

Chapter 1

Health Literacy: A Key Attribute for Urban Settings

Kristine Sørensen

Global Health Literacy Academy, Denmark

ABSTRACT

Urbanization is one of the leading global trends of the twenty-first century impacting health. By 2050, over 70% of the world's population will live in cities facing health opportunities as well as challenges. Health literacy is a key attribute for urban settings entailing the knowledge, motivation, and competencies of citizens to access, understand, appraise, and apply information to manage health and interact with services related to health and wellbeing. Health literate citizens are an asset for communities and the cities at large and the investment in health literacy helps saving time, saving money, and saving lives. The health literacy agenda of the healthy cities network is introduced and examples are provided on how various healthy cities have implemented actions. Finally, recommendations are provided on how to create health literate settings.

Health literacy is about rights, access, and transparency. It is about a new form of health citizenship, in which citizens take 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. – Ilona Kickbusch

INTRODUCTION

Urbanization is one of the leading global trends of the 21st century impacting health. By 2050, over 70% of the world's population will live in cities facing health opportunities as well as challenges (World Health Organization, 2016b). Health literacy is a key attribute for urban settings to ensure health for all city dwellers. Health literacy entails the knowledge, motivation, and competency to find, understand, appraise and apply information to make judgment and make decisions in everyday life concerning healthcare, disease prevention and health promotion in everyday life to maintain and promote quality of life during

DOI: 10.4018/978-1-5225-4074-8.ch001

the life course (Sorensen et al., 2012). It is developed and implemented in a wide range of settings, for instance, at home, in communities, in schools, at work, and through activities and institutions in the wider society at large (Kickbusch, Wait, & Maag, 2005). Health literate citizens are regarded an asset for individuals, for communities and cities at large and along these lines the Surgeon General in the U.S. argued that health literacy can save lives, save money, and improve the health of million considering health literacy the currency of success for decision makers (Nielsen-Bohlman, Panzer, & Kindig, 2004).

This chapter highlights the role of health literacy as an attribute for cities and urban settings to ensure health for all. Firstly, the major challenges and trends influencing urban health are addressed. Secondly, it is explored how to develop health literate cities in practice by studying the implementation of health literacy strategies and actions by cities in the WHO Healthy Cities Network. Lastly, general recommendations are presented on how health literacy can be integrated as a key attribute for future health in cities and urban settings.

BACKGROUND

The good health of all its citizens is one of the most effective indicators of any city's sustainable development. According to the World Health Organization, healthy cities are environmentally sustainable and resilient. Cities with clean air, energy-efficient infrastructure, and widely accessible green spaces can attract more investment and businesses, create more jobs, and offer more opportunity to people from all walks of life. Healthy cities are socially inclusive being places where planning and policy-making can incorporate the views, voices, and needs of all communities. Health is not only an indicator for monitoring progress but a fundamental driver of sustainable development (World Health Organization, 2016b). Where people live affects their health and chances of leading flourishing lives. Hence, communities and neighborhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity (Marmot, Friel, Bell, Houweling, & Taylor, 2008).

Urbanization

The process of urbanization refers to the population shift from rural to urban areas and the ways in which each society adapts to the change (U.S. National Library of Medicine, 2017). The phenomenon has been closely linked to modernization, industrialization and the sociological process of rationalization. Urbanization can be seen as a specific condition at a set time (e.g. the proportion of total population or area in cities or towns) or as an increase in that condition over time. So urbanization can be quantified either in terms of, say, the level of urban development relative to the overall population or as the rate at which the urban proportion of the population is increasing. Urbanization creates enormous social, economic and environmental changes, which provide an opportunity for sustainability with the "potential to use resources more efficiently, to create more sustainable land use and to protect the biodiversity of natural ecosystems. Urbanization is not merely a modern phenomenon, but a rapid and historic transformation of human social roots on a global scale, whereby predominantly rural culture is being rapidly replaced by predominantly urban culture (Revolv, 2017).

More than half of the global population now lives in urban settings and urbanization therefore can and should be beneficial for health (World Health Organization, 2016b). In general, nations that have

14 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/health-literacy/206340

Related Content

Precision and Reliability of the T-Scan III System: Analyzing Occlusion and the Resultant Timing and Distribution of Forces in the Dental Arch

Bernd Koos (2015). *Handbook of Research on Computerized Occlusal Analysis Technology Applications in Dental Medicine* (pp. 65-93).

www.irma-international.org/chapter/precision-and-reliability-of-the-t-scan-iii-system/122069

Social Telerehabilitation

Gilberto Marzano (2019). *Advanced Methodologies and Technologies in Medicine and Healthcare* (pp. 452-465).

www.irma-international.org/chapter/social-telerehabilitation/213620

Reflective Practices in Speech and Language Therapy Degree

Maria João Gonçalves, Brígida F. Patrício, André G. M. Araújo, Paula Cristina Fariaand Marta Joana Pinto (2022). *Handbook of Research on Improving Allied Health Professions Education: Advancing Clinical Training and Interdisciplinary Translational Research* (pp. 252-272).

www.irma-international.org/chapter/reflective-practices-in-speech-and-language-therapy-degree/302528

Health Literacy and Ethnic Minority Populations

Dela Idowuand Gillian King (2018). *Optimizing Health Literacy for Improved Clinical Practices* (pp. 210-227).

www.irma-international.org/chapter/health-literacy-and-ethnic-minority-populations/206351

Utilization of Artificial Intelligence Algorithms for Advanced Cancer Detection in the Healthcare Domain

M. G. Hariharan, S. Saranya, P. Velavan, Edwin Shalom Soji, S. Suman Rajestand Latha Thammareddi (2024). *Advancements in Clinical Medicine* (pp. 287-302).

www.irma-international.org/chapter/utilization-of-artificial-intelligence-algorithms-for-advanced-cancer-detection-in-the-healthcare-domain/346207