

Response to the Comments on “Promoting Health Literacy in the Workplace Among Civil Servants: Cross-Sectional Study”

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Abstract

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Author Reply to a Letter to the Editor: Response to the Comments on “Promoting Health Literacy in the Workplace Among Civil Servants: Cross-Sectional Study”

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Dear Editor,

We would like to extend our gratitude to the authors for their insightful comments [1] on our study, “*Promoting Health Literacy in the Workplace Among Civil Servants: Cross-Sectional Study*” [2]. Their input significantly enhances discussions around health literacy (HL) and oral health literacy (OHL) in diverse populations and work environments, particularly regarding the United Arab Emirates (UAE).

OHL and HL are crucial for improving health outcomes. Our study revealed differences in OHL compared to HL across various professional categories, indicating the need for targeted interventions. However, while our study emphasizes the importance of numeracy within the French civil servant population, it is essential not to overlook other aspects of health literacy, such as comprehension, decision-making, and access to reliable health information, which are equally critical in promoting overall health [2].

On other hand, while shared concerns regarding the challenges in replicating such a study in the UAE are acknowledged, it is important to underline the differences concerning population involved, which would likely influence the implementation and outcomes. Firstly, the UAE’s workforce includes many expatriates, with differences in education and healthcare access. This diversity could result in greater disparities in OHL and HL [3], making it more difficult to assess and compare HL across occupational groups, unlike the more homogeneous French cohort. Secondly, the multilingual

environment in the UAE adds challenges for HL assessments [4]. Unlike our study, which used standardized, validated French questionnaires to ensure consistency, the UAE would need tools adapted to various languages and cultures. This complicates survey design and health promotion strategies, as interventions must be tailored to the workforce's diverse linguistic and cultural needs [4]. Thirdly, the health system in the UAE is different from France's, which is characterized by a strong public health insurance and workplace health programs. In the UAE, access to healthcare services seems to depend on factors like employment status, nationality, and income. Health promotion initiatives should be adapted to these differences, with tailored interventions to address the needs of different professional categories and address literacy gaps caused by socioeconomic disparities [5].

In conclusion, implementing a similar study to evaluate OHL and HL in the UAE is necessary but requires careful consideration of the cultural environment, the unique healthcare landscape and access to dental and general health services.

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