

We currently have to think about health literacy in two key areas: its influence and effects on the well-being of individuals and the effects on an organizational level, encompassing and transforming health and social organizations.

Health literacy is a determinant of health with social effects: it influences the individual's level of connection with society (Kickbusch, Wait & Maag, 2006) and the role of organizations, which combine their intervention in an integrated action of health and social. It is necessary to look at the individual in his context.

Healthy People 2020 emphasizes an ecological approach to disease prevention and health promotion. This ecological approach focuses on both individual determinants and the population level of health and interventions (Healthy People 2020).

The determinants of health are defined by Healthy People 2020 as the set of personal, social, economic and environmental factors that influence health status and also fit several categories such as policy formulation, social factors, health services, individual behaviour, biology and genetics. In addition, it is the interrelationships between these factors that determine individual and population health (Healthy People 2020).

The bridge between literate organizations

It is necessary to bridge the gap between health organizations and social organizations in order to achieve a more holistic view of the well-being of individuals and populations. This is because we persist in having a population with low health literacy (Espanha, Avila & Mendes, 2016) and therefore efforts may have to be different.

Organizations want to look at people in a holistic way. For example, an elderly individual with a chronic illness who needs home support for hygiene and food, will also need health care at home.

A literate organization (Brach et al., 2012) will provide this integration of care from a social and health perspective in terms of adequate access, understanding and use of services.

For this articulation to flow, the preparation of the teams in terms of access, understanding and use of services is essential to achieve good results.

We have been reflecting for years on the necessary change of the individual to be more

qualified, to control more the domains of his life. Only the effort of both parties, professional and patient or the user of services or client, has better results.

Nevertheless, in order to prepare users, it is necessary to have prior preparation by health and social professionals. Knowing how to make oneself understood is a challenge, of language, knowledge, motivational factors, realizing the context in which the patient system moves (Almeida, 2018).

The bridge with the patient

In 2009, at the WHO 7th meeting in Nairobi, experts from the World Health Organization (Kanj & Mitic, 2009) reflected on the need for requirements related to the presentation of health information.

Kanj and Mitic (2009) state that there is an incompatibility between the reading levels of health-related materials and the reading capacities of the target audience, as the use of jargon and technical language makes many health-related resources “unnecessarily difficult to use” (p. 5).

In this sense, there must be an effort by organizations who want to be literate, in reviewing the contents of their supports, whether printed or digital, so that communication could be more fluid and understood.

On the other hand, already in this meeting in 2009, participatory and community-based approaches are advocated, as they “seem to be promising” (Kanj & Mitic, 2009), such as the principles of participatory education and theories of empowerment seem to help parents to access, understand and use health information for their own benefit and that of their children (p. 5).

In this sense, it is increasingly necessary to involve the patient in patient advocacy (Ramos, 2020, p. 14)

The word has effects on behavior change

In a literate organization, employees must be prepared to know how to communicate correctly, that is, to know the content of the information they have to transmit, but also to know how to say it in words and body communication, that their recipients understand.

In addition, in this domain, an accessible language is essential to produce results of understanding and for the message to be effective, that is, to fulfil the results of our intention.

What often happens is that employees do not have accessible, positive and inclusive language training, and do not have the essential information for an effective response (even if it is not complete).

We are used to the expertise of the *contact centers*, but the employee of a service area does not have, in most cases, the preparation of a *contact center* communicator. However, it is easy to prepare if there is management considers it important to increase the level of literacy of its professionals.

The principles of language must obey the requirements of effective communication and be based on: clarity, assertiveness, positivity, inclusion (Vaz de Almeida, 2020).

Tabel 1. What to do? Some simple initial steps

- Commitment by the direction of organizations on the path to being a “literate organization”
- Definition of steps, objectives and strategies to achieve the desired results (baby steps);
- Train and prepare employees in an accessible, assertive, positive and inclusive language through training without great costs, and with the potential to improve their assistance, with results in the satisfaction of their publics/patients/users:
 - Train and prepare employees with health literacy techniques to be able to apply daily to the routines of both health professionals and other professionals in the social areas. We advise the book “50 health literacy techniques. A guide to health care”, with health literacy techniques systematized with the participation of 20 specialists in health literacy (Almeida, Moraes & Brasil, 2020);
 - Involve the patient to know what their real needs are and reflect this in the care, support and management;
 - Involve the partners of the organizations;
 - Understand the community, to understand the context in which the individual is inserted.

Source: The author.

Moving towards greater health literacy and equity means that it is possible to support individuals with low health literacy in managing their own health effectively, properly

promoting access to health services and their understanding of available information and, thus, making healthy decisions informed.

Improving health literacy for those with the worst health outcomes is a powerful tool for reducing health inequalities” (Kanj and Mitic, 2009)

References

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