

Chapter 29

Promoting Health Literacy in Global Health Care

Kijpokin Kasemsap

Suan Sunandha Rajabhat University, Thailand

ABSTRACT

This chapter emphasizes the prospect of health literacy; the evaluation of health literacy level; health literacy and health communication; health literacy and health information; and the current issues of health literacy in global health care. Good health literacy is important because patients are living longer and experiencing a wider range of health issues. Health professionals must commit to promoting for improved health literacy in health care organizations and should establish the specific health care goals toward improving health literacy in strategic plans, performance plans, programs, and educational initiatives. Health professionals can utilize a broad range of health communication strategies to ensure patients understand their options and share their health care decisions. Through health education and training, effective health information can help promote patients' health literacy level in global health care.

INTRODUCTION

Health literacy is recognized as the important domain in a conceptual model of health promotion (Šramová, 2015) and is related to the effective health indicators that include self-reported health, daily functioning, risk for hospitalization and death, and use of health care services (Bostock & Steptoe, 2012). Nowadays, reliable health information is essential and currently easily available to most patients in the health care industry (van der Vaart et al., 2012). Low health literacy is the important problem in low and middle-income countries as these countries have high poverty rates and low rates of health education (Keikelame & Swartz, 2013). Patients with low health literacy have poor knowledge about their illness, experience difficulties in accessing health care, have poor self-care, have lower levels of quality of life, and have poor health outcomes (Elliot & Shneker, 2009), including higher risk for premature deaths (Barnett & Kaske, 2012).

The communication between health care professionals and patients should encompass educating patients about the knowledge and the processes to enhance the quality of care in health care settings

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(Kazandjian, 2012). To prepare for the transition from pediatric to adult-oriented health care systems, adolescents must develop the ability to obtain, process, and understand basic health information; make appropriate health decisions; and effectively interact with health care professionals (Huang, Tobin, & Tompane, 2012). Health literacy is an important factor in health disparities (Morrison, Brousseau, Brazauskas, & Levas, 2015). Al Sayah et al. (2013) stated that inadequate health literacy has been found to adversely affect health outcomes, especially in low-income patients with chronic diseases. Berkman et al. (2011) indicated that routine screening for inadequate health literacy in health care settings has led to an increased interest in health literacy evaluations.

Suitable health care interventions (e.g., materials written in plain language and brief counseling approaches) effectively improve the parent's health knowledge and medical adherence (DeWalt & Hink, 2009). Low health literacy is associated with individuals from lower socioeconomic groups, among older persons and racial minorities (Bautista, Glen, Shetty, & Wludyka, 2009), and from those living in rural areas because of low education levels, high unemployment rates, low wages, and lack of health insurance (Wood, 2005). Patients must have the ability to obtain, process, and understand the basic health information and services through health education and training regarding health literacy (Peerson & Saunders, 2009).

This chapter 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 current trends and issues of health literacy in order to promote the health care literacy in global health care.

BACKGROUND

Health literacy first appeared in the 1974 paper calling for minimal health education standards for all grade levels in the United States (Mancuso, 2009). Since then, a stream of descriptive research has sought to examine the concept of health literacy, its measurement, and the problem of low health literacy in the health care industry (Schulz & Nakamoto, 2013). There has been a growing interest in the concept of health literacy, together with an increased emphasis on the individual's responsibility for health and self-management of chronic illness (Salmon & Hall, 2004). While health information has the potential to increase patients' knowledge and equalize the effective communication between patient and health care provider, availability of information does not automatically lead to the involved patients (McCray, 2005).

Inadequate health literacy is more extensive among the elderly, those with lower levels of educational attainment (Kutner, Greenberg, Jin, & Paulsen, 2006) and with chronic disease (DeWalt, Berkman, Sheridan, Lohr, & Pignone, 2004). Omachi et al. (2013) stated that limited health literacy is related to poor outcomes in many chronic diseases. Inadequate health literacy is associated with poorer self-management skills, less successful navigation of the health care system, and higher mortality (Herndon, Chaney, & Carden, 2011). Paiva et al. (2014) indicated that health literacy should be higher in physicians, followed by health researchers, people with a similar academic degree in areas which are non-related to health, and people with the lower levels of education attainment.

Although the skills of patients are important, health literacy also includes health care providers and caregivers (Grice et al., 2013). Low health literacy has been reported to have a great impact on the interactions between patients and health care providers (von Wagner, Steptoe, Wolf, & Wardle, 2008). Improving health literacy requires health care providers and health care organizations to clarify com-

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