The paradox of the link between health literacy and health promotion: the case of COVID-19

Il paradosso del legame tra alfabetizzazione sanitaria e promozione della salute: il caso di COVID-19

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RIASSUNTO

COVID-19 brought out the critical issues of public health messages and the relationship between health literacy, health promotion, and public health. The aim is to analyse these concepts to provide a framework in which mutual influences are ontologically analysed; more specifically this article will explore whether health promotion should improve health literacy or health literacy is actually a pre-requisite for understanding (and put into practice) health promotion/public health messages. Public health must protect the public from misinformation and on this nurses and other health care providers play a crucial role in supporting individuals and communities in the comprehension of public health messages.
The paradox under analysis is the link between health literacy and health promotion; what the role of health literacy is when, as in the case of the recent outbreak of the COVID-19 pandemic, Public Health must address tens of hundreds of health promotion messages to the whole population. During the outbreak, there was an underlying uncertainty, every day new data and information emerged and every day something more was understood (or misunderstood) about the virus. There was a massive presence of COVID-19 misinformation, particularly on social media in terms of, among others, treatments, the utility of wearing mask, COVID-19 cases by age group, conspiracy theories, all added more confusion and uncertainty to the public. Public health must protect the public from misinfromation. While in practice actions have been put in place to improve patients' compliance with respect to health promotion it is unclear the ontological relationship between health promotion and health literacy within the Public Health context.
KEYWORDS: health literacy, health promotion, health information, COVID-19, community

ABSTRACT

Il COVID-19 ha evidenziato alcuni aspetti critici dei messaggi di salute pubblica e della relazione tra alfabetizzazione sanitaria, promozione della salute e salute pubblica.
Lo scopo di questo studio è esaminare questi concetti allo scopo di fornire un quadro in cui le influenze reciproche vengono analizzate da un punto di vista ontologico; più specificamente, questo articolo esplorerà se la promozione della salute debba migliorare l'health literacy o l'health literacy sia effettivamente un prerequisito per comprendere (e mettere in pratica) i messaggi di promozione della salute/salute pubblica. La salute pubblica deve proteggere il pubblico dalla disinformazione, su questo gli infermieri giocano un ruolo cruciale nel supportare individui e comunità nella comprensione dei messaggi di salute pubblica.
Il paradosso in esame è il legame tra alfabetizzazione sanitaria e promozione della salute; quale è il ruolo dell'health literacy quando, come nel caso della recente epidemia di COVID-19, la sanità pubblica deve indirizzare decine di centinaia di messaggi di promozione della salute a tutta la popolazione. Durante un'epidemia è presente un'incertezza di fondo, ogni giorno emergono nuovi dati e informazioni e ogni giorno si capisce (o si fraintende) qualcosa di più sul virus. Una massiccia presenza di disinformazione COVID-19, in particolare sui social media è presente relativamente ai trattamenti, all'utilità di indossare la mascherina, ai casi COVID-19 per fascia di età, alle teorie complottiste; tutto queto ha aggiunto più confusione e incertezza per la popolazione. La salute pubblica deve proteggere la popolazione dalla disinformazione. Sebbene nella pratica siano state messe in atto azioni per migliorare la compliance dei pazienti rispetto alla promozione della salute, non è chiara la relazione ontologica tra promozione della salute e alfabetizzazione sanitaria nel contesto della sanità pubblica.
PAROLE CHIAVE: alfabetizzazione sanitaria, promozione della salute, informazioni sulla salute, COVID-19, comunità

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Nurses and other health care providers play a crucial role in the promotion of health and the improvement of health literacy level. They are employed in all different areas of health care and public health and are well situated to implement the cultural change required to shift the focus from sickness to health promotion improving as a results health and wellbeing (Parnell, 2014). Often nurses are the first point of care for the public, therefore they are in the perfect position to influence individuals and communities health.

COVID-19 outbreak brought out the critical issues of public health messages and the relationship between health literacy, health promotion, and public health. This paper aims to analyse these concepts in order to provide a framework in which mutual influences are ontologically analysed to evaluate the best use in public health; more specifically it will explore whether health promotion should improve health literacy or health literacy is actually a pre-requisite for understanding (and put into practice) health promotion/public health messages.

If individuals are not able to fully comprehend health messages, (i.e. they have low health literacy) how is it possible to convey information that would enrich them with greater health literacy and subsequently enable them to build that wealth of health knowledge that would improve their general health and well-being and eventually have a greater control over their lives? On the other hand, how can health promotion increase the level of health literacy? The real question is whether we are facing a vicious circle where one element is so closely linked to the other that it is almost impossible to detach them and consider them separately: This can be considered a paradox. It is a egg and chicken situation. What the role of health literacy is when, as in the case of the recent outbreak of the COVID-19 pandemic, there are tens of hundreds of health promotion messages from the widest and most varied platforms to the whole population. More than one issue clearly emerged.

Health promotion as defined by the Ottawa Charter of Health Promotion (1986) should enable individuals (as well as communities) to take control of those aspects which determine their health; while health literacy according to the Shanghai Declaration (2017) "empowers individual citizens and enables their engagement in collective health promotion action" (p. 2). While the Shanghai declaration links health literacy and empowerment, a scoping review carried out by Crondahl (2016), showed that health literacy could be seen as a tool for empowerment but "does not automatically lead to empowerment" (p.6) which to some extent reinforces the paradox. WHO recognise health literacy (2017) as one of the three pillars of health promotion (together with governance and healthy cities).

Among the prerequisites of health listed by the Ottawa Charter (1986) there is education, which is an important social determinant of health; research is unanimous in recognizing this element as having a strong impact on individual and community health (Zimmerman et al., 2018). There is much debate around this concept, first whether health literacy is linked or not to the level of education; or if health literacy should be considered a dynamic or static concept. Some authors (Berkman et al., 2011; Kikbusch et al., 2013; Hickey et al., 2018; Ehmann et al., 2020) recognize a positive correlation between the level of education and the level of health literacy; others, conversely (van der Heide et al., 2013; Rademakers et al., 2014) do not recognize in these two elements a strong correlation link.

In terms of a static or dynamic concept, according to several authors (Malik et al. 2017; Manganello, 2008; Rootman et al. 2002) health literacy is a static concept; more specifically Malik et al. (2007) stated that individual health literacy remains the same throughout life, furthermore they pointed out that only very intense educational classes are actually able to change health literacy levels. Other authors (Zarcadoolas et al. 2005; Berkman et al. 2010) consider instead health literacy as a dynamic concept, that develops over time, that change together with the changes of life. Considering health literacy as a dynamic concept is essential, particularly when individuals have to face and manage their behaviours with unknown diseases. How can individuals participate in health promotion and be empowered if the concept of health literacy is considered a static one?

Interestingly it is not clear if the actual ability of individuals-population to understand fully the meaning of what is expressed by health promotion messages is taken properly into account. As pointed out by Corcoran (2007) the effectiveness of the planned process of health promotion communication "comes to fruition when the audience has achieved, acted on or responded to a message" (Corcoran, 2007, p. 6) in the light of that, there is a lack of communication when a targeted population did not achieve, act or receive the message sent.

The concept of health literacy affects all levels of health communication, both one-to-one, where health care providers communicate with patients and giving a series of suggestions try to promote their health, as well as at a more extensive level when a health promotion campaign at a local or national level is developed. Remarkably, during a one-to-one health promotion communication is possible, even if not yet fully implemented in practice, to evaluate patients' health literacy level, as the tools to do this are manifold. Health care providers can assess the patient's level of health literacy and consequently communicate in the clearest and most comprehensible way. This is the case where, as claimed by Corcoran (2007), the health care providers can actually assess whether the message has been received (i.e. understood) and successively implemented if the audience (i.e. the patient) "has achieved, acted on or responded to a message" (p. 6). As stated by Freedman et al (2009) health literacy is seen as an individual construct which "begins and ends with the patient" (p. 446). Baker (2002) stated that "health literacy is a dynamic state of an individual during a health care encounter" (p.878); in his article he specified that individual's health literacy can be influenced by different factors such as the issue treated, the health care professional as well as the system providing the care.

According to Pleasant et al. (2008) however, there is a

crucial difference between the concepts of health literacy as it is understood and accepted in clinical practice, and that accepted in public health. In the former, tools to assess the level of literacy are focused on an assessment of patient's ability to understand medical terms or to understand a prescription. While, the concept of health literacy closest to public health relies on "the ability to successfully evaluate and select from competing sources and types of information as important skills" (Pleasant et al.2008 p.153). In other words, public health expects that an individual (for public health, individuals are not patients or clients but just individuals), is able in the vast plethora of information received daily, to evaluate first of all what is reliable from what is not-reliable, and then to fully understand the message and eventually independently implement it. According to Gazmariam et al. (2005) public health in delivering its messages take into account principles of health education and health communication while rarely health literacy of the intended audience.

What health literacy is? Interestingly Pleasant et al. (2008) say that health literacy is in fact that ability/skill to transform the information received into knowledge (concept which is linked back to the dynamic concept of health literacy) but also, as stated by Kanj and Mitic (2009), it is a complex phenomenon. According to Pleasant et al. (2008) therefore, each individual should be able to transform health promotion messages into a wealth of knowledge, health literacy should be interpreted as a prerequisite for understanding the messages given. It is indeed dangerous that individuals can transform a concept not understood or not fully understood into (wrong) knowledge and to base their health decision on wrong assumptions.

Remarkably, during the outbreak, there was an underlying uncertainty, every day new data and information emerged and every day something more was understood (or misunderstood). Besides that, under normal circumstances public health promotion initiative are addressed to a specific group within the population, the information is tailored to be understood and processed by the targeted group; in a situation such as that recently experienced, this was much more difficult. The messages were not developed for a specific target but were aimed at everyone and as mentioned above they overlapped each other every day in an atmosphere that was highly emotional.

According to the preamble of the Constitution of the WHO (1958) "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people" (p.1), the preamble discuss about an informed public, i.e. individuals who receive health information and use the information received to improve individual and community health. The first element of difficulty lies in establishing which the essential information are and which are "less important". Can a hierarchy among health information be established? In the multiplicity of levels and nuances of health literacy as well as previous knowledge of health (promotion) messages, it is difficult to evaluate which are the most crucial health information or which are those health concepts that are well known by the public. Linking to what was expressed by Gazmariam et al. (2005) it seems that public health in expressing messages of health promotion takes a certain level of health literacy for granted. In addition to this, Ratzan (2000) has emphasized the complexity of what is communicated, both in terms of the complexity of current health systems as well as the responsibility that is placed on the shoulders of individual under the label of empowerment. It is fascinating in this regard what pointed out by Schulz and Nakamoto (2011) who wonder if "patients actually want this more responsible role" (p.5).

Certainly, much depends on how the concept of empowerment is conceived. Whether it is conceived as a real opportunity for the citizen / individual to actively and independently make their decisions about their health, transforming the individual from a passive receiver to an active receiver who is able to digest and transform information received into the wealth of health knowledge previously mentioned. Or is it conceived as something more practical for instance an ability to deal with a specific health status. We are again dealing with a radical different approach between health care and public health. Although, the concept of empowerment was developed to decrease the asymmetry of power between the health care providers and patients (Christensen and Hewitt-Taylor, 2006), public health developed over time a different concept of empowerment; Public Health conceives empowerment more as an ability that should be developed by individual/citizens during their lifespan in order to improve their ability to control their over own condition(Kayser et al. 2019). For nurses and others health care providers, empowerment is much closer to the concept of self-care where the health care providers teach the patient how to manage a specific condition, in this case the patient capitalize this knowledge, which can be used to deal with their specific conditions. This is further enhanced by Nyatanga, et al 2002 who stressed the importance of the word patient in the relationship between nurses and individuals, asserting that "the continued use of the term 'patient' by nurses [...]is seen as militating against empowerment"; to some extent the two words 'patient and empower' are semantically opposite, patients 'assumes not only the patient's sick role but also the passivity associated with being a patient'. As stated by Schulz and Nakamoto (2011) health literacy asks whether patients can make decisions, empowerment asks whether they may (p.7). While the dyad patients/nurse cannot be denied and the role of nurses as health care providers, it is undeniable that greater access to local health care facilities andnurses could have helped communities in gaining a more deep understanding of the messages that public health used during the outbreak of COVID-19.

It is very difficult to understand and analyse what the purpose of the messages were at the time of COVID-19 outbreak, undoubtedly informing and educating, while it is not clear if there was also the desire to empower the population. However, interestingly COVID-19 put a high level of responsibility on the public's shoulder, in terms of

compliance with the rules stated by Governments. Of course, it is safe to say that the more these rules are understood, digested and mastered the highest is the level of compliance and empowerment acquired by the public. Certainly a clear message was that of union and a common effort to contain the virus, as stated in the aforementioned preamble in which there is clear mention of "active cooperation on the part of the public" (p. 1) as fundamental for the improvement of the health of the people.

Abel and Mcqueen (2020) pointed out that COVID-19 experience should enhance our understanding of critical health literacy "as individuals" ability to reflect on complex health issues and critically assess the information available (p.1). Furthermore, critical health literacy can be a piece in the puzzle on how to promote, enhance and encourage behaviours that are (more) adequate [...]" (Abel & Mcqueen, 2020, p.2). While the point made by the two scholar is acceptable, it is difficult to understand how public health experts should be able to take for granted that the public possess a sufficient level of (critical) health literacy. The danger of an incorrect understanding of the health messages in any situation and even more so in that of the pandemic must be mitigated by using clear, logical, simple communication that does not give rise to interpretations.

In a globalized world, it is even easier to have such a quantity of information to choose from that the risk for unclear and confused information is massive. Shimizu (2020) underlines the role of journalist in this pandemic and the danger of "inaccurate and misleading headlines [which] agitate members of the public, cause fear, impinge on public communication, and diminish countermeasures for the outbreak" (p. 85). An example during COVID-19 was the concept of herd immunity, indirectly introduced by the UK government in March; newspapers used this highly scientific and complex concept to explain how the UK government have decided to deal with the outbreak.

Furthermore, during the outbreak there was a massive presence of COVID-19 misinformation, particularly on social media in terms of, among others, treatments, utility of wearing mask, COVID-19 cases by age group together with conspiracy theories added more and more confusion and uncertainty to the public. The worldwide explosion of online research on COVID-19 related topics converted social media on real incubators and catalysts of panic (Xu et al., 2020, p.5). Public health must protect the public and must be able to make everyone understand what is going on and how they should act accordingly.

While in practice actions have been put in place to improve patients' compliance with respect to health promotion carried out by health care professionals yet is unclear the ontological relationship between health promotion and health literacy within the Public Health and nursing context; this having as final aim reaching the widest number of healthy population possible and properly empower individuals and communities.

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