

Chapter 1

The Fundamentals of Health Literacy

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ABSTRACT

This chapter describes the overview of health literacy; the characteristics of functional health literacy, interactive health literacy, and critical health literacy; and the significance of health literacy in global health care. Health literacy is about how patients understand health information about health and health care, and how they apply that health information to their daily lives, utilize it to make health-related decisions, and act on it. Being able to understand health information and make decisions from that information is vital to patients' well-being. Health literacy can help patients prevent their health problems and protect their health, as well as better manage those problems and unexpected situations that happen. Patients with good health literacy make effective health decisions because they can find, understand, and evaluate the health information in global health care.

INTRODUCTION

Health literacy is established as a central concept in health communication and education (Dubowicz & Schulz, 2013). The concept of health literacy includes not only the ability of individuals to read and understand health care information, but also the ability to function within the health care system (Torres & Nichols, 2014). Health literacy is the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make health decisions (Berkman, Davis, & McCormack, 2010). Health literacy comprises skills in obtaining, understanding, and acting on information about health issues in ways that promote and maintain health (Mårtensson & Hensing, 2012).

Health literacy is the mechanism by which individuals obtain and utilize health information to make health decisions about individual treatments in the home, access care in the community, promote patient-health care provider interactions, structure self-care, and navigate health care programs both locally and nationally (Westlake, Sethares, & Davidson, 2013). Distributed health literacy is a potential resource for managing individual's health, thus communicating with health professionals and making health deci-

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sions (Edwards, Wood, Davies, & Edwards, 2015). Low health literacy is a burden to individuals and to health care-related society (Carollo, 2015).

Health information is created, updated, and exchanged by people, and electronic communication networks can distribute the health information to provide easy access to users (Yim, Khuntia, & Argyris, 2015). Health literacy provides the skills to effectively utilize the health information (Londono & Schulz, 2015). The effectiveness of health information largely depends on people's ability to understand and utilize information (Meppelink & Bol, 2015). Providing explicit health information to people with limited health literacy is necessary to reduce these health-related difficulties (Meppelink & Bol, 2015).

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 theory and applications of health literacy in order to promote the health care literacy in global health care.

BACKGROUND

The term literacy is globally used and it is often used to separate a technical understanding of reading and writing on one hand, and a wider understanding of communication on the other hand (Lundvall, 2015). Health literacy has been prioritized in public health and rigorously studied since the 1990s (Leung, Cheung, & Chi, 2015). Public health is concerned with protecting the health of populations which can be as small as a local neighborhood or as large as an entire country (Raghupathi & Raghupathi, 2013). Early research on health literacy focused on health outcomes among individuals with low health literacy (Leung et al., 2015). As health care moves toward greater choice, with shared responsibility and decision making between doctors and patients, a wide variety of resources and skills are needed by individuals if they are to be active participants in their health (Manning & Dickens, 2006).

Early definitions focused on the ability to apply reading, writing, and numeracy skills to the health-related materials, such as prescriptions, appointment cards, and medicine labels (Parker, Baker, Williams, & Nurss, 1995), while later conceptualizations encompassed a range of skills, including social and communication skills that enable people to obtain, understand, and use the health information in ways that enhance health, well-being, and engagement in the medical decision making (Nutbeam, 2000). Health literacy has been conceptualized in various ways (Nielsen-Bohlman, Panzer, & Kindig, 2004), and its scope have been widened during the last decade (Estacio, 2013). Health literacy has become a topic of significant interest among health and medical researchers during the past two decades, particularly in regard to its explanatory role in health disparities (Reeve & Basalik, 2014).

Health illiteracy is a societal issue that, if successfully addressed, may help reduce health disparities (Brown, Teufel, & Birch, 2007). Health literacy, or the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make suitable health decisions, is an important predictor of health outcomes (Kaphingst, Goodman, MacMillan, Carpenter, & Griffey, 2014). Inadequate health literacy has been linked to increased health disparities, unsuccessful self-care, poor health outcomes, poor use of health care services, and among elderly persons, poor overall health status, and high mortality rates (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011).

Health literacy is recognized as an essential factor in optimizing health (Carollo, 2015). Malloy-Weir et al. (2015) indicated that ethical arguments for enabling people to participate in decision making

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