

Measuring health literacy: moving towards a health – promotion perspective

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Dear Readers,

the development of health literacy measures keeps currently health researchers across the globe busy. Major steps forward have been achieved in particular in the development, testing and application of health literacy screening instruments^{1–3}. Most of these measures, however, focus on just one of its three dimensions, namely functional health literacy, leaving interactive and critical health literacy⁴ unattended.

Of course, questions on ‘how’ to measure health literacy are not independent of the more fundamental question on ‘what’ and ‘what for’ do we want to measure it. Those questions, I suppose, cannot be answered without some differentiation on the field of application, in other words, in what public health intervention areas health literacy is meant to be applied to.

Usual answers to the ‘what for’ question revolve around public health objectives to improve people’s chances for good health. But then we ask: What dimensions of health do we want to improve and through what kind of intervention approach is health literacy supposed to contribute to that goal? Is it medically defined outcomes such as diabetes, hypertension and their risk factors or is it subjective wellbeing and social functioning? And, is it through medical services or through lifestyle modifications that we want health literacy interventions to contribute to? In that, we need to consider that health literacy may have very different meanings and functions in contexts as diverse as a short hospital stay and a long-term lifestyle modification. This clearly indicates that we need different measures of health literacy to cover the various fields of public health interventions.

A more differentiated look at medical services and health promotion as the two major fields of public health interventions links the applied ‘how to measure’ question with theoretical considerations behind the ‘what for’ question. Applied to medical settings, the question on what we want to measure health literacy for is often answered by pointing to an optimal utilization of medical services. The rationale there is that optimal or at least adequate use of medical services would depend on people’s abilities to read and understand medical information, be it in written form or conveyed in personal encounters such as doctors visits. Improving people’s understanding of what is provided in the realm of medical services is seen as a major factor that contributes to increased quality of care and adherence to expert advice. Measurement of health literacy is needed to identify those patients that do not understand medical information or the range of services offered. Only if we know about those patients or subgroups with low degrees of health literacy, we can adjust our services respectively or provide specific teaching programs for patients.

Answers to the ‘how’ and ‘what for’ questions might be significantly different, if we take them on from a health promotion perspective. Health promotion approaches do not focus on illness experiences or optimal use of medical services. In health promotion the focus usually is much broader and emphasizes healthy general living conditions and people’s chances to live healthy lives. Moreover, health promotion calls for improving the resources people need in order to be active for their health, their own personal health, the health of their families and communities, including the power to change things for the better.

In this perspective, health literacy refers to people’s knowledge about how health is maintained and improved in

every day life including ‘... the ability to make sound health decisions’⁵. Health literacy also includes the skills to obtain and use appropriate knowledge about health and its determinants. Emphasizing the empowerment component in health promotion, I have argued elsewhere that health literacy approaches should also address people’s knowledge and skills necessary to work on and change those factors that constitute their health chances: ‘In health promotion practice, health literacy means to understand the conditions that determine health and to know how to change them’⁶.

Moreover, attempts to develop valid and meaningful health literacy measures need to account for the fact that health literacy is unequally distributed in most societies, often along the lines of social class^{7–11}. Theoretical guidance is needed, not only for explaining the relationships between health literacy and social background, but also much earlier, namely for selection of social cultural sensitive indicators. On that, people’s health relevant knowledge and skills can theoretically be understood as resources associated with their social and cultural background. As such, they may best be understood as part of the cultural capital needed to achieve good health¹².

The major point here is that health promotion research and practice needs health literacy measures that go beyond patients’ competencies in dealing with medical services. Appropriate measures of health literacy in health

promotion should focus on people’s competencies to know about, to acquire and make best use of the external and internal resources available to them, to be active for health as individuals, families, neighbours and community members.

Indicators of those resources should capture functional, interactive and critical health literacy in every day life contexts. They may address a whole range of competencies including the knowledge about what is good for my health, awareness of the resources I might use to improve my health, skills to get involved in community health issues, balanced assessments of expert advice from health educators and medical professionals, reflexive body perceptions, and many others.

At IJPH we consider health literacy a key concept in the future of modern public health and will give high priority to qualified papers addressing conceptual and methodological aspects¹³. Currently, IJPH is running a Call for Papers inviting original papers that discuss conceptual issues and report empirical findings on health literacy (see front-page in this issue).

Contributions are welcomed from all areas of applications, ranging from health promotion and primary prevention to medical services and teaching.

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