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## Health literacy issues in the health inequality context

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### Abstract:

**Introduction.** Health literacy is defined as the ability to read, understand and act on health information to make appropriate health decisions. Many factors can contribute to an individual's health literacy as age, sex, level of education, housing, occupation, income, individual's amount of experience in the health care system and cultural factors determining attitudes and health beliefs.

**Objective.** The aim of this publication was to draw attention to the importance of low levels of health literacy in the development of health inequalities.

**Description of the state of knowledge.** According to the literature, people with inadequate or marginal health literacy skills have higher risk of premature death and hospitalization due to

many health problems, and also have less access to health care mainly through communication problems with medical staff than general population.

**Summing up.** Nowadays the process of building health literacy of citizens is becoming an important challenge for public health, because it promotes equal opportunities in health, minimizes the costs associated with the treatment process, increases of ability to effectively self-care management (especially in chronic diseases), and thus improves the health of the general population.

## **Introduction**

Health literacy, referred to in the Polish translation as the ability to read health [1],[2], is the degree to which a person can acquire, process, and use basic health information objective of making health-promoting behaviors and decisions [3]. It is a collection of individual skills of reading, writing, numeracy, interpret and communicate with others. The World Health Organization (WHO) defines health literacy through the prism of existing cognitive and social skills which determine the motivation and capabilities of individuals to access, understand and use information in order to maintain and promote health [4]. In this perspective, health literacy means:

- Having a basic knowledge about health.
- Ability to read, understand and evaluate health information.
- Taking preventive measures.
- The ability to self-care and the promotion of positive health behaviors.
- Ability to communicate with health care professionals.
- Make informed health decisions.
- Being an advocate for your own health and others.

Some authors submit, however, questioned the clarity of the Polish translation of the term health literacy, which gives fully its meaning [5], [2]. However, for the majority of Polish publications on this issue, this article health literacy competence will be called health.

This phrase was first used in the 70s of the twentieth century as an attempt to explain the relationship between the level of education of the patients and the ability to comply with medical recommendations [6]. In these studies, it was noted that a basic level of competence of the patient's health allows him to read better understanding of prescriptions, test results or flyers of the drug, and thus helps the healing process. But it was a narrow understanding of

this concept, which gave only basis for further rapid development of the whole idea related to the competence of public health. Development proceeded in two directions. The first was focused on the study of health awareness in the context of clinical medicine (the way of doctor-patient communication, chronic disease management, understanding medical recommendations) the second from the perspective of public health (by strengthening the capacity of health promotion and health education). Currently leading the way in research devoted to the concept of health literacy lead the United States and in other countries (including European) ideology is still steadily growing.

Slightly narrower concept used on the occasion of the debate on the level of competence of the health of people, is the health information literacy (HIL) term. It is "the set of skills needed to accept the need for health information, the identification of possible sources of information and use them to download the relevant information, assess the quality of the acquired information and its use in a given situation; as well as to analyze, understand and use this information to make decisions beneficial to health "[7]. Exemplification of HIL is understanding and application of medical recommendations, the ability to interpret food labels, leaflets reading comprehension drugs or the ability to carry out all sorts of forms and documents related to the downloaded health benefits [8].

According to the concept Nutbeam'a [10] and the extent of their competence health can be divided into three levels:

1. Functional (basic), the ability to read medical information (forms, drug labels, tables) and understanding of the content of written and spoken by professional medical care (doctor, nurse, pharmacist) needed to comply with the recommendations and to exercise self-care at home.
2. Interactive, which is a wide range of skills and competences which people acquire in the process of socialization, and which allow you to make informed choices conducive to health.
3. Critical means taking action in the field of disease prevention and health promotion. This level is also synonymous with the ability to effectively manage their disease and others (eg. A close family member).

Diagnosis of the level of competence of health of the patient as a / division is important for several reasons. First is the feedback to educators about the possibilities of cognitive health of recipients of the educational process, which should be used to adapt teaching methods and techniques. This is particularly important for patients suffering from chronic diseases. Moreover, it is a determinant role that the educator must take in the process of patient health

education. In case of patient with basic level of competence of health educator will be the role of the teacher (the transfer of critical information). In the situation of a person with an interactive level of competence of health educator will be the role of the coach (transfer of information and the development of specific skills). While in the third case, ie. The individual level of competence of critical health educator assume the role of a partner, or a person accompanying and supporting the choices to be made regarding disease prevention and health promotion. Knowing the level of competence of health care for patients suffering from chronic can predict their capabilities and limitations of the process of management of the entity. For example, a person with diabetes, and having a functional level of competence of health will have the ability to understand the information provided with medical recommendations and other information related to your disease like. leaflets medication or test results. Next, an interactive level will allow that person actively involved in the therapeutic process by seeking additional information about their disease and make informed decisions by health care (eg. change the current way of life) in order to improve health. In turn, the third critical level of competence of health provides the ability to interpret information about their disease, to learn critical applications, which are ground to take further action advanced in the area of promoting their own health. A person with the highest level of competence of health tends to their own empowerment / autonomy (empowerment), or exercise full control over their health and disease [5].

The aim of the publication was to draw attention to the importance of a low level of competence in the development of health inequalities in health. The analysis was based mainly on foreign literature, because in Poland it is still a rare topic and existing national publications mainly in theoretical nature [5], [1], [11], [12]. However, there are few researches focusing on health literacy [13], [7], [14].

For the purposes of this paper reviews the base-reviewed journal of the profile of the medical and related sciences PubMed and EBSCO using English keywords (health literacy, health Inequalities, health education, health outcomes). Also used Internet search engine Google and Google Scholar using Polish keywords (competence of health, health literacy, reading health, health inequalities, health promotion). In addition, they analyzed the chapters contained in the manuals on the discussed problematic.

## **Competence of health and health**

The level of competence of health shaping the health of the public within the meaning of the unit, as well as a group through the direct impact on health outcomes, health behaviors, as well as the ability to manage the disease.

There is a close correlation between the level of competence of health care and health outcomes of the unit. Conducted in this area of research has confirmed that people who suffer from certain deficiencies in the existing competence of health are:

- Greater risk of chronic disease, hospitalization and premature death [15].
- They make worse health status and self-esteem can not effectively manage their chronic disease [16].
- Poorer health status [4].
- Greater risk of re-hospitalization for a month after discharge [17].
- A greater risk of non-compliance with medical recommendations [18].
- Worse prognosis because of late reporting to the health care professionals (often use the services of emergency medicine) [19].

Path between the level of competence of health and the results presented in the form of a health model Paasche-Orlow and Wolf [20]. In his concept they pointed out that the competence of health should be considered from the perspective of the individual as well as the entire health care system. In addition, they distinguished between three levels depending on the level of competences of health and health:

- Access and ability to use the health care system; at the individual level through self-efficacy, identifying and overcoming barriers, as well as orientation; while in terms of the system is possible through the provision of comprehensive services.
- The doctor-patient relationship, which is influenced by factors of the patient, ie.: the knowledge, values and beliefs, active participation are taken by professionals in health care actions and decisions, as well as the skills of the doctor/other specialist such as communication tailored to the needs and problems recipient, the ability to transmit comprehensible information about health care and patient-oriented.
- The process depends on self-care knowledge, problem solving skills, self-efficacy and motivation of the patient, the available resources, received the support of the environment and health education directly (at work, school, health care institution) and indirect (mass media).

The level of competence of health is also a determinant of health behavior unit, understood as an action exerting a specific effect on health (positive or negative). An example of health behaviors may be the degree of use of health care services (to perform screening, the frequency of taking advice from a family doctor or other specialists, immunization, etc.), Compliance with medical recommendations in diagnosed diseases and take individual health behaviors (physical activity, rational nutrition) or unhealthy (substance abuse). People with low health awareness tend to lead unhealthy lifestyles, rich in substances (alcohol, cigarette smoking) and a diet low in fruits and vegetables [21].

The study [22] reported that the basis for the effective management of chronic diseases at the individual level, sometimes referred to as self-care, have appropriate health competence. Managing chronic disease is to take independent action to maintain, improve or strengthen their own health. It is also the ability to recognize symptoms of exacerbations with making adequate interventions, adherence to medical recommendations on the basis of interactive cooperation, reorganizing current lifestyle, as well as the acquisition of information necessary in the process of treatment and tertiary prevention diagnosed disease entity. All of these actions are impossible or very difficult if the patient does not have adequate health competence, because in order to effectively manage chronic disease unit must have the ability to understand, acquire and evaluate information needed to plan self-care. According to the Californian Healthcare Foundation, the success of the treatment of patients suffering from chronic depends on the extent to which the patient himself is involved in the process of self-care, it is best when it is 90% [23].

### **Competence of health as a determinant of social inequalities in health**

Inequalities in health is unfair and avoidable differences in health units, or entire groups due to the influence of certain factors, social, economic, environmental and geographical [24]. Prevention of adverse events should focus on creating equality policy, which envisages the creation of conditions so that every person has an equal chance of achieving the full potential of their own health.

Looking for sources of inequalities in health frequently highlights the impact of factors such as age, sex, socio-economic status (SES), or place of residence. Much less frequently calls attention to while the conditions resulting from the level of competencies of health. This issue can not be ignored because the level of health literacy held, is sometimes stronger than the determinant of individual health: income, occupation, education level, race or membership of a particular ethnic group [25]. In addition, the European Health Survey Competence HLS-

EU conducted in nine European countries such as Austria, Bulgaria, Germany, Greece, Spain, Ireland, the Netherlands and Poland, showed that almost every second respondent had deficits in this field [26]. first of all, [27], [28]:

- Ethnic minorities mainly due to language barriers, limited access to information and health care, and lack of access to the national prevention programs
- The elderly due to the present state of health restrictions (especially dementia and the changes occurring chronic diseases), technological barriers (the digital divide) and limited access to education
- Long term sick and disabled due to potential restrictions psychophysical
- People with low socio-economic status (level of education, occupation and level of income)

However, the level of competence of health of people is shaped by a number of demographic variables, psychological, cultural or individual, which is why its actions to improve public health competence of health can not only focus on risk groups, but on the whole society.

The results of the European Competence Health Survey conducted in Poland showed that nearly 38% of Poles assessed their health information skills as low, which corresponds to the cumulative report. Respondents admitted that they had problems with search, evaluation and appropriate use of health information gained. Specific problems related to getting information on coping with stress, depression, immunization, screening program as well as information about the symptoms and how to treat diagnosed chronic diseases. A big obstacle in the development of health information skills individual students surveyed were also the difficulty in assessing the reliability of information about health and disease transmitted by the media [7]. European Competence Health Survey conducted in 2011 in Poland was the first study of competence health Poles. The results highlighted the essence of the problem and pointed out the necessity of deepening the research with special emphasis on risk groups.

Searching the literature to answer the question why the issue of the competence of health can not be ignored in the preparation of population health projects aimed at minimizing inequalities in health, you may find the following arguments [29]:

- Many studies have reported that the level of competence of individual students is a stronger determinant of health inequalities in health than socio-economic status, age or origin [30], [31]. People with low health competence can not effectively manage their disease or illness coming and make informed decisions conducive to health.

- It is estimated that 16% of the world adult population (776 million) [32] has a deficit core competencies of health, which affects health (higher risk of premature death) and the cost of care in terms of the system.
- People with a low level of competence of health have a greater risk of collapse from chronic diseases are characterized by the limited possibilities of self-care which further worsens their health.
- There is a serious discrepancy between reading literacy in general and the ability to read and understand health information among people.

The World Health Organization (WHO) [4] stresses that strengthening health competence minimizing social inequalities in health because:

- Competencies are the health of every human capital as well as groups of people. Investing in their development can contribute to significant improvements in the health of individuals and society. Persons having the knowledge and ability to create a healthy lifestyle and taking informed decisions about their health, improve their quality of life. In addition, through their actions may create habitat and health-promoting positive health behaviors.
- Competence of health are an important form of social capital that is sure an organization chart in the form of compounds (networks), or standards of social trust which promotes coordination and cooperation for the common good. [33] It is a system of interdependence, namely members of society possessing a high level of competence of health can positively affect the health of the whole population, as well as aware of poor health, society has a positive effect on the health of individuals belonging to a particular environment (formal and informal groups of social support, and setting aid e.t.c.).
- Having a high level of competence of health leads to empowerment (empowerment) units and communities in the exercise of individual and community control over health and life [34]. The very process of empowerment is not a strategy for action "for the people", but above all "with the people", which emphasizes the active participation of individuals and society as a whole in building health [2].

In addition, during the seventh World Conference on Health Promotion in 2009, developing the competence of health between individuals has been recognized as one of the priorities for tackling health inequalities [35].

## **Summary**

Reducing social inequalities in health is an essential component of the strategic objective of the National Health Program in Poland for the years 2016-2020, in addition to extending the lives and improving the health related quality of life. Knowing that a low level of competence of the health of people enhances the scale of health inequalities must take an integrated and multi-sectoral action to improve them. The literature gives three main areas of interventions such as education, health care system and society [36], [37]. The development of health education should lead to a gradual increase in people access to reliable health information (large role of the mass media), and support the development of individual ability to make healthy behavior. Also, remember to low-risk groups health competence strategy of adjusting to individual educational needs and problems. The health care system should be implemented actions to promote the concept of competence among health workers in the sector in order to better understand its assumptions. Then, organize training and courses on effective communication doctor/nurse-patient which will bring mutual benefits: staff recognizing individual restrictions client in the acquisition of health information will adjust the form of communication to recipient and the patient aware of their health needs will know how and why we must follow to medical recommendations. In general, social activities should pay attention to the increasing health consciousness in habitats, where people live, work, study or spend their free time, that is, taking into account all those places where the unit is in contact with various health problems. This approach is part of a wide-ranging action with regard to health promotion of active and participatory attitude of the individual in shaping their own health and others.

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