



# Development and Integration of Health Literacy Education with Innovative Methods in Medical Curricula Across Europe

Seçil Özkan<sup>1</sup> Olga Gershuni<sup>2</sup> Hülya Şirin<sup>3</sup> L. Hilal Özcebe<sup>4</sup>

Joaquin Garcia Estan<sup>5</sup> Sarp Üner<sup>6</sup> Igor Vitale<sup>7</sup> Sevgi Turan<sup>4</sup>

Mustafa Altunsoy<sup>8</sup> Metin Hasde<sup>3</sup> Asiye Uğraş Dikmen<sup>1</sup> H. Ahmet Pekel<sup>8</sup>

1. Gazi Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı
2. Maastricht University, Netherlands
3. University of Health Sciences, Gulhane School of Medicine
4. Hacettepe University Faculty of Medicine
5. Centro de Estudios en Educación Médica, Universidad de Murcia
6. Lokman Hekim University Medical Faculty
7. IIAPHS( International Institute of Applied Psychology and Human Sciences Associazione Culturale)
8. Gazi University, Faculty of Sport Sciences

*Alıntı Şekli / Cite this article as:* Özkan S, Gershuni O, Şirin H, Özcebe LH, Estan JG, Üner S, Vitale I, Turan S, Altunsoy M, Hasde M, Uğraş Dikmen A, Pekel HA. Development and Integration of Health Literacy Education with Innovative Methods in Medical Curricula Across Europe. SOYD. 2023;4(2):62-68

**Sorumlu Yazar / Corresponding Author:**  
Seçil Özkan, Gazi Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı  
E-mail: ozkans@gazi.edu.tr

## Abstract

The HELEM-EU project is aimed at developing a health literacy education program for medical education curricula, conducting pilot applications and assessment evaluations, and developing a health literacy education program to be used in medical education across Europe.

HELEM-EU is a three-year project (1/9/2020- 30/8/2023), funded by the European Union ERASMUS+ Program (Higher Education). Gazi University is the project coordinator. Project partners are the University of Health Sciences, Hacettepe University, Lokman Hekim University, University of Murcia (Spain), Maastricht University (Netherlands), and IAPHS (Italy).

Health literacy means achieving a level of knowledge, personal skills, and confidence to change lifestyles and living conditions, thereby improving personal and social health, and acting accordingly. Therefore, health literacy is more than being able to read brochures and make appointments. Health literacy is critically important to strengthen health communication by improving people's access to health information and their ability to effectively use the information they obtain. In other words, many issues such as what dose of any drug should be taken, understanding the meaning of test results, blood pressure and sugar measurements, being aware of the risks brought by some habits are covered by health literacy.

Regardless of the level of development of countries, it is frequently discussed in the literature that health literacy levels are low worldwide. Therefore, many studies are being conducted to improve health literacy. However, applications generally tend to improve the level of health literacy knowledge of the public. Another important point related to health literacy is the approach to health literacy and health communication in health workers and medical faculty students, which is the main topic of our study. Therefore, increasing the approach of doctors and medical students to health literacy and the level of health communication will significantly contribute to the increase in the general health literacy level of the community and the establishment of effective health communication. The most fundamental way to achieve this is to integrate health literacy education into the medical faculty curriculum and to include courses, including practical lessons, to strengthen health communication.

The HELEM-EU project is the first project to be carried out in Europe in terms of integrating "health literacy" into medical education. The target groups of the project include medical educators, administrators, non-governmental organizations, and medical students.

In-depth interviews conducted in all stakeholder countries, survey studies, Delphi technique, and other needs assessment results have demonstrated the necessity of integrating the issue of health literacy into medical education. Developing a detailed, evidence-based education program in response to this will greatly contribute to the process of training doctors, and therefore to public health.

**Keywords:** HELEM-EU, Health Literacy, Medical Curriculum

## INTRODUCTION

The concept of health promotion, emerging in the 19th century with the advent of public health understanding, was defined as a unique component in the field of health policy in 1974. Becoming an important strategy to improve health levels, the concept of health promotion constitutes a significant area of public health and preventive medicine. In the Ottawa Charter published at the First International Conference on Health Promotion held in Canada in October 1986, health promotion was defined as enabling individuals to increase their control over, and to improve, their health. One of the five primary action areas of the charter was designated as the development of individuals' life skills. These life skills (for example, decision-making, problem-solving, critical and creative thinking, awareness, empathy, communication skills) include personal, interpersonal, cognitive, and physical skills that enable individuals to increase their control over their own health and environment and cope with health

threats they will face throughout their life (Ozkan et al., 2018). It is possible to provide individuals with these skills by increasing the level of health literacy (Health Literacy, HL) in society (Kickbusch et al., 2013).

The concept of health literacy (HL) was first used by Simonds in an article entitled "Health Education as Social Policy" in 1974 (Simonds, 1974). The World Health Organization (WHO), in 1988, described health literacy as representing "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health" (Kickbusch et al., 2013). Health literacy encompasses literacy, adult education, and health improvement fields. Health literacy, which has become a priority for health in the 21st century, is vitally important for people's ability to manage their health. A low level of health literacy means the inability of an individual to access health services, understand health information, and therefore make correct health decisions. From this perspective, improving health literacy is an

important tool in reducing health inequalities. According to the WHO, the evidence supporting the adverse effects of insufficient health literacy on individuals' health is increasing (Okan et al., 2019).

Today, there are many different definitions highlighting different dimensions of HL. Sorensen et al. (2012), analyzing health literacy definitions, stated that "health literacy is associated with general literacy" and developed a definition as "people's desires and capacities to develop an opinion and make decisions on health-related issues throughout their lives, to access health-related information sources, accurately perceive and understand health-related information and messages, and maintain, protect, and improve their health to enhance their quality of life". It is emphasized that HL is affected by the characteristics of both individual traits and health services and can change depending on the person's medical problems, health personnel, and health system (Sorensen et al., 2015). In the "Shanghai Declaration on Promoting Health in the Sustainable Development Goals of 2030", prepared after the "9th Global Conference on Health Promotion" held in Shanghai in 2016, it was proposed to work on recognizing and improving health literacy as a critical determinant of health for the whole world (WHO, 2017).

In the European Community, the level of health literacy was found to be insufficient-problematic at 47.6% (European Health Literacy survey, HLS-EU). A study from Germany shows that 54.3% of the population has limited health literacy (Schaeffer et al., 2017). Health literacy is a common function of social and individual factors. Education, culture, and languages mediate individuals' health literacy skills and capacities (Nielsen-Bohlman, 2004). Education is particularly important in this context because gaining knowledge and applying it requires going through the education process. Even though many stakeholders are involved in this process, it always starts with the community/individuals/service recipients and health personnel. Medical doctors are a significant group of health professionals, and it is valuable for them to understand the importance of health literacy during their education and know what they can do to increase the community's HL level. It is necessary to improve the current situation by implementing health literacy education in medical curricula and graduating more equipped doctors from undergraduate programs.

In line with this necessity, the project aims to conduct content analysis of what should be in the medical

education curriculum, develop, implement, and evaluate an education program.

## METHODS

The aim of the project is to develop a health literacy education program, develop instructional methods for the program, convey effective and participatory training techniques to medical students, enhance the abilities of medical students, and integrate the program into the medical curriculum. It has been executed through the following work packages:

1. Five transnational meetings were held. During these meetings, all activities of the project were planned step by step with all partners and evaluations were made about what had been accomplished.
2. There are six intellectual outputs in the project:
  - a. O1-OER platform
  - b. O2-Creating a database of the students' health literacy approach levels
  - c. O3-Guideline for trainer
  - d. O4- Educational programme-curriculum development
  - e. O5-Digital platform guide-e learning
  - f. O6-Assessment & evaluation publication
3. The project includes six multiplier events: three of these were conducted by Turkish partners, and the other three were held in Spain, the Netherlands, and Italy.
4. There are three Learning, Teaching, Training (LTT) activities:
  - α. C2-Intensive programmes for teaching staff: This was conducted in Rome, Italy, with learners and trainers from partner institutions.
  - β. C1-Intensive programmes for higher education learners: This was carried out in Murcia, Spain, with medical students from partner institutions participating as a pilot application of O4.
  - χ. C3-Blended mobility of higher education students: This was conducted in Maastricht, the Netherlands, with student and trainer participation from partner institutions.

## 2a. O1-OER Platform

Publishing a website and creating digital platforms: These were created for promotion and e-learning. The HELEM-EU website at [www.helemeu.org](http://www.helemeu.org) has been established, and an e-learning platform has been configured within the website.

2b. O2-Creating a database of the students' health literacy approach levels

### **Status Quo Identification and Needs Analysis:**

#### **National and International Literature Research:**

The literature was reviewed to identify existing health literacy education programs in European medical faculties. Based on this, four target groups were studied to determine the needs. Each partner reached a specific number of individuals in these target groups and collected data. The needs analysis was compiled and reported by the coordinator.

#### **Determining doctors' approach to health literacy:**

The study was conducted among physicians who graduated from the medical faculties of three universities in Turkey (Gazi University, Health Sciences University, Hacettepe University). The study included 236 physicians - 100 graduates from Gazi University, 100 from Hacettepe University, and 36 from other institutions. The same survey was also conducted with 100 physicians graduated from medical faculties in the Netherlands and Spain.

The survey used in the study consisted of four main sections. The first section contained sociodemographic characteristics, the second section asked about the importance of health literacy, the third section focused on the ability to evaluate health literacy, and the final section asked questions on communication with patients based on health literacy levels. The survey was administered online via Google Forms from June to September 2021.

#### *Approach to health literacy level of medical students-preclinical students' health literacy level (1st-3rd year)*

The survey reached a total of 323 students in Turkey, including 92 from Gazi University, 120 from Hacettepe University, and 111 from the Health Sciences University. The survey also reached 50 students at Maastricht University and 51 students at Murcia University.

The 39-question survey, developed by the project team following a literature review, was used. The survey

consisted of two sections; the first section asked about sociodemographic characteristics and questions affecting health literacy (HL) level. The second section utilized the 16-item version of the European Health Literacy Scale (HLS-EU-Q16) to determine the participants' HL levels. The survey was conducted online using Google Forms.

#### *Medical students' approach to health literacy level-clinical students' health literacy approach levels (4th-6th year)*

The study was conducted with 100 students each from the 4th, 5th, and 6th grades of the Medical Faculties of Gazi, Hacettepe, and Health Sciences Universities. The study also involved 50 students in the 4th-6th grades at Maastricht University and 54 students at Murcia University in Spain. The data was collected online using the Google Form survey method. The forms were sent to the students at the email addresses registered in the student affairs.

#### **Perspectives of Medical Educators on the Development and Implementation of a Health Literacy Program - In-depth Interviews:**

This study aimed to investigate the experiences of medical educators regarding health literacy and their suggestions for educational programs. The study sought answers to the following research questions:

1. What are their experiences with communication with individuals at different levels of health literacy?
2. What are their views on factors influencing the level of health literacy?
3. What type of communication approach do they suggest for different health literacy levels?
4. What are their views on the importance of health literacy?
5. Which competencies do they suggest should be developed for health literacy?
6. What are their suggestions for a health literacy program?
  1. Method
  2. Content
  3. Measurement-assessment

This research was conducted using a phenomenological design through qualitative research methods. It was carried out at Hacettepe University, Gazi University, and

the University of Health Sciences Medical Faculties. Data were collected through semi-structured in-depth interviews online between May 4 and November 20, 2021. Interviews were conducted with 20 faculty members from each medical faculty. Maximum diversity sampling was used to interview faculty members of different branches and academic levels from the three medical faculties. Maastricht University had conversations with seven educators with various careers (two with an international component - Sweden, Brazil), while Murcia University had interviews with seven Associate Professors in the Faculty of Medicine.

The research team jointly prepared the interview form. Meetings were organized to minimize differences among interviewers in conducting the interview process, directing questions, guiding additional (probe) questions, and establishing standards for the in-depth interview process. The interviews were conducted online by researchers experienced in qualitative interviews among the research team. The interviews lasted from a minimum of 30 minutes to a maximum of 77 minutes, all of which were recorded. The audio recordings of the interviews were transcribed. The open-ended responses to the interview questions were described using descriptive analysis.

#### ***Evaluation of the Integration of Health Literacy into the Medical Education Program - Delphi Technique***

This study aimed to systematically obtain, structure, and discuss suggestions about integrating health literacy into undergraduate medical education from experts and authoritative individuals through consensus from different perspectives.

This study was conducted in two rounds using the Delphi technique. In the first round, the survey was comprised of five open-ended questions. The survey was emailed to a total of 62 participants.

The principle of confidentiality/anonymity was observed. The panel members were chosen because they could provide a deep insight into the subject due to their experiences and qualifications, and they held significant views on the matter. The panel included individuals working in various areas related to the subject: administrators, academic administrators, civil society organization members, academics working in the field of public health, medical education academic staff, family physicians, retirees, and students.

Of the 62 people, 42 responded to the survey. According to the responses given, the data was analyzed as a qualitative dataset. The views expressed by the panel members were listed in items, and subheadings were created.

In the second round, a survey was created from the data. The second-round survey contained 43 expressions under four headings. Participants were asked to score these expressions between 1 and 10 based on their agreement, importance, and necessity levels. The survey was sent to 42 participants via Google Forms. 37 out of 42 people responded. As a consensus was observed in the responses, the study was ended in the second round. The data obtained from the survey was analyzed using the SPSS program.

#### **2c. O3-Guideline for trainer**

Training Program and Guide for Educators to Implement the HL Education Program for Medical Students: A guide has been developed to actively train new educators on applying to the developed program. For this purpose, an educational program on “participatory health literacy content and peer education methods” was developed, and a training activity was organized in a partner country for the training of other partners. Both learners and educators from each country participated in this training (C2-Intensive programmes for teaching staff).

#### **2d. O4- Educational programme-curriculum development**

Health Literacy Education Program and materials (guide, e-learning material, etc.) have been developed for medical students. This developed program was evaluated and updated through a pilot application attended by the medical students of the partners in Murcia, Spain (C1-Intensive programmes for higher education learners).

#### **2e. O5-Digital platform guide-e learning**

The developed education program and content have been adapted to the online platform. This e-learning education program was evaluated through workshop studies with students and educators in Maastricht, the Netherlands (C3-Blended mobility of higher education students).

#### **2f. O6-Assesment & evaluation publication**

The final version of the educational program was given through the implementation and measurement-evaluation studies of the educational program on the e-learning platform among project partners.

For the studies in the project, permission was obtained from the Gazi University Ethics Committee (Date: 23.3.2021 Number: E-77082166-604.01.02-59610).

## RESULTS

**Current Status and Needs Analysis:** Most graduated doctors are aware of the importance of health literacy in providing health services. However, they state that they are inadequate in effective applications of health literacy. It would be beneficial to develop scales to measure physicians' knowledge, attitudes, and behaviors about health literacy to develop appropriate interventions. Doctors generally think as follows: Health literacy training should be added to the medical school education curriculum of doctors, who play a key role in providing health services to protect and improve the health of the entire community, tools for determining their levels on health literacy and for appropriate interventions should be developed and implemented.

As a result of the study conducted with medical students, it has shown that the health literacy of the patient/applicant is considered important by the students, but there are deficiencies and problems in their daily practices. In medical education, it is important to impart knowledge, attitudes, and skills to the physician candidate for the evaluation and improvement of the health literacy level of the patient/applicant/community.

The implementation of health literacy education in the medical education program will strengthen doctor-patient communication.

In-depth interviews with educators working in Medical Faculties; Participants have observed the effects of the health literacy level of the patients who apply to them on their communication and the patients' adherence to treatment. The most important factor affecting health literacy is emphasized as the "sociocultural and economic structure". While it is emphasized that people with a generally high socioeconomic level have high health literacy, it has been stated that sometimes accessing incorrect information sources creates a negative impact.

Participants emphasized that internet usage and getting information from social circles are the most important ways of gaining knowledge; It was stated that these sources could also lead to wrong information and beliefs. Experiences related to the difficulty of ensuring the compliance of a patient who has incorrect information with the treatment were shared.

The most important issue in communication with the patient is emphasized as the "patient's health literacy level". Being able to communicate with the patient positively affects adherence to treatment. In addition to having low health literacy, the "language problem" was also mentioned as a significant communication barrier.

It was stated that the physician's communication in accordance with the patient's health literacy level ensured "adherence to recommendations and treatment"; here again, the most important intervention could be realized with effective health communication. In this way, it was stated that both the patient's anxieties could be eliminated, and a significant contribution could be made to the process of being healthy.

Participants stated that there should be courses on health communication and understanding, evaluating, improving health literacy level in medical education, and that these courses would lead to more equipped physicians graduating. The importance of physicians establishing effective health communication and understanding the patient's health literacy level and making interventions accordingly was seen as vitally important by the participants. In this context, the subjects suggested to be included in the program in terms of content were often "communication in difficult situations", "effective communication", "the importance of health literacy", and "evaluation of HL level".

All the participants stated that theoretical, practical and applied lessons on these issues should be included in medical faculty education to train qualified physicians. The participants unanimously expressed the opinion that it would encourage the student more if evaluations for students were monitored during the process, and if the lessons were mandatory for practical participation.

### Evaluation of the Developed Education Program:

76.9% of the participants gave 8 and above points to the developed and implemented education program. The education program has allowed participants to increase their knowledge levels about integrating and developing health literacy education into the medical curriculum with innovative methods and to gain communication skills. Their knowledge and attitude levels have improved after the education program. Their skill levels have been facilitated to be put into practice. Most of the participants gave positive feedback to the training program and found the duration of the training appropriate.



## SUGGESTIONS

The developed education program has been added as an elective course in the 3rd grade of the university medical faculty of the Turkish partners of the project. It is recommended to other medical faculties in Turkey and Europe.

## THANKS

For their support during the project, we would like to thank; Cansu Özbaş, Hakan Tüzün, Mustafa N. İlhan, Duygu Ayhan Başer, Gülşen Taşdelen Teker, Esra Gültekin Koç, Mert Babacanoğlu, Burkay Budak, Kübra Nur Türk, Hasan Bostancı, Kürşat Dikmen, F. Sena Konyalıoğlu, Gamze Ketrez, İbrahim Sefa Güneş, Hatice Şeyma Erdem, Ceyhun Şener, Ebru Korkmazgöz, Çağrı Özbeyaz, Bürge Atılğan, Tülin Çoban, Fahriye Has Akdağ, Damla Özyürek, Gökçe Uğurlu.

## REFERENCES

1. Kickbusch, I., Pelikan, J. M., Apfel, F., & Tsouros, A. D. (2013). Health literacy: the solid facts. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/326432>
2. Nielsen-Bohman, L. (2004). Health literacy : a prescription to end confusion. National Academies Press.
3. Okan, O., Bauer, U., Levin-Zamir, D., Pinheiro, P., & Sørensen, K. (2019). International handbook of health literacy : research, practice and policy across the life-span (1st ed.). Policy Press.
4. Ozkan, S., Baran Aksakal, F. N., Odabas, D., Ugras Dikmen, A., Tuzun, H., Tasci, O., & Gunes, S. C. (2018). Türkiye Sağlık Okuryazarlık Düzeyi ve İlişkili Faktörleri Araştırması. T.C Sağlık Bakanlığı.
5. Schaeffer, D., Berens, E. M., & Vogt, D. (2017). Health Literacy in the German Population. *Dtsch Arztebl Int*, 114(4), 53-60. <https://doi.org/10.3238/arztebl.2017.0053>
6. Simonds, S. K. (1974). Health Education as Social Policy. *Health Education Monographs*, 2(1\_suppl), 1-10. <https://doi.org/10.1177/10901981740020S102>
7. Sorensen, K., Pelikan, J. M., Rothlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agrafiotis, D., Uiters, E., Falcon, M., Mensing, M., Tchamov, K., van den Broucke, S., Brand, H., & Consortium, H.-E. (2015). Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *Eur J Public Health*, 25(6), 1053-1058. <https://doi.org/10.1093/eurpub/ckv043>
8. Sorensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., & Consortium Health Literacy Project, E. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *Bmc Public Health*, 12, 80. <https://doi.org/10.1186/1471-2458-12-80>
9. WHO. (2017). Promoting health in the SDGs: report on the 9th Global conference for health promotion, Shanghai, China, 21–24 November 2016: all for health, health for all CC BY-NC-SA 3.0 IGO). <https://apps.who.int/iris/handle/10665/259183>

# SAĞLIK OKURYAZARLIĞI DERGİSİ

## Makale Yazım Kuralları

Dergiye gönderilecek yazılar Türkçe veya İngilizce olabilir. Dergiye gönderilecek olan çalışmalar daha önce bir yerde yayınlanmamış olmalıdır.

Çalışmanın eğer alınması gerekli ise etik kurul onay formu ve yayın hakkı devir formu yazının kabulü halinde imzalanarak [soydergisi@gmail.com](mailto:soydergisi@gmail.com)-[editor@albantaniti.com.tr](mailto:editor@albantaniti.com.tr) Adresine gönderilmelidir. Derginin kurallarına göre yazıldığı belirlenen çalışmalar editörler tarafından incelenir ve iki veya daha fazla hakeme gönderilir. Yazılar reddedilebilir veya yazarlardan düzenleme yapılması istenir. Düzenlemeler belirtilen süreler içerisinde tamamlandıktan sonra yazının kabulü halinde yıl içerisinde çıkacak sayılarda yayımlanır.

### YAZININ HAZIRLANMASI

A4 boyutlarındaki kâğıda üst, alt, sağ ve sol boşluk 2,5 cm bırakılarak çift satır aralıklı, iki yana dayalı, satır sonu tirelemesiz ve 10 punto Times New Roman yazı karakteri kullanılarak yazılmalıdır.

Gönderilen tablo, şekil, resim, grafik ve benzerlerinin derginin sayfa boyutları dışına taşmaması ve daha kolay kullanılmasını amacıyla 10 x 17 cm'lik alanı aşmaması gerekir. Bundan dolayı tablo, şekil, resim, grafik vb. unsurlarda daha küçük punto ve tek aralık kullanılabilir. Tablo, şekil, resim, grafik vb. metin içerisinde yer almalıdır.

Çalışmalar 20 sayfayı aşmamalıdır. Çalışmanın, MS Word ile yazılmış bir kopyasının dergi e-posta adreslerine veya web sitesinden online olarak gönderilmesi editöryal sürecin başlaması için yeterlidir. Çalışma gönderildikten sonra en geç bir hafta içinde alındığını teyit eden bir elektronik posta mesajı gönderilir.

Yapılan araştırmalar için ve etik kurul kararı gerektiren klinik ve deneysel insan ve hayvanlar üzerindeki çalışmalar için ayrı ayrı etik kurul onayı alınmış olmalı, bu onay makalede belirtilmeli ve belgelendirilmelidir.

Türkçe makalelerde Hem metin içinde hem de kaynakçada TDK Yazım Kılavuzu (Yazım Kılavuzu, 2009, Türk Dil Kurumu, Ankara) veya [www.tdk.gov.tr](http://www.tdk.gov.tr) adresindeki online hali) yazım kuralları dikkate alınmalıdır.

Kaynakça (Hem metin içinde hem de kaynakçada Amerikan Psikologlar Birliği (APA) tarafından yayınlanan

Publication Manual of American Psychological Association adlı kitapta belirtilen yazım kuralları uygulanmalıdır).

Dergi isimleri Index Medicus veya Ulakbim/Türk Tıp Dizini'ne uygun olarak kısaltılmalıdır.



**Gönderilen çalışmaların aşağıda koyu yazılan bölümleri içermesi gerekmektedir;**

- **Türkçe Başlık Sayfası** (makale başlığını, yazar/lar/ın tam adlarını ve unvanlarını, çalıştıkları kurumlarını, adres, telefon, faks ve elektronik posta bilgilerini içermelidir)
- **Türkçe Öz** (150-200 kelime arası)
- **Anahtar Kelimeler** (5-8 kelime arası)
- **Ana Metin** (Nicel ve nitel çalışmalar giriş, yöntem, bulgular, tartışma bölümlerini içermelidir)
- **İngilizce Başlık Sayfası** (makale başlığını, yazar/lar/ın tam adlarını ve unvanlarını, çalıştıkları kurumlarını, adres, telefon, faks ve elektronik posta bilgileri ve uluslararası geçerliliği bulunan "ORCID" bilgisine yer verilmelidir.)
- **Abstract** (150-200 kelime arası)
- **Key Words** (5-8 kelime arası)
- **İngilizce Ana Metin** ((Nicel ve nitel çalışmalar giriş, yöntem, bulgular, tartışma bölümlerini içermelidir)

**YAYIM SÜRECİ ÜZERİNE YAZARLARA NOTLAR:**

"Sağlık Okuryazarlığı Dergisi, Sağlıklı yaşam, sağlığın geliştirilmesi, sağlıklı çevre alanında çalışan tarafları ortak bir platformda buluşturmayı amaçlamaktadır. Bu kapsamda;

1. "Sağlık Okuryazarlığı Dergisi" Bireylerin sağlığını ve esenliğini geliştirmek için yapılan bilimsel çalışmaların, araştırma ve analizlerin yer aldığı akademik bir dergi niteliğindedir. Bu uluslararası dergi, sağlığın geliştirilmesi, sağlıklı bir çevre, sağlık okuryazarlığı kapasitesinin artırılması konusundaki politikaların oluşturulması ve uygulanması süreçlerinde yer alan taraflar arasında yönetişimi güçlendirmeye katkı sunacaktır.
2. Sağlık Okuryazarlığı Dergisinin yayın dili Türkçe ve İngilizce'dir.
3. Birden çok yazarlı makalelerde editoryal yazışmanın kiminle yapılacağı belirlenmeli ve açık bir şekilde belirtilmelidir.
4. Yayımlanan yazıların içeriğinde ya da alıntılarında olabilecek çarpıtma, yanlış, telif hakkı ihlali, intihal vb. hususlardan yazar/yazarlar sorumludur.
5. Yayımlanan yazıların içeriğinden yazarları sorumludur. İlgili çalışmada, eğer etik onay alınması gereken durumlar söz konusu ise yazarların etik kurullardan ve kurumlardan onay aldığı var sayılmaktadır.
6. Yayımlanmış yazıların yayım hakları yayımcı Firmaya aittir.
7. Yazar ya da yazarların tamamının ıslak imzasını taşıyan aşağıdaki içeriğe sahip bir mektup yayımcıya gönderilmelidir. "yazının tüm yazarlarca okunduğu, onaylandığı, başka bir dergiye gönderilmemiş olduğu, yazının hazırlanmasının her aşamasında bilimsel etik kodlara uyulduğu, yazı yayımlandığı takdirde tüm yayın haklarının yayıncıya devredildiği" bilgisini içeren form doldurulup imzalandıktan sonra mail veya whatsapp'tan resim formatında gönderilmelidir.



SAĞLIK OKURYAZARLIĞI DERGİSİ  
Turkish Journal of Health Literacy

E ISSN: 2717-7831