

# SYSTEM OF HEALTH CARE AND HEALTH LITERACY

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**Abstract:** *Some problems of contemporary health systems are presented in the article. The solution of these problems is the development of health promotion and health literacy. That is why the publication “System of health care and health literacy” was prepared. It is divided into six parts. The first part (chapters 1-5) deals with health, its measurement and its determinants. The second part (chapters 6-12) is oriented to the history of health care and elementary methods of health care. An essential component of health culture of the 21<sup>st</sup> century is health literacy (part III, chapters 13-16). The fourth part (chapters 17-19) is on public health policy. The invitation to common way to health is the topic of the fifth part (chapters 20-22). The sixth part contains enclosures. They are main documents of World Health Organization and a concise glossary of basic terms.*

**Key words:** *health, health care, health literacy, health services, health policy, health education, health programmes*

## Introduction

In the last decades the health services have been going through many changes facing a number of newly arising serious problems. At the first glance it may seem that the biggest problem is the lack of money. Even though it would be a mistake to underestimate the importance of funding health care, the main problem of developing health care lies elsewhere. The most important thing is to understand the present role of medicine and the necessity to increase the participation of all people, institutions, organisations and public authorities in health care.

In expert literature there are sometimes references to the increasing crisis of medicine (1).

On the one hand we have an increasing amount of information on the human organism and the efficiency of medical technology is growing. On the other hand, thanks to the better and earlier diagnostics and more efficient treatment and decreasing mortality there is a growing number of patients requiring further health services. It is increasingly difficult and expensive to manage the growing number of patients and expanding demands on health services.

## Benefits and limits of clinical medicine

The influx of money in the health system, however useful it might be, will not resolve the situation. No country in the world has as much money as doctors could spend in good faith that they help their patients.

The above-mentioned problem can be illustrated in three simplified models shown in fig. 1.

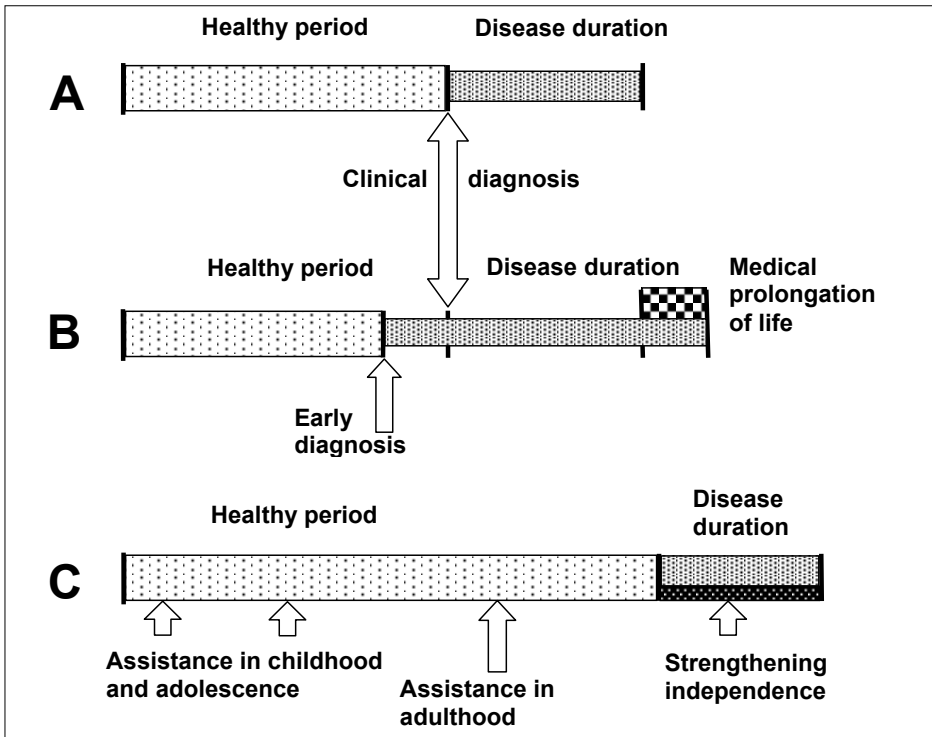


Figure 1. Three models of living with a chronic disease

Model A symbolizes the human life duration. The beginning of the segment is the birth. It is followed by a period of life in health, then a diagnosis of a chronic disease and its subsequent treatment. The end of the segment is the patient's death. This model does not consider partial health problems and short-term diseases.

Model B refers to the role of medicine. The chronic disease is diagnosed much earlier and, at the same time, thanks to efficient treatment the patient's life is prolonged. This increases the time of duration of the chronic diseases, number of patients and required health services. Model B proves that addressing health problems mainly in health care facilities inevitably results in a lack of funds in the system.

One of potential solutions is suggested in model C. The key point is that the attention should be paid to the period of good health with the aim to prolong it

as much as possible. This means paying more attention to the health of children, supporting health education and especially education for health in schools. This should result in a higher health literacy and better involvement of people in health care.

It is clear that with the prevalence of chronic diseases in the population it is not sufficient to identify the disease at the earliest possible stage, postpone the patient's death and enhance prevention of individual diseases. It is desirable to consider all methods that can prolong the healthy life period. This is a highly demanding task requiring a targeted activity of central bodies, all levels of public administration, organizations and institutions, schools, families and individuals.

## **Example of the Swedish health policy**

A good example in Europe is the health policy adopted by the Swedish parliament in 2003. It focuses on the basic determinants of health, it calls for active participation of the public administration and all civil structures. The Swedish health policy clearly counts on the participation of families and individuals. The people's motivation is not increased by sanctions but by a systematic development of health education and health literacy.

The Swedish health policy is formulated around 11 main objectives (2):

### *1. Participation and influence in society*

Particular importance shall be attached to strengthening the capacity of citizens to participate in the social and political life, in communities, districts, regions and at the national level. Attention should be paid namely to children, young people, senior citizens and socially handicapped citizens.

### *2. Economic and social security*

It is one of the most fundamental social conditions for public health. It is important to strengthen social cohesion and trust.

### *3. Secure and favourable conditions during childhood and adolescence*

Childhood is crucial for the health in the long term. It is important that children live in a secure and favourable environment. Mental health and healthy lifestyle should receive particular attention.

### *4. Healthier working life*

A good working life with viable conditions reduces work-related ill-health and helps to improve public health and reduce social discrepancies.

### *5. Healthy and safe environments and products*

Healthy and safe environments and productions that do not burden the environment, safe and environmentally friendly transportation, and recycling are of fundamental importance for public health.

*6. Health and medical care that more actively promotes good health*

Health care professionals are well trained, have the required authority and meet large numbers of people. They can therefore influence the public health. Supporting health and disease prevention is a crucial part of health care.

*7. Effective protection against communicable diseases*

Communicable diseases are a permanent threat. A high level of protection must be maintained in society in order not to waste the progress that has already been made to reduce their occurrence.

*8. Safe sexuality and good reproductive health*

Safe sexuality is fundamental to an individual's state of good health and well-being. The society must safeguard the progress that has been made in areas such as sex education, family planning and maternity care.

*9. Increased physical activity*

Physical activity is a condition for good health development in children and young people. It is equally important for good health in mid-life and for independence in old age.

*10. Good eating habits and safe food*

Good eating habits and good diet containing safe food are the conditions for good health development.

*11. Reduced use of tobacco and alcohol and reduction in the habits harmful to health*

Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling.

The above-mentioned objectives create conditions for an evaluation and further improvement of the health policy. Their specification and continuous fulfilment increases the interest in health, responsibility for health and, directly as well as indirectly, the public health.

They have already realized in Sweden that public health is not achievable by a large number of hospitals and their equipment alone. Paying attention to the conditions in which people live and lifestyle supporting good health are crucial. It is equally important to strengthen the responsibility of all civil structures for the health and an environment that is favourable for the public health.

This is far from a directive enforcement of individuals' behaviour. It is a strengthening of the individuals' responsibility for their own health, their positive motivation and protection of their health security.

In Sweden the health literacy is rather high and this is why it is not surprising that the health policy is an important political topic and that is not only before elections but during the entire period of its preparation, implementation and evaluation.

## Comparing the health condition and some health determinants in Sweden and Czech Republic

The good Swedish health policy results in a gradual improvement of public health. In Fig. 2 it is clear that the life expectancy in Sweden is about 4 years longer than that in the Czech Republic. If we look at the distance between the curves from the calendar point of view, there is a difference of approximately 20 years.

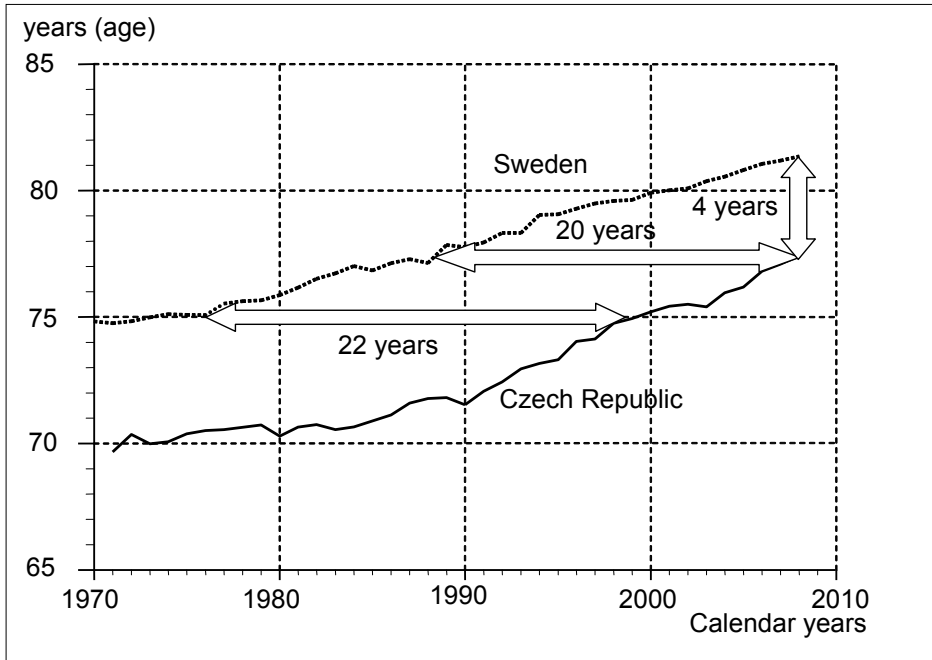


Figure 2. Development in life expectancy for persons born in Sweden and in the Czech Republic (men + women)

We can assume that in the Czech Republic we do not have twenty years worse medicines, hospitals or doctors. We are probably lagging behind in understanding the value of health and in the health literacy standard.

The fact that Sweden is richer than the Czech Republic plays a certain role. But it is probably not the main reason. Figure 3 shows that the alcohol consumption in Sweden is about one half of that in the Czech Republic. Similarly, as shown in Figure 4, the consumption of cigarettes is also half compared to the Czech Republic.

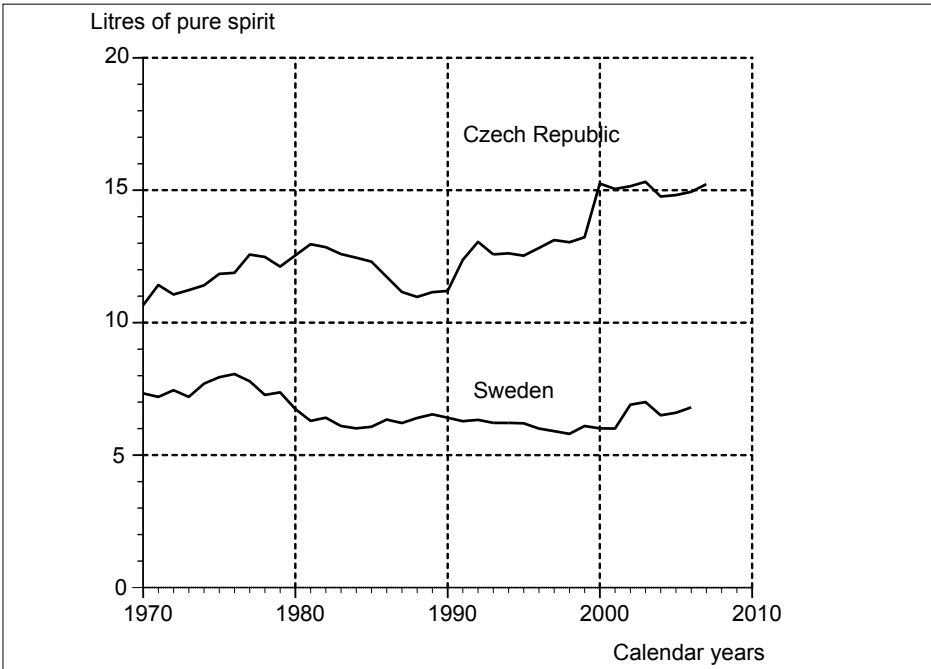


Figure 3. Alcohol consumption per person over 15 years in litres of pure spirit, source: WHO database (3)

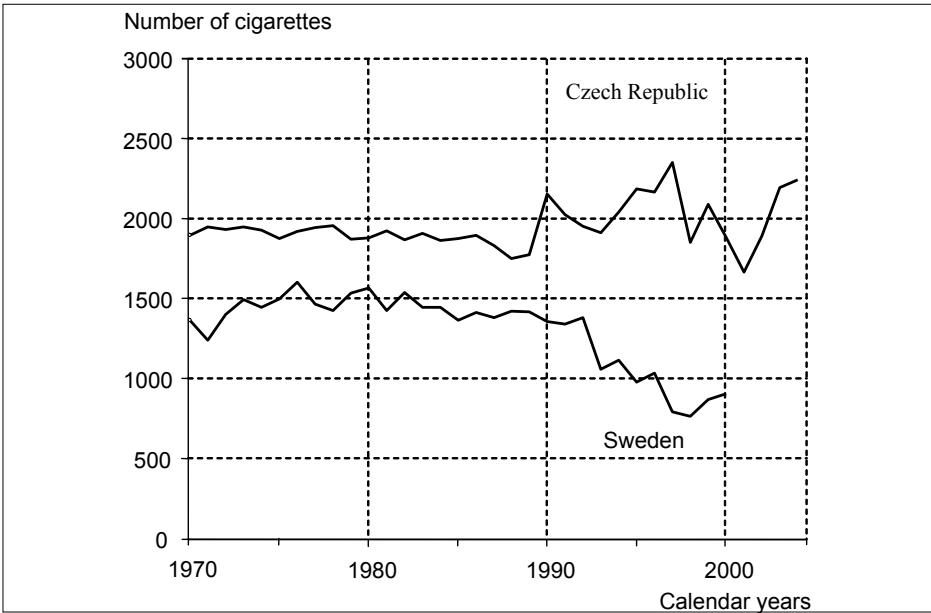


Figure 4. Number of cigarettes sold per one inhabitant per year in the Czech Republic and in Sweden, source: WHO database and Czech Statistical Office (3, 4)

A higher consumption of vegetable in Sweden compared to the Czech Republic is documented in Figure 5. It needs to be said that the Swedish prefer local fresh vegetable and fruit.

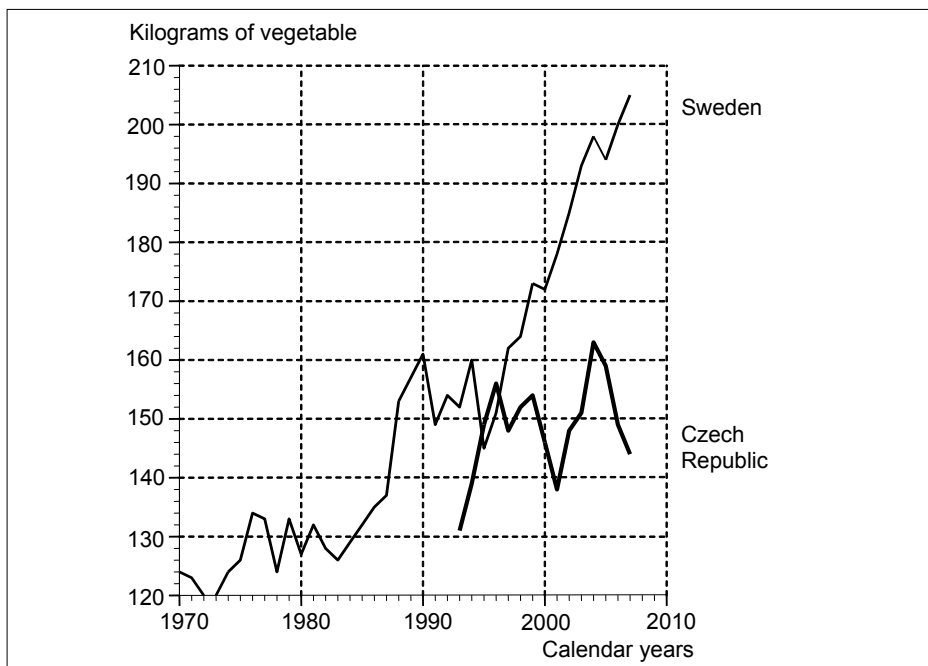


Figure 5. Average amount of fruit and vegetable per person per year (kg) consumed in Sweden and in the Czech Republic, source: WHO database (3)

It needs to be emphasised that there are no medicinal methods that could possibly compensate the differences between Sweden and the Czech Republic. One can assume that medicine will progress yet further and doctors will be able to manage even such health problems that cannot be addressed nowadays. It is also obvious though that most of the new methods will be more expensive and that for financial reasons it will not be possible any longer for hospitals to adequately manage the consequences of bad lifestyle and neglected environment.

If the public health in the Czech Republic is to improve, like it does in Sweden, it is crucial to pay more attention to developing health literacy and activities of people aiming at good health. It is important to increase individuals' responsibility for their own health, to strengthen immunity and develop the ability to make decisions in favour of good health. At the level of groups there should be a growing interest in the health of others while fully respecting their rights. And at the society level, social justice and socio-ecological approach to health care should be fundamental. We need health literacy among politicians, teachers, doctors and other health professionals, children and the entire professional as well as general public.

## Publication on health care system and health literacy

In view of the fact that health literacy is a relatively new term and the basic methods of its development have not yet been fully integrated yet, a publication was prepared (5) which offers basic information about the new health care concept and health literacy in a nutshell.

The publication contains six parts. The first part (chapters 1 – 5) gives brief answers to the following questions: what is health like and why is it like this. It is a basic definition of the term “health”, possibilities of its measurement and explication of its determinants. The second part (chapters 6 – 12) is oriented to the history of health care and elementary methods of health care. The core part of the publication, part three (chapters 13 – 16) refers to health literacy as an ability to make decisions in favour of health and to adopt behavioural patterns that are favourable to health. The fourth part (chapters 17 – 19) explains the health policy and describes methods of its formulation, implementation and evaluation. The fifth part (chapters 20 – 22) is an invitation to a common way to health. And the last, sixth section, contains enclosures which are the main documents of the World Health Organization and a concise glossary of basic terms.

The publication does not offer a manual or set of instructions to be observed by everyone. Health literacy assumes an ability of a creative approach, i. e. obtaining and evaluating information, critically assess them, act in favour of health and help those who need help in this respect. Health is for everyone and it would be a waste for someone to be left out.

## Literature

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## SYSTÉM PÉČE O ZDRAVÍ A ZDRAVOTNÍ GRAMOTNOST

**Abstrakt:** V článku jsou prezentovány některé problémy současného zdravotního systému. Základem jejich řešení by měl být rozvoj podpory zdraví a zdravotní gramotnosti. Proto byla připravena publikace „Systém péče o zdraví a zdravotní gramotnost“, jejíž text je rozčleněn do šesti částí. První část (kapitoly 1–5) jsou zaměřeny na zdraví, jeho měření a determinanty. Druhá část (kapitoly 6–12) je orientována na



historii péče o zdraví a na základní metody zdravotní péče. Základní komponentou zdravotní kultury 21. století je zdravotní gramotnost (část III., kapitoly 13–16). Čtvrtá část (kapitoly 17–19) pojednává o veřejné zdravotní politice. Pozvání na společnou cestu ke zdraví je předmětem páté části (kapitoly 20–22). Šestá část obsahuje přílohy, jednak hlavní dokumenty Světové zdravotnické organizace a jednak stručný slovníček základních termínů.

**Klíčová slova:** zdraví, zdravotní péče, zdravotní gramotnost, zdravotnické služby, zdravotní politika, zdravotní výchova, zdravotní programy