



Co-design effective health-literacy videos

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Health literacy exists beyond the boundaries of medicine

The Editorial¹ asks important questions about how individuals can make healthy decisions in an increasingly complex world that is overwhelmed with false information. Although these questions remain important for future research, past thinkers might offer relevant answers.

Beginning in the 1960s, Brazilian philosopher Paulo Freire led an education movement to confront illiteracy throughout the world. He believed that education is often passively framed as an act of teachers depositing information into students, as if the students were empty accounts to be filled. He called this approach the banking system of education—an oppressive and dehumanising method that has no consideration for sociocultural realities that shape lives.² Instead, Freire taught communities to read using familiar words and open questions that encouraged people to critically question the world around them, an act he described as developing a critical consciousness.²

If we replace students with patients and educators with clinicians, we might see that the banking system of education is common in medicine. We often hope that health behaviours can change given the right piece of information or intervention. Similar to the Editorial, Freire would encourage us to see that the reason this approach does not work is that health information is often provided via a method that encourages people to act in ways disconnected from their realities.

Health literacy is an inherently political project that will require us to look beyond the boundaries of our discipline. In this regard, philosophy might have some answers.

I declare no competing interests.

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- 1 The Lancet. Why is health literacy failing so many? *Lancet* 2022; **400**: 1655.
- 2 Freire P. *Pedagogy of the oppressed*. New York, NY: The Continuum Publishing Company, 1970.1.1

Co-design effective health-literacy videos

The Editorial¹ emphasises the need for health literacy interventions to be co-designed with end users and community organisations beyond medicine.

During the COVID-19 vaccine roll-out in Australia's Northern Territory, vaccine hesitancy was high among First Nations people.² To counter the fear, we did participatory action research in which First Nations artists, educators, interpreters, language experts, health professionals, media personalities, former politicians, and Elders collaborated with White clinicians and communications professionals to co-design 23 individually localised COVID-19 vaccine videos in nine First Nations languages, plus English.³ In each video, vaccine-related questions and sociocultural concerns were addressed by leaders who shared their family's historical, social, and political experiences that contributed to vaccine hesitancy.⁴ Co-design requires trustworthy relationships and a decolonised approach that centres First Nations priorities and experiences.⁵ This approach includes abandoning the western biomedical perspective that a campaign is only successful if vaccination rates increase. Our project aim was not to increase vaccine uptake. Leaders wanted families to access trustworthy information so they could make informed decisions. Historically, vaccines have been tested on First Nations people, therefore sovereignty regarding decision making was imperative.

A one-size-fits-all approach to health communication, especially during a pandemic, should be and can

be replaced by authentic partnerships to create local campaigns that resonate with end users. Improving health literacy requires more than a direct translation of a script that attempts to deposit biomedical information and expect compliance. This traditional medical model of communication does not lead to better health outcomes.⁶

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- 1 The Lancet. Why is health literacy failing so many? *Lancet* 2022; **400**: 1655.
- 2 Biddle N, Edwards B, Gray M, Sollis K. Vaccine willingness and concerns in Australia: August 2020 to April 2021. Canberra: Australian National University Centre for Social Research and Methods, 2021.
- 3 Kerrigan V, Ross C, Park D, Ralph AP, Davies J. COVID-19 vaccine videos. 2021. <https://www.menzies.edu.au/page/Research/COVID-19/Resources/> (accessed Nov 18, 2022).
- 4 Stanley F, Langton M, Ward J, McAullay D, Eades S. Australian First Nations response to the pandemic: a dramatic reversal of the 'gap'. *J Paediatr Child Health* 2021; **57**: 1853–56.
- 5 Armstrong E, Gapan D, Maypilama L, et al. Räl-manapanmirr ga dhä-manapanmirr—collaborating and connecting: creating an educational process and multimedia resources to facilitate intercultural communication. *Int J Speech Lang Pathol* 2022; **24**: 533–46.
- 6 Wild A, Kunstler B, Goodwin D, et al. Communicating COVID-19 health information to culturally and linguistically diverse communities: insights from a participatory research collaboration. *Public Health Res Pract* 2021; **31**: 3112105.

Health-literacy education drives empowerment and agency

The Editorial¹ on health literacy presents needful perspectives. However, two further aspects related to health literacy should be emphasised: the importance of sustained support for epistemic empowerment and the role of children's and adolescents' own

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