(2):1-7. Doi: 10.19080/JPCR.2017.04.555632
7. Ahmed A, Anwar B, Qureshi M, Asim M, Nisar N. Assessment of Health literacy and its determinants in patients visiting tertiary care hospital, Rawalpindi, Pakistan. *Pakistan Journal of Public Health*. 2020;10(4):220-225. Doi:10.32413/pjph. v10i4.674
8. Sabzwari SR. Health literacy in Pakistan: Exploring new ways of addressing an old challenge. *Journal of Pakistan Medical Association*. 2017;67(12):1901-1904.