

Challenges and Implications of Health Literacy in Global Health Care

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INTRODUCTION

The specific level of health literacy is required for patients to fully understand health information and services to make effective decisions about their health care, including decisions about screening and treatment (Koay, Schofield, & Jefford, 2012). Being able to employ a certain degree of control is recognized as a precondition for the active patient participation and is often discussed concerning health literacy (Nutbeam, 2008). Patients' perceived control over their care is indicated by their perceived ability to perform the self-care activities in the home environment, to interact effectively with health care providers, and to organize care at the right moment (Coulter, 2012). Older patients and patients who are less educated about their health care condition are more likely to have the lower health literacy, visit their health care provider more frequently, and perceive more difficulties in exerting control over their care than the highly educated younger patients (Dahlke, Curtis, Federman, & Wolf, 2014).

This article aims to bridge the gap in the literature on the thorough literature consolidation of health literacy. The extensive literature of health literacy provides a contribution to practitioners and researchers by describing the challenges and implications of health literacy in order to promote the health literacy in global health care.

BACKGROUND

Health literacy is a complicated perspective that depends on the individuals' ability to communi-

cate and the demands posed by society and health care system (Baker, 2006). Lack of specific skills and knowledge associates with health literacy has been shown to negatively affect the people's understanding and use of information provided by health professionals (Rubinelli, Schulz, & Nakamoto, 2009). Effective health care strategies can be used by health care providers to address the serious health care-related problem, including the effective health communication, development of health education materials, professional education, and development of health care community partnerships (Corrarino, 2013). Developing educational materials aimed at individuals with low health literacy, as well as training health care providers on how to effectively communicate with individuals with limited literacy, should be promoted (Ojinnaka et al., 2015). Lupattelli et al. (2014) indicated that clinicians should take time to inquire into their patients' ability to understand health information, perception, and beliefs regarding health literacy.

THEORY AND APPLICATIONS OF HEALTH LITERACY

This section emphasizes the perspectives on health literacy; trends and issues with health literacy; and the challenges and implications of health literacy in global health care.

Perspectives on Health Literacy

Health literacy encompasses several abilities including word recognition, reading comprehension,

communication skills, and conceptual knowledge (Macek et al., 2010). The components of literacy include reading, writing, verbal communication, numeracy, and conceptual knowledge (Nielsen-Bohlman, Panzer, & Kindig, 2004). Federman et al. (2009) stated that memory and verbal communication fluency are strongly associated with health literacy. Effective communication among health professions is a necessary component of health care, as no single profession can adequately respond to the complexity of health problems that patients may possess (Barr, 2002).

While health literacy is a complex concept that includes many components, print prose and print document literacy are two essential health literacy skills that help patients understand the written health information (Baker, 2006). Written health information can be found in various areas of health, and includes medical instructions, medication information, disease information, admission forms, informed consent materials, and other examples (Hadden, 2015).

Trends and Issues With Health Literacy

The public health response should include seeking out the new strategies for health systems to promote the public's health literacy, while working with the educational system to better equip the younger generations with the health care-related knowledge and skills necessary to navigate health care (Parker, Wolf, & Kirsch, 2008). In the medical contexts, low health literacy is recognized as a barrier to the health care and treatment adherence, requiring that providers and health care community-based organizations adapt to become more accessible and user-friendly (Liechty, 2011). In the public health contexts, health literacy is recognized as an opportunity for education and empowerment, a capacity-building challenge to enable individuals to exercise more agency in their lives and better utilize the health information and services (Nutbeam, 2000). Public health literacy encompasses skills in evaluating public health information and

the ability to apply it in ways that affect small groups and communities rather than individual's health alone (Freedman et al., 2009).

van der Heide et al. (2015) indicated that in chronic care, patients are expected to fulfill an active role in the care of their condition by fulfilling the care tasks in their home environment. This active patient role is considered as important for maintaining the best possible state of health (Coulter, 2012) and reducing the burden on health care (Cramm & Nieboer, 2012). Not all adults with chronic conditions are able to fulfill this role (Kawi, 2014), either because they are not interested or because they lack the knowledge (Swenson et al., 2004). Patients with higher health literacy are found to take a more active role with respect to their care (Fransen, von Wagner, & Essink-Bot, 2012) and to make less use of health care services than those with lower health literacy (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011).

An evaluation of government websites from a health literacy perspective has recognized the need for the improvement of readability, user-friendly content, and cultural tailoring (Neuhauser, Rothschild, & Rodriguez, 2007). Cultural competency and health literacy are directly related to health care (Ingram, 2012). Cultural competency is an ongoing process in which a health professional continuously strives to achieve the ability to effectively work within the cultural context of the patient and is a process where there is room for improvement (Campinha-Bacote, 2002). Incorporation of cultural competency into health care education for pharmacy, medical, and nursing students has proven to be effective (Durand, Abel, Silva, & Desilets, 2012) and should be continued in order to increase the awareness of future health professionals.

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Sentell et al. (2014) stated that primary care providers and facilities should consider health literacy at both community and individual levels. Providing

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