

THE NEED OF THE HEALTH LITERACY DEVELOPMENT

Jan HOLČÍK

Abstract: *The message consists of two parts. In the first part, the monograph „Health literacy in health care“, initiated by the main researcher in the research task „School and health in the 21st century“, doc. PhDr. Evžen Řehulka, CSc, is reminded. Its objective is to provide basic information about health literacy and methods contributing to its advancement. The second part is dedicated to a serious health issue consisting in the rising number of the chronically ill and potential methods of dealing with such a problem. It shows that the advancement and increasing the general level of health literacy should become a priority in the field of health care.*

Keywords: *health literacy, health care, health, health services, health policy, health education, health programmes.*

The objective of this message is to briefly introduce a new monograph (Holčík, 2009) written on the initiative of the main researcher in the research task „School and health in the 21st century“, doc. PhDr. Evžena Řehulky, CSc. The principal terms and methods of the health care system are explained in the text in relation to the urgent need of developing health literacy in all groups of population.

The initial idea of the monograph is the conviction that people are the basic determinant of health and that it is necessary to facilitate to them the understanding of the value of health, and the respect for it when making decisions in normal everyday life.

The second part is dedicated to a serious health problem, which consists in the rising number of the chronically ill and possible methods of dealing with such a problem.

1. Health literacy and its role in health care

Chapter 1 of the monograph (Holčík, 2009) introduces the health literacy as an integral part of the 21st century health culture and lists the main reasons that should motivate its systematic development. The definition of health literacy is presented in chapter 2. Health literacy is able to take proper decisions related to health in the context of everyday life – at home, in the society, at work, in health care institutions, business as well as policy. It is an important method increasing the influence of people over their

health and strengthening their ability to obtain and use information and assume and bear one's personal share of responsibility.

Chapter 3 presents a health literacy model distinguishing between functional health literacy (informing the public about health risks and the need of healthy lifestyle), interactive (development of human ability to actively co-create our own health fate) and critical (active and creative share in the health care and the establishment and implementation of health policy). Valuable experience from applying the health literacy in Canada achieved so far is presented in chapter 4.

Health education (educating the patients, warning again health risks and education towards health), which is one of the basic methods of developing the health literacy, is explained in chapter 5. Improving the health literacy is an important part of the so-called „*empowerment*“ of people (chapter 6), consisting in strengthening the ability of people to influence their life's fate, meaning also their health fate. Another important method of developing the health literacy is the support of health, the structure and possibilities of which are explained in chapter 7.

It is unquestionably important that the health literacy should be developed in relation to the priorities set by the European health policy (chapter 8). The European health policy is characterised by a systematic interest in the health of people and assuming co-responsibility for influencing all circumstances that influence health. Chapter 9 explains types, methods and possibilities of developing health systems. Given the fact that human health is to a great extent influenced by social determinants of health, attention is paid to these in chapter 10. Health literacy is set within the wide European context in chapter 12. Chapter 13 contains an invitation to the common journey towards health.

The monograph includes 8 attachments, the first seven of which containing the fundamental documents of the World Health Organisation indicating the development of health care in the 21st century. Attachment 8 provides a glossary of basic terms used in the monograph.

The monograph does not provide any detailed instructions on how to develop health literacy. It is not its objective, either. In the ideal case, the initial information about the health literacy should become a motive for independent activities of everyone who understands the meaning of health literacy and further chapters on health literacy should be written at schools, families and at work, everywhere where people live. The best possible health is an important condition for a full, useful and joyful human life.

2. Increase in the number of the chronically ill as an important health problem.

Given the fact the sickness rate is dominated by chronic non-infectious diseases and many of them are curable or their course can be slowed down, the mortality rate drops (the life of the sick prolongs). Although the number of some of the newly diseases does not change too much, the greater number of preventive medical examinations and more perfect diagnostics determine a higher number of these. This results in the rise in the number of the treated ill and ever rising expenses. This is schematically presented in Fig. 1.

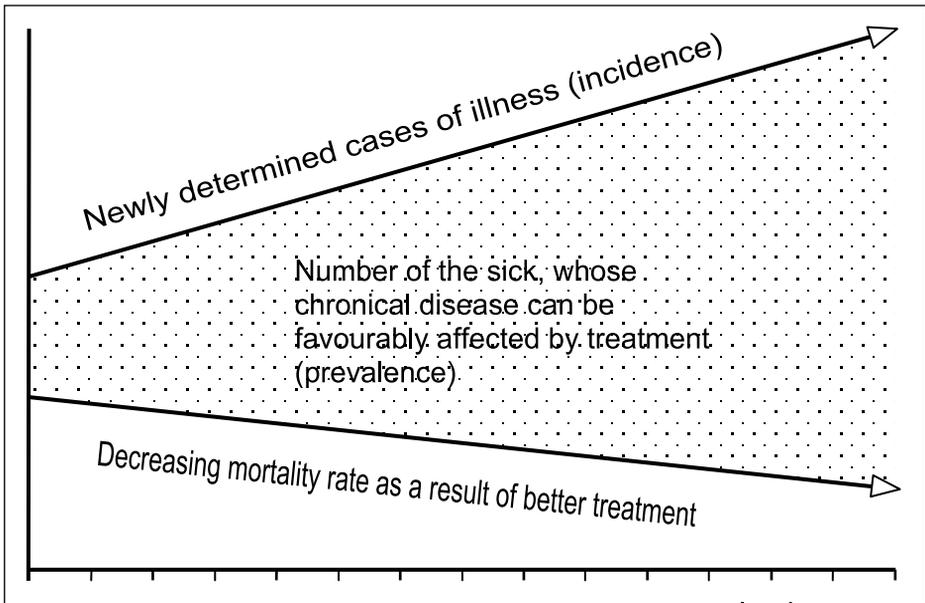


Fig. 1. Rise in the number of treated people give increasing incidence and dropping mortality rate

The aforementioned trends may also be considered for the future. Thanks to the research in the field of clinical medicine, the potential of medicine is on the rise, new procedures, medications and instruments are available, but at rapidly increasing prices that are often justified by the need for further costly research work. The production of medications and health care instruments is also exposed to competitive pressures and their sale is closely related to the standard marketing and market mechanisms, which undoubtedly results in the efforts of the producers and businesses to earn as much as possible.

The aforesaid problem can be reacted to in four basic ways.

- a. **Investing more money in the health care system** – this will make it possible to provide more health care services. Experience show that the costs of health care system are on the rise in most countries. It is apparent that the amount of money allocated to the health care system cannot be increasing for ever. Such a growth has its limits which are set both by the economic efficiency and the urgency of expenditures in other fields. It cannot be considered that the lack of funds in the field of health care becomes a permanent characteristic of all health care systems and it cannot be expected that the mere increase in the funds appropriated to the health services will resolve the aforesaid problems. When the money is missing, it may seem at first sight that it is an economic problem. Although it can be permitted that economic knowledge and method play an important role in the field of health care, economy is far from enough to handle this problem.

- b. **Increasing the economic efficiency of health services** could contribute to a better use of these funds that are available. In essence, these are two tasks. First, it is an effort to reduce the prices or substantially restrict (or not to pay) those health care services that are provided and to carefully consider what other health care services can be taken into account. This field also concerns the consideration of priorities in the field of health services, i.e. what should be given priority in view of the restricted funds, what could bring a greater benefit to human health. Great hopes rest on these efforts and in many cases partial success is achieved. If the efforts to increase the economic efficiency are restricted to one medical facility only, the results are usually worse than expected. The issue is not that all health care services provided by a hospital should be provided in an economically efficient manner. What matters is that useless health services should not be provided at all. If, for example, money is spent in a hospital to handle a health care problem that could be handled by a general practitioner or an ambulatory specialist, then it is a case of waste. Therefore it is so important that the medical facilities are combined within a functional system without being „independent“ and „competing“ entities.
- c. **Restricting the accessibility of health services** is an unpopular step and it is not usually declared in the political parties' election programmes. However, this happens in all countries and various methods are applied. For example, economic limits are set, the exceeding of which is accompanied by sanctions, justification and „remedial“ measures. Methods of controlled provision of health services are developed and widely applied (*rationing*), and their essence is to achieve economical distribution of means in case of emergency (e.g. rationing ticket system). The so-called „implicit rationing“ consists in the fact that health care staff postpone health care services, draw attention to potential risks and in some cases discourage the patients from the required surgery. Its drawback is that the public is not informed about the scope of such behaviour. Implicit rationing is often influenced by external economic pressures (e.g. on the part of managers). However, the potential negative consequences are the responsibility of physicians. The physicians accept the implicit rationing begrudgingly taking it as an inadequate intervention into their own decision-making and face up to it while referring to their ethical commitment to strive after the best possible treatment of their patients. Explicit rationing is usually based on decisions on what services will be provided as a standard (e.g. paid by health insurance companies) and what services will be associated with certain restrictions (e.g. they will be paid by the patient, they will only be provided in a few health care facilities or their provision will be suspended, even if temporarily). Explicit rationing is the responsibility of the person drawing up and approving the list restricting the provision of some health services. Such a list is not well received by the public and therefore the political parties avoid this method although they are invited to do so by the medical public every now and then.

The well-know method is to increase the involvement of the patients in the form of fees charged for treatment. Nevertheless, such restrictions should be excee-dable and should not be applied generically; it is a mistake to restrict children or people who could not pay such a fee or for whom this would represent a serious economic problem.

- d. **General improving of public health** would certainly be a perfect solution. It would mean that less people would require health care services as a result of chronic diseases. Health care system would focus prevailingly on acute health problems. Such an intention is closely related to the health determinants; however, many of these are outside the traditional scope of health services. If, for example, the consumption of alcohol and cigarettes is twice as high as in Sweden, than it should be reminded that there is no medical technology that could compensate for such a big difference.

People themselves can influence their own health to a great extent. Therefore it is sometimes properly reminded that everyone should take care of his/her own health. What is somewhat ignored is the fact that every organisation and institution and every level of public administration take decisions that have a smaller or greater effect on public health. Although it cannot be doubted that health services face important tasks in this respect (research, motivation and education, coordination, control and evaluation), it is obvious that the focus of the implementing work shifts towards the widely perceived social practice.

No matter how important the individual activities of the inhabitants taking care of their health are, healthy society needs democratic mechanism of public policy that should respect health as one of the essential humane values and health care should be recognised as one of the undeniable human rights.

The increase in the general health literacy of children, all inhabitants and, in particular, representatives of public policy is a principal priority in this respect. Although instructions applicable to all situations cannot be provided, it is important that health impacts should be considered in all decision-making.

The aforesaid basic methods of reacting to the turbulent rise in chronic diseases are not isolated methods. Of course, the greatest effect can be expected in combinations. The wide range of measures that must be considered in such a case is sometimes called a health care programme, in the general sense as *health policy*. The measures are schematically presented in Fig. 2.

The presented scheme indicates that this is naturally a simplification of the whole situation and the effort to capture dominant circumstances that may influence the relevant problem. It is sometimes objected that it is little efficient to strive after improving the health literacy, because a healthy style of living is costly and becomes a privilege of wealthy classes rather than a recommendation generally accepted by the public.

In relation to this it may be reminded that a healthy style of living does not call for excessive financial costs. It suffices to respect the well known recommendations with credible justification of their favourable effects on health.

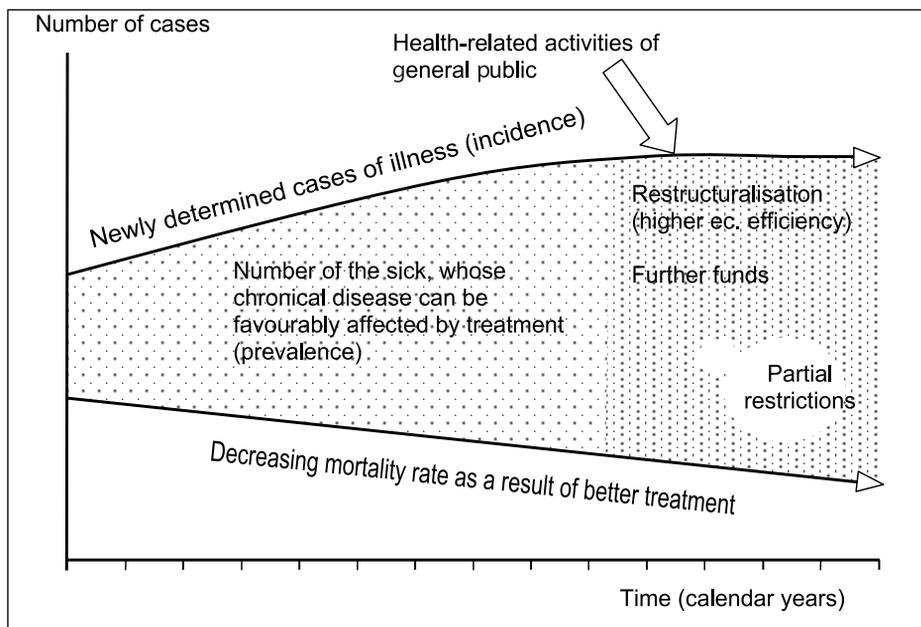


Fig. 2. Possibility of managing the rising number of treated people at rising incidence and decreasing mortality rate

- a. **Do not smoke** – this is not costly. Compared to a smoker, a non-smoker naturally saves money.
- b. **Eat abstemiously and avoid being obese** – this means buying fewer food-stuffs .
- c. **Do not drink high doses of alcohol** – this is not associated with high costs, either.
- d. **Walk more** and if possible avoid excessive use of cars.
- e. **Eat fruit and vegetables daily** – this can bring about higher costs but it should be from local sources and seasonal fruit (it does not have to be pears from Italy and strawberries from Spain).

Certain costs may be related to maintaining cleanliness, living in a relatively good environment and developing good social relationships. In summary, the healthy style of living is not difficult or costly. The most important thing is to decide for health and take the health care seriously. This is not by far restricted to mastering the aforementioned health problem. It is about health, our lives and fates of people who come after us.

POTŘEBA ROZVOJE ZDRAVOTNÍ GRAMOTNOSTI

Abstrakt: Sdělení má dvě části. V první části je připomenuta monografie „Zdravotní gramotnost v péči o zdraví“, jejímž iniciátorem byl hlavní řešitel výzkumného

úkolu „Škola a zdraví v 21. století“, doc. PhDr. Evžen Řehulka, CSc. Jejím účelem bylo poskytnout, základní informaci o zdravotní gramotnosti i o metodách, které přispívají k jejímu rozvoji. Druhá část je věnována závažnému zdravotnímu problému, který spočívá v růstu počtu chronicky nemocných, a možným metodám, jak takový problém zvládnout. Ukazuje se, že rozvoj a zvyšování všeobecné úrovně zdravotní gramotnosti by se mělo stát prioritou v oblasti péče o zdraví.

Klíčová slova: zdravotní gramotnost, péče o zdraví, zdraví, zdravotnictví, zdravotní politika, zdravotní výchova, zdravotní programy.