

## Development of Health Literacy from Activities of Culture, Leisure, and Sports

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### Abstract

Living in a healthy and independent manner would be beneficial for people. Health literacy can be obtained through activities of culture, leisure, and sports. Authors have been involved in sports medicine, music, and management of International Masters Athletics Federation (IMAF). Health literacy would be a dynamic multi-dimensional perspective that combines various kinds of health-related matter, information, and activity. It can be developed through the activities of sports and music. These opportunities are divided into scheduled care healthcare programs and unexpected human interaction with various participants together. The latter would be a synergistic effect in multi-dimensional aspects.

**Keywords:** Health Literacy; International Masters Athletics Federation (IMAF); Social Determinants of Health (SDOH); E-Health Literacy Scale (Eheals); Eudaimonic Well-Being (EWB); Short Test of Functional Health Literacy Assessment (ST-FHLA)

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### Introduction

Living in a healthy and self-reliant manner is a task imposed on individuals. For this purpose, health literacy is a competence that individuals can acquire for themselves. Each person can choose their favorite sports and music in the cultural and leisure activities. Incorporating them into our daily life would be recommended. The authors have been involved in sports medicine, rehabilitation, music, and psychosomatic medicine [1-3]. Furthermore, we have continued the management of the International Masters Athletics Federation (IMAF) (Figure 1) [4]. These activities promote human health as reported from bio-psycho-social points of view [5, 6]. This article describes the development of health literacy related to these perspectives. The word "health literacy" means the combination of various skills and knowledge. They enable people to provide health-related information and matter to practice actual behaviors leading to better outcomes [7]. Consequently, health literacy seems to contribute to health strategy, policy and scholarship. However, it is not a simple result, but a dynamic multi-dimensional perspective that combines various kinds of health-related matter, information, and activity. In the bridging region of the medical and humanistic world of knowledge translation, the understanding degree of health literacy was investigated [8]. Adequate knowledge translation should be transmitted as active engagement with interpretation, contextual meaning for health

care providers and patients. Then, health literacy can involve simultaneous interrogation of health professionals and patients. Combined perspectives of medicine, culture and religion have existed so far) Culture has a series of traditions, customs, values, beliefs, religion, race, and human behaviors by people in different places and times. Regarding social determinants of health (SDOH), several domains have been found. They include QOL outcomes and risks, and a variety of health functioning, which are all evaluated and analyzed by long-term care (LTC) providers [9]. Health literacy means wider concepts of various information and skills, which include prevention of diseases, filtering of various information, proper evaluation of daily healthy life, and adequate compliance of continuing prescribed regimen [10]. Conventional research on health literacy has been conducted mainly in the medical field and has focused mostly on people with diseases. Further healthy people also need appropriate health literacy skills in their daily lives. These opportunities include leisure activities, such as sports and music [11]. Through various activities, new human relationships can be established, and then such opportunities contribute to novel acquisition of health literacy. These opportunities provide health literacy, including two situations. One is where knowledge and behavioral information can be obtained from scheduled health care and anti-aging presentations. This is an expected phenomenon in advance. Another is where information was acquired secondarily through a novel interaction with various participants. This is something that

cannot be predicted before. This seems to be the new products created from random interrelationships among people. The former can be considered an additive effect in the digital axis, and the latter would be a synergistic effect in multi-dimensional aspects [12]. As mentioned above, obtaining health-related information has some degrees, which are i) selecting information that seems applicable to the person, ii) deciding the protocol which seems reliable, iii) taking action, and iv) obtaining the results. These are a series of pathways of sharing with others. In a sense, this coping method would be health literacy itself. In modern society, too much information flows daily. Various mass media always disseminate health-related information, such as newspapers, television, and the internet. In the flood of information, it would be required to judge which information is accurate, useful, or possible to practice. Although this ability cannot be obtained in the short term, it has already started in school education and general health education [13]. Among these circumstances, electronic health (e-Health) technology has developed in the world. The measurement method for e-Health literacy has been tried so far. Among these, the only available psychometric way would be the e-Health Literacy Scale (eHEALS) [14]. Using eHEALS, 17 studies with 4877 cases were investigated from Cochrane Library, Medline, and Web of Science databases in the latest research. As a result, a positive relationship was found between e-Health literacy and other healthcare markers with chronic diseases [14]. Consequently, e-Health literacy will provide better changes for active involvement and online interventions in the future. Health literacy competencies include the ability to form relationships that provide relevant information. In that sense, leisure activities are an important opportunity to get to meet a new person from a third party, neither at home nor at work. For musical students, the perspectives of well-being and success were studied [15]. Four themes were presented, which were mutual relationships among perspectivity, stability, conditionality, and reciprocity. The adequate transition from student to professional life would be a challenge. In such case, personally and professionally required skills will be adapted for self-supportive well-being and health. For musicians, physiological and mental challenges do not coincide with the direction of health maintenance and psychological well-being, because of various stress [16]. However, musicians tend to feel eudaimonic well-being (EWB) such as a meaningful vocation of life and an enjoyable sense of well-being, compared with non-musicians [17, 18]. A scientific investigation was conducted for mental health in 163 music artists [19]. As a result, about 30% of them experienced the period with anxiety and depression. However, their majority still felt a moderate degree of well-being. The degrees of social support and resilience were remarkable predictors of daily well-being. Some reports are found in the sports region. For the algorithm of human behavior and health literacy, people with diseases showed lower health literacy [20]. Then, the future strategy will be expected for different mass media to strengthen health education. Effective Strategies can be

proposed for promoting mental health literacy in fitness programs [21]. By web-based survey, collegiate student-athletes received the Short Test of Functional Health Literacy Assessment (ST-FHLA) [22]. The results showed that all cases (n=160) showed applicable health literacy. In summary, people who participate in cultural and leisure activities tend to be health-conscious and people-oriented. This article will become hopefully a useful reference in future research.

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*Figure 1: Authors are actual masters' athletes with management of IMAF Bando (sprinter, left) and Konoike (hurdler, right).*

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