



At the recent European Public Health Conference in Dublin, EUPHANxt fellow Anna Romanova seized the chance to delve into the health literacy realm with Prof. Dr. Orkan Okan.

Known for his expertise in health literacy, particularly in advocating for its importance among children and adolescents, and serving as the President of the Health Literacy Initiative at EUPHA, Dr. Okan offers invaluable insights for educational environments. This conversation explores his perspectives on advancing health literacy in schools and its vital role in shaping informed, health-conscious youth.

- *Dr. Okan, thanks for taking your time for this interview. Nowadays many researchers wonder how to amplify our scientific findings and get our messages across to the policy-making level. From your perspective, how can policymakers and public health practitioners work together to promote health literacy at a systematic level?*

The first step is to bring a policymaker and a practitioner together in one room to initiate dialogue. Most of the time, that is the biggest problem – professionals working in different fields just do not talk to each other, despite the clear connections that exist between their areas of work.

Let's consider children and adolescents in schools - who are the relevant policymakers and practitioners to involve? For policymaking, this usually involves those in the education sector and, where children with long-term health conditions are concerned, health policymakers. As for practitioners, this group encompasses teachers, principals, parents, other school staff, and wider entities like institutions, networks, and organizations that interact with the school. Bringing all these stakeholders together for a discussion is essential.

Yet it might be that these individuals may not be familiar with the concept of health literacy. Therefore, it's crucial to first clearly explain what health literacy entails. This includes defining the concept, discussing methods of measurement, exploring ways to promote it through interventions, and considering necessary policy mechanisms. A comprehensive understanding of health literacy is vital before any meaningful dialogue can take place.

- *What are the strategies to cultivate health literacy among youth from a systemic perspective?*

It is clear that health literacy should be integrated into education from an early age, ideally beginning in the first grade. Yet important stages occur even before school, such as early childhood and prenatal periods, which are critical for social, emotional, academic, educational, and health development throughout life. Addressing health literacy from these early years is crucial.

Then, in schools, we need to have teachers trained in health literacy to effectively teach it. Of course, in primary school health literacy content and teaching is different due to the younger children's cognitive development and differing interests. Still, we have to find appropriate materials, learning content and mechanisms to promote health literacy from the first grade onwards.

As children enter secondary school and grow more independent, they start to take responsibility for their own health. Up until then, parents usually act as their primary connection to the healthcare system. But then, adolescents begin to show interest in their health, advocate for themselves, and

schedule their own medical appointments. The entire world changes for them, and the health literacy curriculum should evolve to reflect these changes.

- *Then we come to the topic of organizational health literacy that was extensively discussed at the conference. What is your perspective towards organizational health literacy in schools?*

In our current project, we have analyzed the existing concepts of school health literacy and collaborated with educational and administrative stakeholders to create quality standards, eight of them for organizational health literacy in schools. Each of the standards has six indicators for assessment.

Central to this concept is the understanding that health literacy involves a two-sided relationship: competencies of a child cannot be addressed individualistically; they are always embedded in their social environment. In the context of schools, numerous factors come into play. Consider a school's development plan: what is the school's mission statement? What resources do they have, and in which direction are they moving? Who are their partners? These are the many factors influencing a school's environment. A school is part of a supersetting, with dentists, pediatricians, social workers, psychologists, sport professionals, food services - all contributing to an organizational framework for health literacy.

We also need to foster teachers' professional health literacy. It's essential for teachers to be well-informed and skilled in teaching health literacy, which should be a component of their university education.

From this perspective, it is clear why organizational health literacy is so important. It's a structural, rather than an individualistic approach that considers the entire school environment. The goal is to improve a child's personal health literacy by addressing all influencing factors and determinants, to then equip them with the skills necessary for making informed health decisions in their daily lives.

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- Prof. Dr. Orkan Okan, President of the Health Literacy Initiative at EUPHA

- *How would a perfect health literate school look like for you?*

We have recently collaborated with many educational stakeholders to develop a concept of health literate schools for the Federal Ministry of Health in Germany. A perfect health literate school would be one that effectively implements these newly developed guidelines!

It is available in German and English, so that other countries can take these standards and adapt according to their specific educational systems. I believe that quality standards defined in this guideline are universally applicable in other countries. For example, our standard number one states: "A school needs to include health literacy in its mission statement". Practically, it is about how health literacy is incorporated into a school's agenda and working plan. This principle holds relevance globally.

What is crucial for a health literate school, is the role of a principal. A principal with a robust understanding of health literacy is pivotal in steering health promotion and prevention efforts within



the school. As a leading actor, the principal determines the inclusion of health literacy in the mission statement and the allocation of resources for its development. Whether there are health projects and events, health literacy teachings, or visits by health professionals – this all goes through a principal's office. Therefore, for health literacy in schools to be successful, we need principals on board.

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It is also important to highlight the issue of resources. We have recently conducted a survey in five federal states in Germany. What was striking, across state boundaries, one common struggle was experienced by school principals: a lack of time, financial and professional resources. While on many other indicators the schools were performing well, and implementation of health literacy was better than expected, resource constraints were identified as the major challenges. Schools were concerned: “You want us to teach digital health literacy? Well, we do not have the tech, the teaching material, and the people”. Thus, while having a supportive principal is vital, schools also require sufficient resources. Do not cut funding of education – this is the future of our society. We need the policy sector to invest much, much more in education. Growing health literate adults from children requires more than having occasional sessions. A comprehensive, setting-based approach is needed that involves adjustments in school characteristics and development of various learning materials. This requires substantial staffing support.

- *What are the top-5 do's and don'ts for schools that want to become health literate?*

Do's:

Number 1. Secure support from the school principal.

Number 2. Allocate resources to local administrations to aid schools.

Number 3. Provide comprehensive health literacy education and training for teachers.

Number 4. Engage parents, caregivers, and key figures in children's social circles.

Number 5. Clearly define health literacy, ensuring all involved understand it distinctly from health promotion.

Not To Do:

Number 1. Do not cut education funding. It is as vital as investment in technologies and in healthcare, and into every other progress and development opportunity.

Number 2. Do not reduce health literacy in school to an individualistic approach. It should be part of a whole-of-school approach.

Number 3. Do not confuse health literacy with other health concepts. Health literacy is one of the tools in the public health toolbox. There are other tools that all can be used at different times to achieve the best health goals. Health literacy does not replace them but adds another, unique feature to the toolbox and therefore should not be confused with those other skills.



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Number 4. Avoid assigning educators to teach health literacy without proper training.

Number 5. Do not give up on health literacy education if a specific curriculum is not available in your country; integrate it into subjects like sociology, political science, and computer science.