



Editorial

Health backstage: Much more than clinical practice



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The importance of recognizing “teachable moments”

In the healthcare context, “teachable moments” have been defined as events or circumstances which can lead individuals to positively modify their risk behaviours.¹ They can appear at every level of prevention, and be seen as an unpredictable opportunity, but there are in fact specific events or contexts when they are expected to occur. As a result, there is a need for constant preparation or support from the stakeholders involved in the process so that the teachable moment is exploited effectively, with healthcare professionals being at the centre of the model of promoting lifestyle changes. The conceptual framework behind this idea is the Capability-Opportunity-Motivation Behaviour, which proposes that behaviour has three necessary determinants: capability, opportunity and motivation.² While Opportunity is unlikely to be dismissed as it mainly depends on the frequency of contact with healthcare services, the other two are much more reliant on the individual's abilities. In this case, it is the healthcare professionals' responsibility to disentangle if they are faced with a good opportunity to achieve effective behavioural changes. And, just as they clinically examine a patient to understand the cause or causes of his/her symptoms and subsequently recommend appropriate treatments, so must they perform a ‘behavioural diagnosis’ to identify the appropriate functions by which interventions may generate behaviour change and select behaviour change techniques likely to deliver those functions. Highlights from the current issue include examples of identified teachable moments and how they can be utilized.

Health literacy and education as the pillars of health

In order to achieve a level of remarkable healthcare, health literacy and education play a major role, and several initiatives have been implemented to increase both in the general population. We are desperately in need for that change in the Portuguese population as revealed by the European Health Literacy Survey (HLS-EU-PT).³ These first comparative results of the HLS-EU/HLS-EU-PT showed that, of the 8 participating countries, Portugal had the third lowest level of inadequate health literacy.⁴ In addition,

a wide regional variation across Portugal was observed, and our country presented the lowest scores across age and occupational groups in comparison with the other European countries. Even more challenging was the high proportion of inadequate health literacy found among health professionals and students, which led the research team conducting the study to conclude that health literacy should be included in the education and evaluation of healthcare practitioners.

Health: lost in translation?

Portugal has recognized the need to increase health knowledge nationally, and launched the *Programa Nacional para a Saúde, Literacia e Autocuidados* (National Programme for Health Education, Literacy and Self-care) earlier this year.⁵ The main goal of this programme is to contribute to improved health education, literacy and self-care of the population, promoting health citizenship, and making people more autonomous and responsible regarding their own health, health of those who depend on them and their community. The programme is based on three main areas: information, new projects and best practices. Perhaps this will be the opportunity for the implementation of projects at the national level which show strategies with the greatest effects. This programme is part of a broader reform of Public Health in Portugal, for which we were all invited to contribute.⁶

The role of the Porto Biomedical Journal

April 29, 2016 will be a date to remember for us as the PBJ was officially launched that day. It was a moment of proud for all the people involved in the project, and the event was a success. However, from all the speeches heard on that day, the message that I retained for myself was the opening to the community, not academic or clinic. The support given by the Porto Municipality in the words of Professor Guilhermina Rego will be crucial for the next steps. We hope for a very fruitful relation in that field. Especially because the PBJ is one of the major components of the project we intend to develop, however, in the medium-long term, we want to produce other contents for the population in order to promote their scientific and health literacy, so they can have a more active role in the community. The goal is for researchers to create awareness for the citizen.

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To accomplish this objective, I proposed myself a small exercise: to transmit the main results of one of the articles published in this issue in a plain language summary of no more than 100 words. And here is the result:

Sodium intake and *Helicobacter pylori* infection in the early stages of life.

We studied 503 children since childbirth until 4 years of age. We found that 3 in every 10 children were infected with the bacteria *Helicobacter pylori*, which is mainly acquired during childhood and highly associated with gastric cancer development in adulthood. For almost one third of these children, sodium intake exceeded the level recommended by the World Health Organization (<2 g of sodium per day), also responsible for an increased gastric cancer risk. Although our hypothesis was that, by damaging the stomach wall, sodium intake could facilitate infection; such an effect could not be confirmed by our results.

I must admit that it was a difficult task and I may have missed the target. Especially when we are surrounded by scientific terms, and we are not always sure that lay people will understand them and

how we can slowly increase people's understanding. I am confident that there is space for improvement and we all need to make an effort to translate knowledge and not think that we are letting our guard down. Step by step, we will reach our goal!

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