CONFLUENCIA#4 – LITERACY, HEALTH INFORMATION AND VULNERABLE POPULATIONS

Closing remarks [https://www.youtube.com/watch?v=1CnX4FnpxQU]

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I salute all those who are watching us and listening to us. I would like to thank you for inviting me to give the closing remarks about this very interesting session. I extend my thanks to Prof. Pamela McKinney. The project you presented so clearly and, in such detail, made me reflect on what has been done in Portugal regarding health literacy aimed at disadvantaged populations.

- Actually, the Directorate-General of Health, which is a governmental institution, developed a national Health Literacy Action Plan since 2019[1] and carried out a representative national survey using the short-form of the HLS_{19}-Q12 under the larger M-POHL consortium (the European Network for Measuring Population and Organizational Health Literacy)[2].
- We identified that specific community-level interventions have targeted vulnerable and marginalized groups — like migrants and socially excluded individuals — to improve their access to health information, reduce obstacles, and increase empowerment[3].
- Furthermore, there are initiatives aimed at specific high-risk demographics. Among these are academic and public health programs focused on migrants, individuals experiencing homelessness, and individuals utilizing social welfare services. These initiatives include community-based interventions, capacity-building activities in local settings, and adapted materials (such as plain language, or culturally appropriate resources). Examples and case studies have been published in institutional repositories[4].
- And, of course, all these interventions produced practical guides and tools designed for use by health services and community partners[5].

Surveys indicate that a significant portion of the Portuguese population has limited health literacy skills. For instance, a study using the Newest Vital Sign assessment tool found that around 73% of Portuguese adults had inadequate health literacy with lower scores being strongly associated with older age and a lower educational level[6].

The national action plan explicitly identifies ‘very vulnerable groups’ as priority targets, including older people (aged 65+), individuals with a low educational level, those on a low income (e.g., less than 500 euros per month), people with chronic illnesses and others with limited access to healthcare or who utilize it heavily[7].

The emphasis is placed on a lifespan approach, and health-literacy promotion efforts should consider different life stages, from youth to old age, adapting communication and interventions accordingly.

In terms of community projects, initiatives have been developed with migrant communities in major cities (e.g., Lisbon), with a focus on co-designing health literacy initiatives that address their specific needs in terms of languages, cultural context and access barriers[8].

There are also localized interventions targeting socially vulnerable people who rely on charitable or social support institutions. For example, an intervention in Porto aimed to raise awareness of influenza vaccination and cold-weather complications among adults, and was supported by a social charity organization.

So, Portugal has institutionalized health literacy by creating a national plan, using validated measurement tools, and conducting population-level surveys. We recognize that elderly people, those on low incomes or with low levels of education, migrants, and patients with chronic conditions are vulnerable groups who need tailored strategies. We found a number of community-based and collaborative approaches, including involving migrants, refugees and socially excluded groups through social organizations, NGOs or community institutions, often using co-design methods. We also recognize efforts not only to inform but to empower, such as improving the ability to navigate the health system, understanding information, and making informed decisions.

Despite the efforts made here in Portugal and in the United Kingdom through the project described here so brilliantly, many still have low health literacy — large proportions of the population remain at ‘problematic’ or ‘inadequate’ levels and remain especially vulnerable. There are some dimensions that continue to present significant challenges. For example, tasks such as navigating the health system (e.g., making appointments or accessing services) or using digital or bureaucratic health services can be particularly difficult. In addition, ongoing disparities in health literacy and access are also the result of structural inequalities, including socio-economic, linguistic, cultural and digital literacy factors[9].

If Portugal, Brazil and the UK worked together in a planned way, it would be good for public health, health literacy and improving services. This is because the health systems, research and population of the three countries are all different. Why?

- Because Portugal has experience in primary care reform, community health teams, and integrated public services.
- Because Brazil offers large-scale community-health infrastructures (e.g., the Estratégia Saúde da Família program) and expertise in outreach to vulnerable groups.
- And because the UK contributes strong research institutions, health literacy measurement tools, and policy experience with health inequalities.

And how?

Portugal and Brazil share a language, while the UK has expertise in plain-language health communication. Together, they could produce multilingual, accessible materials for low-literacy groups and migrant populations.

The impact is the creation of reusable health literacy resources for Lusophone populations in Europe, South America, and African countries.

Another example: Pooling universities and research centres increases the diversity of the sample and the robustness of the methodology. The UK is known for its strong traditions in randomized controlled trials and implementation science, while Brazil and Portugal offer insights from real-world testing in diverse socioeconomic settings.

This results in stronger evidence on interventions for disadvantaged communities and improved external validity of findings.

Another example: Portugal and the UK have advanced digital health infrastructures, while Brazil has large-scale telehealth initiatives, such as Telessaúde Brasil. A collaboration could focus on inclusive digital access, usability, and culturally adapted interfaces.

The impact would be reduced digital divide and scalable tools tested at different levels of digital inclusion.

Another example: Shared Lusophone networks enable results to be disseminated in PALOP countries in Africa, thereby strengthening the South-North scientific partnerships and generating long-term trust and the joint development of public health capabilities.

This will increase the global visibility of research in public health carried out by Lusophone countries and make innovation more sustainable.

The Confluencia initiative strengthens international dialogue on literacy and vulnerable populations by providing Portugal, Brazil, and the United Kingdom with a shared space in which to exchange evidence, compare intervention models, and co-design equitable solutions. The initiative connects countries with complementary experiences – such as Brazil's large-scale community health structures, Portugal's integrated primary care, and the UK's established frameworks for addressing health inequalities – enabling knowledge to flow in multiple directions rather than through a traditional North-South hierarchy. Confluencia's focus on accessible communication, culturally responsive practice, and community-centred strategies helps generate transferable approaches across diverse socioeconomic contexts. Its commitment to open knowledge, collaboration, and research translation enables the production of tools, guidelines, and evaluation methods that benefit not only the three countries, but also wider Lusophone and global networks concerned with health literacy and social vulnerability.

Finally, I would like to renew my thanks for the invitation. It was a pleasure to be here.

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