

Health Literacy: engaging in a political debate

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Health matters. We need to find new ways to bring health promotion concerns into the political debate, not only as disease challenges but in relation to the social determinants of health. In my view a debate on health literacy opens up a range of such avenues. Like general literacy we can measure health literacy, and even more importantly we can measure it at individual, community and at population health level. Soon – with the help of the European health literacy survey – we will be able to compare the health literacy level of different countries. Of course there will always be different definitions and different approaches to measurement – but as soon as we are able to measure health literacy we can engage in comparisons and major inequities become visible. This to me is the critical political issue: a society that increasingly expects its citizens to take major decisions in relation to their health neglects at the same time to prepare them for these decisions and frequently refuses to make information available to them in a way that also less educated citizens can understand.

Health literacy can mean many things for different people: understanding the politics of food, gauging the sugar content of a bottle of coke and buying and preparing a healthy meal. It can imply personal disease management, using a condom, caring for others, navigating the plethora of health information available and advocating for action on the determinants of personal and community health. In everyday life the different forms of health literacy – functional, interactive and critical – constantly interact and health promotion professionals should be careful to devalue one form of health literacy compared to another. We should not be too judgmental about what makes people feel empowered and fall into the trap of Theodor W. Adorno's harsh dictum that "Wrong life cannot be lived rightly".

Many studies have shown the close relationship between low levels of education and low health status, some studies – not surprisingly - indicate that general health literacy skills are even lower than general literacy skills, especially for men. Some consider health literacy itself a key determinant of health; the American Medical Association for example found that health literacy is a stronger predictor of health status than age, income, employment status, education level, race or ethnic group. The political outrage lies in what I have termed the double inequity in health. Disadvantaged people have lower levels of health and life expectancy and often lack the resources and the ability to make healthy choices or use healthcare systems well, a significant factor with respect to the health gradient. But in addition to this social inequality their needs are not adequately understood and responded to in the health promotion and the health care system. In the same way that most food labels are not readable for the average consumer many parts of the health care system are not readable for patients and – in addition - many health professionals are not trained to communicate with patients who have trouble understanding advice or instructions. Surely a universal health care system must not only be accessible by all, but also understood by all! Addressing health literacy therefore is a challenge of access.

Knowledge matters. Defining health as a purely individual responsibility and neglecting the impact of inequality is not only a serious ethical issue in democracies it is also very costly. Data from Switzerland suggest that limited health literacy costs the country some 1.5 billion Swiss Francs annually. It is irresponsible and ridiculous that at the beginning of the 21st century in so-called knowledge societies we do not prepare citizens how to best use and contribute to a health system that

in OECD countries takes up between 10 to 15 percent of the GDP. A system so in need of innovation can only benefit from critical and active patients and users, as has been shown repeatedly in other sectors of society – and it is after all their money that pays for it. Yet individuals that in so many other parts of their lives are expected to take momentous decisions are not taken seriously as partners in the context of health and medicine, they are not even provided with access to their own personal health records or the cost of their treatment. Health literacy is about the balance between the power of the providers and the users and patients in the system. I include the right to personal and systems information with regard to health in my understanding of a citizen's right to health.

It is also irresponsible and ridiculous that many governments will not ensure that consumers can easily understand the fat, salt or sugar content of a product – witness the extraordinary fights that are underway in many European countries about introducing a traffic light system for food products or for having calories writ large on burger boxes. Benjamin Barber in his book “Consumed” describes a culture where the freedom of the citizen has been replaced by the ubiquity of the consumer – it's easier in some countries to access alcohol 24 hours a day than access a voting booth. The protection of the market is frequently more important than the protection of health. A political debate about health literacy is a debate about power and transparency: it is about a citizen's right to know about the origin and composition of food, about hospital infection rates, about which outlets sell alcohol to minors and about levels of pollution in a way that it can be understood broadly and easily.

A political debate on health literacy can give indications where society must act – some of the areas have been mentioned above. Schools obviously also play a critical role and it should be part of the regular curriculum to provide children not only with more knowledge about their bodies and their health but also about how to shop and cook, how to exercise, how to use the health care system and how to care for others. The statement that this is responsibility of parents is an ideological excuse. We need to ensure that children and young

people acquire a basic understanding of health and health systems in modern societies and come to understand the vital role it plays in their own life and that of society as a whole – it is as Thomas Abel states repeatedly part of their cultural capital. Above all they need to learn that health is not only an individual category but that it is linked to social determinants and community characteristics.

Health literacy is about rights, access and transparency. It is about a new form of health citizenship, in which citizens take both personal responsibility for health and become involved as citizens in social and political processes that address the root causes of health inequalities as well as inequalities in access to care. Engaged citizens and consumers can act together for health in many ways: my favorite example is from a South Australian suburb, where the community engaged to prevent the opening of a fast food restaurant just opposite the school; probably that is an active expression of critical health literacy. Another is the many small meetings throughout the USA that are presently engaging in a debate about health care reform.

It is because of these political issues that I consider health literacy one of the most critical capabilities in modern society – it expresses one of the key messages in modern public health which is, that we need to consider the interface between the social determinants of health and people as social actors. It can empower and enable people to make sound health decisions in the context of every day life – at home, in the community, at the workplace, in the health care system, in the market place, and – above all - in the political arena. Why leave the shaping of 21st century health systems to those that already have the best health and the most privileged access?

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