
SUMMARY

'Health literacy' has been receiving more attention in health care in recent years. The scope of this concept has also become broader: it means much more than just communication and education. One widely used recent definition describes 'health skills' as 'people's knowledge, motivation and competencies in accessing, understanding, appraising and applying health-related information. The aim is to make informed choices on health care, disease prevention and health promotion, and to maintain or improve quality of life.'

This area does require attention: recent international research has shown that more than a third of the population - the figures for Belgium are quite similar - have low and inadequate levels of health skills, while certain groups are also even more vulnerable. There is also growing evidence that limited health skills are related to behaviours that are less conducive to health, reduced insight into disease and self-care, lower participation in screening and vaccination, and less use of other preventive services. This issue is therefore appearing on more and more policy agendas, both within Belgium and internationally. This is taking place in the context of two wider developments: the trend towards a more relational form of care-in-dialogue and the very extensive availability of information about health.

A paradigm shift is taking place: we are moving away from an individual deficit model and towards a systemic model. Increasingly the emphasis is on the match between individuals' skills and the demands of the health care system. This means that the approach to health skills is becoming a shared responsibility for individuals and organisations in health care: the extent to which these are *health literate organisations* also varies according to the health skills available. Do they make it easy for people to find, understand and use information and services so that they can take better care of their own health?

The issue of health skills is now firmly on the agenda in Belgium and many actors are acquiring more expertise (particularly in primary care). This process is taking place at the local, regional, community and federal levels. The 2019 call for projects from the Dr Daniël De Coninck Fund posed the related question: how can we strengthen health skills in primary care? The 24 inspiring initiatives that were selected have been gaining experiences on the front line. Their work has largely coincided with the Covid pandemic, which has imposed certain limitations but has also led to some new and creative solutions. What is more, health and in particular primary care has become a higher priority on the social agenda, which has in turn created new opportunities.

The experience that has been gained thanks to this call for projects is significant in three areas of practice:

- **Everyone is learning:** strengthening health skills presupposes a learning process. A holistic model of intervention is needed, to connect a mix of (vulnerable) people with care and support needs to the health care and welfare system. Learning from each other is the key, for primary care organisations, people with care needs and workers in health care, community care and welfare.
- **The landscape is being mapped in terms of needs and the available offers:** it is a changing landscape, so there is a need for dynamic tools to help people, including 'forgotten' target groups, to find their way around it. This stage takes place before the needs and the offer come together.
- **Contacts are being deepened in everyday practice:** interactions and meetings between people with care needs and professionals (in both health and welfare) are a key element of care. All such interactions benefit from being deeper, wider, more streamlined, simpler, more diverse and more nuanced. In a nutshell, this whole area needs rethinking.

The next step will involve embedding health skills within organisations: moving from projects towards addressing the core of the organisation: its mission, vision and general way of working. Creating sustainability in this way will require different relationships between professionals and users in order to promote health. This in turn will require new skills (in terms of language, action and experience). Change must, by definition, be co-created: users and other organisations must all be involved. Working together can play a part in reinforcing this process.

Improving health skills is a challenge that offers considerable potential. Primary care can offer examples, but civil society has to play a part as well. The shift away from a technical approach and towards a relational ethos in care will also require sustained change management. Support from policymakers will be needed on many different levels. One pressing question is how the financial resources needed for this can be made available in a system where performance is the guiding concept. What is certain is that the movement towards greater co-creation in both health and welfare is in line with major societal trends that are taking place in many other areas.