



EDITORIAL COMMENT

Health literacy[☆]

Literacia em saúde

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This issue of the *Journal* publishes a study by Andrade et al.¹ on cardiovascular disease knowledge in Portugal. It provides useful insight into knowledge of and attitudes toward cardiovascular disease, specifically stroke and myocardial infarction, in the general population.

The concept of health literacy had emerged by the 1970s,² at that time solely in the context of health promotion. However, it was not until the 1990s that the idea was given more concrete form, particularly by the World Health Organization, which in 1998 defined it as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.”³ In 1999, the Council of Scientific Affairs of the American Medical Association defined health literacy as the “ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient,”⁴ while in 2005 Kickbusch et al. defined it as “the ability 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, the market place and the political arena. It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their

ability to take responsibility.”⁵ It can thus be seen that the concept has evolved from an individual perspective to one with a social component that emphasizes complementary and integrative abilities, empowering individuals to make informed and responsible choices and decisions. It is also an essential tool for enabling the individual to navigate within health systems and the health care they provide.

Numerous studies have demonstrated the importance of health literacy in health promotion and at all levels of disease prevention. They show that people with low health literacy tend to have limited ability to understand information about foods and drugs, to grasp the concepts and structures of health care, to adopt healthy lifestyles and to take preventive measures. Low health literacy also places obstacles in the use of health services, hampers doctor-patient communication (leading to both impaired mutual comprehension and reduced diagnostic and therapeutic effectiveness), and results in poorer health outcomes. Health literacy is thus a major factor in attempts to improve individual and collective health, as indicated by improvements in the levels of tasks and skills of which patients are capable.

Over the years, ideas of how to communicate the information needed for health education have also evolved. More emphasis is nowadays placed on key elements such as the development of programs tailored to the specific social, cultural, and demographic characteristics of individuals, as opposed to conventional and somewhat inefficient global

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campaigns. The content of public campaigns is thus increasingly likely to be designed for specific target groups, aiming to overcome false beliefs and emphasizing the benefits of positive attitudes and behaviors, transmitting clear information and advice in a friendly manner intended to improve motivation and self-confidence.

The study by Andrade et al. indirectly highlights a key need: to measure health literacy. Awareness of our patients' health literacy levels is essential to know when, where and how to intervene in order to maximize the likelihood of such intervention succeeding, always bearing in mind the need for a proper evaluation of our own actions.

Conflicts of interest

The author has no conflicts of interest to declare.

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