



# European Medical Students' Association

Association Européenne des Étudiants en Médecine

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## Health Literacy

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*The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.*

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## Problem statement

Health Literacy was first introduced in the 1970s and was defined as the ability to comprehend words and numbers in a medical context (van den Broucke, 2014). Over the years, the definition has evolved to incorporate functional, interactive and critical literacy. According to the European Health Literacy Survey (HLS-EU), the current definition of health literacy encompasses “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, disease prevention and health promotion to maintain or improve quality of life during the life course” (Sørensen, 2012).

Over the past decade, the number of widescale studies measuring Health Literacy (HL) across European countries has increased significantly. These revealed correlations between worsened health outcomes, high medical expenditure and inadequate health literacy (Visscher, 2018). Furthermore, the last HLS-EU conducted in 2015 presented a striking result that “at least 1 in 10 (12%) respondents showed insufficient health literacy and almost 1 in 2 (47%) had limited (insufficient or problematic) health literacy” (Sørensen, 2015).

Low overall literacy may impact health literacy; however, there is no significant correlation and if there is, the relationship between them is complex. Health literacy has the potential to impact a broad array of functional skills that are required to make health decisions in various settings (Easton P, 2010; Rudd, 2007). Studies have shown that people with low health literacy “benefit less from general interventions” and are less empowered to be actively involved in their own treatment, especially when it comes to chronic disease management (Visscher, 2018). US Studies focusing on diabetes patients reveal that those with low health literacy are less motivated to make lifestyle adjustments (van der Gaag, 2021). Furthermore, inadequate health literacy leads to “perceived barriers in accessibility and availability of health care”, where patients are inclined to seek emergency help instead of routine screening and other chronic disease treatment options (van der Gaag, 2021). Comorbidity is also observed as a contributing factor to limited capacity of self-management, particularly the impact of illness on one’s “physical, psychological and social functioning” (Bayliss, 2003).

Moreover, the consequence of inadequate health literacy not only results in worse health outcomes but also generates high socioeconomic costs, which is illustrated by high health expenditure, primarily caused by high hospitalisation rates and ineffectiveness of preventive interventions (Baccolini, 2021). Studies conducted in the United States show that the estimated annual cost associated with low Health Literacy could reach as high as \$172 billion for prescription alone (Rasu, 2015).

The distribution of people with limited health literacy within a society correlates, to a great extent, with the prevailing social gradient. People with low socio-economic status and low educational levels can make up as high as 75% of the population with limited health literacy in countries such as Spain, Greece and Bulgaria (Sørensen, 2015). This trend can be observed across the EU, though with remarkable differences in its degree, indicating that the lack of sufficient health literacy can even

foster inequality among European countries. As such, strategies to identify said disparities and alleviate the burden of low health literacy remains crucial.

Determinants of health impose a great impact on health literacy levels. As a consequence, lower levels of health literacy are imposed on vulnerable groups (low socioeconomic status, migrants and refugees, the elderly and disabled individuals), particularly because of low social attainments, poor quality jobs and weak social connections as well as language barriers and lack of digital literacy. As an impact there are vast social and economic consequences, with higher morbidity and premature mortality levels. The European Population is progressively ageing with a rise in people suffering from chronic diseases. With this, multidisciplinary strategies must be implemented by policymakers, public health and social care professionals and community groups to empower people and reduce inequalities.

In an increasingly technological and digital world, a large majority of health-related information is received and accessed through diverse non-digital and digital media. It is essential for individuals to know how to filter, interpret, question, and verify the information provided by these channels to make rational, evidence-based health decisions. Studies show that social media posts containing misinformation about health related issues can reach up to 87% (Suarez-Lledo et al, 2021). The SARS-CoV-2 pandemic has been particularly challenging, bringing an overabundance of health information, both valid and invalid. Thus, the pandemic also became an “infodemic”, which led to the development of a new coronavirus-related health literacy measure: HLS-COVID-Q22, that highlighted the difficulty in judging media-based information on COVID-19 (Okan et al, 2020). It is therefore, now more than ever, important for media channels to carefully select and fact-check the information presented to the population, as well as for people to be attentive and conscientiously judge what is presented to them as scientifically proven, which can only be achieved with a better health literacy.

Studies have clearly demonstrated that low HL is a transversal problem within and between European countries, leading governments and health providers to develop solutions to tackle this problem (Heijmans et al, 2015). Strategies have been implemented by several European countries to improve HL among their population, which has led to a relevant pro-HL movement across the EU and beyond. Countries such as Italy, Germany, Portugal, Austria and Ireland (among others) have led and participated in widescale reports, providing useful data to assess the population’s knowledge over several domains of HL, such as digital and navigational skills, communication effectiveness (concerning the health professional community specifically) or vaccination HL (Bøggild et al, 2021).

HL has also been recognized as a systemic problem, where governments, health institutions and other public and private infrastructures must collaborate closely in order to ensure adequate HL within the general population (Sørensen, 2021; Leadbeater, 2020). Studies designed specifically to assess the effectiveness of governmental HL policies have identified a lack of strength to diffuse HL through community health education practices, which is one of the most effective and long-standing methods of societal education (Trezona et al, 2018).

## Our view. Aim

EMSA represents a student group that is dedicated to the empowerment of medical students and a channel to voice our opinions as the next generation of medical professionals. Health literacy is, indeed, an issue that raised public and experts' attention not so long ago. Studies have clearly demonstrated the far reaching impact health literacy has on the health infrastructure and on our global community and how some populations are disproportionately impacted. We, as future physicians and health experts, will be working with an aged population in a highly globalised and digitised world, where a high percentage of the population could suffer from the consequences of inadequate health literacy, if effective measures are not taken. It is clear that health literacy, or the lack thereof, can have a tremendous impact on patients' personal health and quality of life, as well as on the European healthcare system. Therefore, it is our responsibility to dedicate more attention to raise awareness, provide opportunities for development, and call for the implementation of strong and effective policies on health literacy.

## Recommendations

EMSA calls on the European Union and its member states to:

- Initiate survey and studies on health literacy and relating parameters such as chronic disease management, hospitalisation rate, efficacy of treatments specifically on the European population and identify disproportionately impacted populations;
- Dedicate funds to quality management of health literacy studies and implementation of guidance tools;
- Conduct a follow-up survey of HLS-EU by 2025 to measure the effectiveness of health literacy promoting efforts across the EU, thus identifying weaknesses and deviations between countries;
- Promote the implementation of generally uniform health literacy digital platforms, accessible and of easy use to all, complying with the EU Digital Strategy;
- Ensure the availability of reliable health information via digital sources, especially on the management of chronic diseases and lifestyle.

EMSA calls on the media / social media platforms to:

- Regulate media content in order to prevent the spread of fake news and misinformation;
- Value and prefer specialists in the field when discussing health situations, promoting information coming from doctors and health institutions, instead of news channels or social media;
- Communicate health information in ways the patients and the public can comprehend.

EMSA calls on National Ministries of Health to:

- Implement strategies to increase HL in vulnerable populations through mobile Health Literacy teams who contact impacted communities and offer support;
- Educate healthcare professionals on cultural humility through diversity and inclusion training programs semi-annually;

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- Ensure equal opportunity employment for healthcare professionals from diverse and/or underrepresented backgrounds;
- Join efforts from public and private institutions to develop valuable and complete health information through a public digital health literacy platform.

EMSA calls on National Health Care Institutions to:

- Educate health professionals on health literacy and provide digital means (online platform, learning programmes etc.) for instructional purposes;
- Offer “Using Digital Sources to Track Your Health” and “Health Literacy: Taking Charge of Your Own Health” training programs for patients on a monthly basis;
- Create a set of informative toolkits on health literacy issues concerning chronic disease management for the public by 2023;
- Include health literacy training as part of medical school curriculum to raise awareness for the importance of health literacy among future health care personnel;
- Write healthcare materials in plain language with simple and short written information, in multiple formats including Braille to ensure accessibility;
- Promote group interventions for elderly people with a healthcare educator using simplified language and picture-based educational materials and frequently scheduled follow-up calls

EMSA calls on professional groups to:

- Make appropriate use of translators and interpreters to ensure that important health information is accessible to migrant and ethnic minority communities;
- Promote health literacy to individuals by introducing them to reliable, proven digital means.

EMSA calls on medical schools and medical students to:

- Implement mandatory cultural humility training for all medical students;
- Provide elective training on health coaching and encourage medical students to use their health coaching training at clinics;
- Develop and implement a curriculum on delivering health information in plain language;
- Join local, national and european working groups to promote health literacy and to develop curriculum and working materials for this purpose.

EMSA calls on the public to:

- Be involved in community based strategies that aim help overcoming language differences, integrating service users’ and the public’s perspectives and securing commitment to health promotion initiatives;
- Be aware of the liability of digital health related information and to acquire the ability to filter false input.

EMSA calls on EMSA FMOs to:

- Organise workshops to develop peer guided health literacy training sessions;
- Encourage members to engage in dialogues with patients and non medical personnels concerning health literacy;
- Promote the inclusion of Health Literacy problematics in the core medical curricula.

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