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TIME TO FOCUS ON BENEFITS BEYOND THE HEALTH SECTOR: THE EXAMPLE OF HEALTH LITERACY

By: David McDaid

Summary: Many actions to promote and protect health may be funded and delivered outside of the health sector. However, these actions may be seen as activities that may deflect valuable resources away from these sectors' core goals. Thus, while promoting Health in All Policies as a concept is appealing, in practice implementation can be difficult. The importance of looking beyond health outcomes becomes important when making a case for investment in health literacy actions targeted at children and young people. These outcomes and impacts are still too often neglected when arguments are being made for health in all policies.

Keywords: *Return on Investment, Cross-sectoral Investment, School-based Health Promotion, Health Literacy, Health in All Policies*

Introduction

A continuing challenge in health promotion is to facilitate the implementation of effective actions beyond the health sector. This can be particularly challenging if the non-health sector in question is expected to finance and administer the health promoting activity. External sectors may not see health promotion as a critical objective, but rather as something that may deflect valuable resources away from activities that are core to their own sector-specific goals. Thus, while promoting Health in All Policies as a concept is appealing, in practice implementation can be difficult. One way of overcoming this challenge and facilitating implementation may be to demonstrate that in addition to impacts on health there are substantial co-benefits

to other sectors from investing in health related actions. This article illustrates this issue by looking at the potential benefits beyond the health sector of investing in actions to foster health literacy in young people. These themes have been discussed in more detail in a recent policy brief.¹

The health benefits of good health literacy

Good health literacy can be thought of as having the knowledge, confidence and skills to seek out, as well as process, information to improve and protect health from a variety of sources. Too often people are not equipped with these skills: a survey of nearly 8,000 adults in eight EU countries found that 47% had inadequate or problematic levels of health literacy.²

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The beneficial impacts of health literacy interventions for health and lifestyles have been well discussed.⁶ It appears particularly important to develop health literacy skills early in life to maximise potential benefits. Good childhood health literacy has, for instance, been associated with routinely having a healthier diet, and a better understanding and use of nutritional information on foods and drinks.⁶ There are also positive impacts on mental health; building resilience in childhood through health literacy programmes can have a positive impact on psychological health and wellbeing across the life course, as well as reducing the severity of depression and anxiety problems experienced in adulthood.⁶

“helpful to point to evidence on the association between better physical health and educational attainment”

Moving beyond health impacts

Nearly all children are educated in schools, meaning that school is a great setting in which to help enhance health literacy. In many countries, schools or ministries of education will have the responsibility for funding school-based health literacy programmes. It is important therefore to convey the benefits of such programmes to the education sector. The attention of policy makers can be drawn to growing evidence of the benefits to cognitive development and academic achievement associated with evidence-based social and emotional literacy/learning programmes. For example, a major meta-analysis of school-based programmes delivered to promote pupils' social and emotional

wellbeing found that these programmes were associated with a significant 11% improvement in academic performance.⁶

As well as specific evaluations of the direct impact of programmes that strengthen health literacy on educational and other non-health outcomes, it is important to look at the indirect relationship between better health behaviours, health status and educational outcomes. If health literacy interventions successfully influence health behaviours, then it is reasonable to infer that ultimately some further additional benefits to the education sector might be realised. To do this it is feasible to link two different sources of information:

- (i) evidence on the effectiveness of health literacy programmes in respect of health behaviours and health outcomes; and
- (ii) evidence on how changed health behaviours or health status impact on educational outcomes

For example, if health literacy actions do influence the physical health behaviours of children, then it can be helpful to point to evidence on the association between better physical health and educational attainment. There is a significant body of evidence indicating that children who are more physically fit and engage in aerobic exercise in pre-adolescence, have improved brain function and are likely to have superior cognitive performance and academic achievements compared with children who have low levels of exercise.⁷ The obverse can also be emphasised: poor physical and psychological health have been associated with poor levels of educational achievement.⁸

Finally, although not of immediate concern to policy makers, it may still be helpful to note potential generational benefits of improved health literacy. In the very long term, better levels of education, due in part to higher levels of health literacy, will mean better outcomes for future generations of parents. Increased health literacy in the parents of tomorrow may also have a positive impact on the health literacy levels of future generations of children.

Assessing the economic impacts of co-benefits from health literacy programmes

It is also important to assess the economic case, including the return on investment, for the funding sector from health literacy programmes. Undoubtedly it is a limitation that there are few specific examples of the cost effectiveness of health literacy interventions for children.⁹ However, this lack of published evidence on cost effectiveness or economic impact does not mean that nothing can be said about the economic impacts of health literacy programmes.

A first step is to ascertain the resources required to deliver programmes and attach costs to these programmes (see Box 1). Even if programmes have been shown to be effective in specific settings, policy makers will want to know what would be the economic cost of delivering the same intervention (perhaps adapted to take account of differing local circumstances) in their local context.

In the case of interventions delivered within the education sector, these costs may appear modest if interventions are implemented by teachers as part of the school curriculum in normal working hours, but there may be training costs to consider, as well as any economic consequences of activities that are displaced from the school curriculum. If additional members of school staff or external service providers are needed to deliver health literacy programmes, then the costs will be much more substantial. There may also be costs associated with materials or technologies that are used to help engage with children, as well as any licensing fees that may have to be paid to use manualised literacy programmes. It is also important to identify any gaps in the current provision of services in order to then be able to estimate the resource requirements and costs of scaling up programme provision, and to determine which group or groups from which sector(s) would be responsible for paying for these programmes.

Box 1 also highlights the importance of identifying outcomes and resource impacts that are of direct interest to programme funders. A monetary value can be placed

Box 1: Information needed to determine the costs and economic impacts of delivering school-based health literacy programmes

- Undertake assessment to identify the extent to which aspects of health literacy programmes may already be delivered within the existing teaching curriculum.
- Estimate resource use, time and costs of implementation, including training. This should include determining whether programmes can be delivered by existing school staff (as part of current school day) or alternatively will need additional staff/external input.
- Determine who is responsible for funding literacy programmes: e.g. education ministry, individual school budget holders, ministry of health, local government, etc.
- In addition to health outcomes, identify sources of information on other outcomes and resource impacts that are of direct interest to programme funders.
- Identify resource unit costs to attach to changes in resource impacts relevant to programme funders.
- Determine short, mid and long term return on investment to programme funders.

on costs avoided by non-health sectors. From a school perspective these might include a reduction in costs of classroom disruption arising from the poor behaviour of some children. Better behaviour should also reduce the likelihood that teachers become stressed and take time off work, reducing costs associated with the employment of temporary or permanent substitute staff. There will also be savings to the education system if fewer children have to be educated in costly special educational settings as a result of a reduction in exclusions from mainstream schools.

The return on investment to different sectors, including programme funders, can then be calculated, recognising that the return on investment is likely to differ over time. It will take time to generate data on the actual return on investment of any programme; in the meantime, economic

modelling techniques can be used to synthesise existing evidence on long-term effects and benefits and to project a return on investment. This approach has been used to influence health promotion interventions in many different country contexts.¹⁰

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A monetary value can be placed on costs avoided by non-health sectors

Previous evaluations of return on investment can also be cited. This can be illustrated by referring to the ten-year follow up of the effects of a universal, comprehensive, community-based social and emotional health promoting project for primary school children and their families in the Canadian Better Beginning Better Futures evaluation.¹¹ Not only did this evaluation look at health outcomes but it also documented improvements in educational performance, as well as a reduction in the need to repeat school years and use expensive special educational needs services. It also documented a decline in contacts with social welfare services by families. The overall economic analysis demonstrated that the programme had net benefits of €2,599 per family or around €2.50 for every €1 spent. Health care costs increased but these were more than offset by costs avoided due to the reduced use both of education and social welfare services.

Making it happen

This short article has argued that it is essential to look beyond health outcomes and health sector impacts when making the case for health promoting activities that are sometimes funded and certainly delivered outside of the health sector. This has been illustrated using the example of school-based health literacy programmes. The case for investment

is strengthened when also looking at education-sector specific outcomes and impacts. The case is also strengthened for the use of mechanisms to overcome any financial disincentives to cross-sectoral collaboration. These outcomes and impacts are still too often neglected when arguments are being made for Health in All Policies.

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