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ZDRAVSTVENA PISMENOST I FAKTORI KOJI JE ODREĐUJU

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SAŽETAK

Svetska zdravstvena organizacija definiše zdravstvenu pismenost kao kognitivne i socijalne veštine i sposobnost pristupa, razumevanja i korišćenja informacija na način koji promoviše i štiti zdravlje ljudi. Osobe koje imaju viši novo zdravstvene pismenosti odgovornije su za svoje i porodično zdravlje, kao i za zdravlje svoje zajednice. Zdravstveni radnici i istraživači, kao i kreatori zdravstvene politike, prepoznali su potrebu da se fokusiraju na zdravstvenu pismenost kao mogući faktor kojim se mogu smanjiti zdravstvene razlike. Međutim, precizna priroda odnosa između zdravstvene pismenosti i faktora koji je određuju i dalje je prilično nejasna.

Ključne reči: zdravstvena pismenost, nejednakosti u zdravlju, javno zdravlje

Uvod

Zdravstvena pismenost je termin od sve većeg značaja u javnom zdravlju i zdravstvenoj zaštiti. Uveden je sedemdesetih godina prošlog veka. Odnosi se na kapacitete ljudi da zadovolje složene zahteve zdravlja u modernom društvu (1). Zdravstvena pismenost podrazumeva stavljanje vlastitog zdravlja i zdravlja svoje porodice i zajednice u kontekst razumevanja faktora koji utiču na njega i znanja o tome kako se njima baviti. Osobe koje imaju viši nivo zdravstvene pismenosti odgovornije su za svoje i porodično zdravlje, kao i zdravlje svoje zajednice (2). Kako se zdravstvena pismenost smatra determinantom socijalnog zdravlja koja utiče na poboljšanje zdravlja, osnaživanje pacijenata i smanjenje nejednakosti u zdravlju, od vitalne su važnosti da se preduzmu neophodni koraci za povećanje zdravstvene pismenosti na individualnom, organizacionom, društvenom, regionalnom i nacionalnom nivou. Iako je u mnogim zemljama obezbeđen opšti uvid o trenutnom stanju zdravstvene pismenosti, kako bi se promovisalo zdravlje u zajednici, zdravstvena pismenost mora da bude prioritetni cilj u nacionalnim zdravstvenim politikama širom sveta, a vlade zemalja treba da usvoje programe za poboljšanje zdravstvene pismenosti (3). Zdravstveni radnici i istraživači, kao i kreatori zdravstvene politike, prepoznali su potrebu da se fokusiraju na zdravstvenu pismenost kao mogući faktor kojim se mogu smanjiti zdravstvene razlike. Međutim, precizna priroda odnosa između zdravstvene pismenosti i socioekonomskih faktora i, sledstveno tome, potencijalna pitanja kako zdravstvena pismenost doprinosi disparitetima u zdravlju, i dalje su prilično nejasna. Upravo zbog svega navedenog, cilj ovog rada je bio da se sagleda značaj zdravstvene pismenosti za javno zdravlje i faktori koji je određuju.

ACTUAL TOPIC

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FACTORS ASSOCIATED WITH HEALTH LITERACY

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SUMMARY

The World Health Organization defines health literacy as cognitive and social skills and the capacity to access, understand and use information in a way that promotes and protects human health. People who have higher levels of health literacy are more responsible for their health, family health and the health of their community. Healthcare professionals and researchers, as well as health policy makers, have recognized the need to focus on health literacy as a possible factor in reducing health disparities. However, the precise nature of the relationship between health literacy and the factors that determine it, is still rather unclear.

Key words: Health literacy, health disparities, public health

Introduction

Health literacy is a term of increasing importance in public health and health care. The term was introduced in the 1970s. It deals with the capacities of people to meet the complex demands of health in modern society (1). Health literacy means placing one's own health and the health of one's family and community into the context of understanding which factors influence it and knowing how to address them. People, who have higher levels of health literacy, are more responsible for their health, the health of their family and community (2). Since health literacy is deemed to be a determinant of social health, which has an influence on the improvement of health, the empowerment of patients and reduction of disparities regarding health, it is of key importance to take the necessary steps to increase health literacy at the individual, organizational, social, regional and national level. Although the general insight into the current state of health literacy was provided in many countries in order to promote health in the community, health literacy has to be the priority in national health policies around the world, while the governments should adopt the programs for improving health literacy (3). Healthcare workers and researchers, as well as health policymakers, have recognized the need to focus on health literacy as a possible factor in reducing health disparities. However, the precise nature of this relationship between health literacy and socioeconomic factors, and consequently potential questions on how health literacy contributes to disparities regarding health, are still rather unclear.

Health literacy – term and definition

Health ability is the ability of an individual to collect, analyze and understand information in relation to health and services necessary for making the right decisions regarding health (1).

The World Health Organization defines health literacy as cognitive and social skills

Zdravstvena pismenost - pojam i definicija

Sposobnost pojedinca da prikupi, obradi i razume informacije koje se odnose na zdravlje i usluge neophodne za donošenje ispravnih odluka u vezi sa zdravljem, predstavlja zdravstvenu pismenost (1).

Svetska zdravstvena organizacija je zdravstvenu pismenost definisala kao kognitivne i socijalne veštine i kapacitete potrebne za pristup, razumevanje i korišćenje informacija na način koji promoviše i štiti dobro zdravlje. Može se definisati i kao sposobnost građana da donose zdravu odluku koja se tiče zdravlja u svakodnevnom životu (1,2).

Važno je razlikovati zdravstvenu pismenost od opšte pismenosti. Prema Organizaciji za obrazovanje, nauku i kulturu Ujedinjenih nacija (UNESCO), reč „pismeni" uglavnom je značila da je „upoznata sa književnošću" ili opšte „dobro obrazovanim, naučenim", odnosno na sposobnost čitanja i pisanja teksta. Poslednjih godina fokus se dalje proširio, tako da se pismenost ne odnosi samo na individualnu transformaciju, već i na kontekstualnu i društvenu transformaciju u smislu povezivanja zdravstvene pismenosti sa ekonomskim rastom i društveno-kulturnim i političkim promenama (4).

Brojne studije su pokazale da nizak nivo zdravstvene pismenosti uslovljava: češće korišćenje hitnih službi i učestalije korišćenje lekova, povećava rizik za bolničkim lečenjem, kao i otežan pristup odgovarajućim zdravstvenim uslugama (3), niži nivo samoprocene zdravlja, veću smrtnost starijih osoba, češće korišćenje zdravstvene službe, slabiju sposobnost tumačenja zdravstvenih poruka i upravljanja hroničnim bolestima (4,5). On, takođe, utiče na sposobnost osobe da se angažuje u okviru preventivnih aktivnosti (6). Ograničena zdravstvena pismenost može imati negativne posledice po zdravstvene ishode zbog nedostatka znanja o prednostima izbora zdravog načina života i preventivnih usluga, što povećava ukupne troškove zdravstvene zaštite (7). Istraživanja u svetu pokazuju da je nivo zdravstvene pismenosti direktno povezan sa uspešnošću komunikacije između pacijenata i zdravstvenih stručnjaka i ishodima lečenja i da u značajnoj meri utiče na kvalitet zdravstvene zaštite (8). Podaci govore da preko 50% pacijenata ne razume uputstva lekara i da su pisani informativni materijali za pacijente preteški za razumevanje, što ukazuje na važnu činjenicu da težina sadržaja pisanih materijala za pacijente nije prilagođena nivou njihove zdravstvene pismenosti (9), što utiče na uspešnost komunikacije između pacijenata i zdravstvenih stručnjaka, na ishode lečenja, a samim tim i na kvalitet zdravstvene zaštite (10).

Kako bi se pojasnilo značenje zdravstvene pismenosti, i njen uticaj na zdravlje, konstruisan je veliki broj istraživačkih alata, odnosno testova, koji služe za procenu zdravstvene pismenosti. Najčešće primenjivani su: TOFHLA (engl. *Test of Functional Health Literacy in Adults*), REALM (engl. *Rapid Estimate of Adult Literacy in Medicine*), WRAT (engl. *Wide Range Achievement Test*), HLS.EU.Q (engl. *European Health Literacy Survey*), BRIEF (engl. *BRIEF–Health Literacy Screening Tool*), HLQ (engl. *Health Literacy Questionnaire*), AAHLS (engl. *All Aspects of Health Literacy Scale*), DAHL (engl. *Demographic Assessment of Health Literacy*) i HELMA (engl. *Health Literacy Measure for Adolescents*) (11,12).

Zdravstvena pismenost i faktori koji je određuju

Zdravstvena pismenost, kao mogućnost funkcionisanja u sistemu zdravstvene zaštite, podjednako je određena individualnim karakteristikama i veštinama, karakteristikama zdravstvenog i obrazovnog sistema, kao i širokim spektrom socijalnih i kulturalnih faktora (13,14). Većina studija je istraživala zdravstvenu pismenost u odnosu na demografske i socioekonomske faktore (pol, starost, rasu i etničku pripadnost, stepen obrazovanja, zanimanje, zaposlenost, dohodak, kultura, jezik), način samoprocene zdravlja, korišćenje lekova, zdravstvene ishode, postojanje socijalne podrške, kao i porodične i vršnjačke uticaje, ekološke i političke parametre (15,16). Rezultati tih istraživanja pokazuju da je zdravstvena pismenost povezana sa mnogim nejednakostima u zdravstvu i da su pojedinci koji imaju niži nivo zdravstvene pismenosti češće od drugih žrtve društvenih nejednakosti (17). Zdravstvena pismenost utiče na zdravstveno ponašanje i korišćenje zdravstvenih usluga, a samim tim i na zdrav-stvene ishode i troškove u zdravstvu,

and the capacity to access, understand and use information in a way that promotes and protects good health. It can be defined as the ability of citizens to make the right decision regarding health in everyday life (1,2).

It is important to distinguish health literacy from general literacy. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), the word "literate" usually means "educated about literature" or generally "well-educated and learned", that is, "able to read and write". The focus has expanded recently, so that literacy does not relate only to individual transformation, but also to contextual and social transformation in the sense of connecting health literacy with economic growth and socio-cultural and political changes (4).

Numerous studies have shown that the low level of health literacy causes more frequent use of emergency services, increases the risk of hospital treatment, more frequent use of medications, as well as the poor access to appropriate healthcare services (3), a lower level of self-assessment of health, greater mortality of older people, greater use of healthcare services, weaker ability to interpret health messages and to manage chronic diseases (4,5). It also influences the ability of a person to engage in preventive activities (6). Limited health literacy can have negative consequences on the health outcomes due to the lack of knowledge about the advantages of a healthy lifestyle and preventive services, which increases the total expenses of health care (7). The research studies around the world show that the level of health literacy is directly connected with the success of communication between patients and healthcare experts and outcomes of treatment, and that it to the great extent influences the quality of health care (8). Data show that more than 50% of patients do not understand doctors' instructions and that written informative materials are too difficult for patients to comprehend, which points to the fact that the readability of written materials for patients is not adjusted to the level of their health literacy (9), and this influences the success of communication between patients and healthcare experts, the outcomes of treatment, and therefore the quality of health care (10).

In order to explain the meaning of health literacy, and its influence on health, a great number of research tools have been constructed, that is, tests that are used for the assessment of health literacy. The most frequently applied tests are the following: TOFHLA (Test of Functional Health Literacy in Adults), REALM (Rapid Estimate of Adult Literacy in Medicine), WRAT (Wide Range Achievement Test), HLS. EU.Q (European Health Literacy Survey), BRIEF (BRIEF-Health Literacy Screening Tool), HLQ (Health Literacy Questionnaire), AAHLS (All Aspects of Health Literacy Scale), DAHL (Demographic Assessment of Health Literacy) and HELMA (Health Literacy Measure for Adolescents) (11,12).

Health literacy and factors which determine it

Health literacy as a possibility of functioning in the system of health care is equally determined by individual characteristics and skills, characteristics of health care and educational system, as well as the wide spectrum of social and cultural factors (13,14). The majority of studies researched health literacy in relation to demographic and socioeconomic factors (gender, age, race and ethnicity, level of education, occupation, employment, income, culture, language), way of self-assessment of health, use of drugs, health outcomes, existence of social support, as well as family and peer influences, environmental and political parameters (15,16). The results of these studies show that health literacy is associated with many disparities in health care, as well as that persons who have a lower level of health literacy are more frequently victims of social inequalities (17). Health literacy influences health behavior and use of health care services, and therefore, the health outcomes and expenses in health care, firstly due to the decreased use of preventive health care services, rarer participation in screening programs and vaccination, poorer communication with the health care workers, which influences the quality of life in a negative way (10,11).

A lot of studies show that there are gender-related differences regarding the level of health literacy, where women have higher levels of health literacy than men (7). Also, it was noted

najpre zbog manje upotrebe preventivnih zdravstvenih usluga, ređeg učešća u skrining programima i odazivima na vakcinisanje i lošije komunikacije sa zdravstvenim osobljem, što se negativno odražava na kvalitet života (10,11).

Mnoge studije pokazuju da postoje rodne razlike u nivou zdravstvene pismenosti gde žene imaju viši nivo zdravstvene pismenosti od muškaraca (7). Takođe je zabeleženo da je neadekvatan nivo zdravstvene pismenosti češće prisutan kod osoba starije životne dobi (13). Brojna istraživanja su pokazala da je nivo obrazovanja značajna determinanta zdravstvene pismenosti. Uočeno je da ljudi sa višim nivoom obrazovanja (15), kao i sa boljim materijalnim statusom (16), imaju i viši nivo zdravstvene pismenosti.

Rezultati istraživanja zdravstvene pismenosti u Evropi, ističu da oni koji prijavljuju niže obrazovanje i niže prihode obično imaju niži stepen zdravstvene pismenosti. Takođe, najveći procenat ograničene zdravstvene pismenosti je primećen kod osoba koje su se pri samoproceni zdravstvenog stanja izjasnile da imaju veoma loše (78,1%) ili loše zdravlje (71,8%), multimorbiditete (61%), i koje su češće koristile usluge zdravstvene službe (58,9%) (6). Veći procenat ljudi sa ograničenom zdravstvenom pismenošću bio je i među onima sa veoma niskim (73,9%) i niskim socioekonomskim statusom (60%) i kod onih koji imaju između 66 i 75 godina (58,2%) ili 76 ili više godina (60,8%). U odnosu na nivo obrazovanja, ograničena zdravstvena pismenost je najčešće bila prisutna kod ljudi sa najnižim (68%) ili niskim obrazovnim nivoima (57,2%) (6). To je delimično potvrđeno i u zemljama širom Azije ili Bliskog Istoka (17). Dalje, u skladu sa nalazima iz Sjedinjenih Američkih Država (SAD), neke studije ukazuju na činjenicu da je nivo zdravstvene pismenosti generalno niži među doseljeničkom populacijom, u poređenju sa domaćim stanovništvom (18).

Postoje podaci da osobe sa nižim nivooom zdravstvene pismenosti češće prijavljuju depresivne simptome, funkcionalna ograničenja, i hronična oboljenja (poput šećerne bolesti, astme i kardiovaskularnih bolesti). Takođe, takve osobe češće konzumiraju lekove i ne pridržavaju se preporuka koje dobiju od zdravstvenih radnika, najčešće imaju nizak nivo znanja o pitanjima vezanim za zdravlje i ređe učestvuju u odlukama koje se tiču zdravlja (19). Distribucija zdravstvene pismenosti, takođe, varira od jedne do druge kulture. Kulturne razlike u odnosu na stepen zdravstvene pismenosti zabeležene su prilikom upoređivanja različitih regija, zemalja ili jezičkih grupa. Naročito u kontekstu istraživanja zdravstvenih razlika i povezanosti sa heterogenom populacijom, kultura je važan faktor koji treba uzeti u obzir (20).

Istraživanja zdravstvene pismenosti se uglavnom fokusiraju na pojedinačne faktore koji utiču na zdravstvenu pismenost i s tim povezane razlike. Ipak, relativno malo pažnje posvećeno je procenjivanju i potencijalnom razdvajanju odnosa između životnih uslova i zdravstvene pismenosti. Korišćenje socijalnog, ekološkog i integrisanog pristupa društvenim determinantama podržalo bi trenutne napore u rešavanju nedostataka istraživanja u oblasti zdravstvene pismenosti (21,22).

Zaključak

Zdravstvena pismenost predstavlja izazov za javno zdravlje. Unapređenje zdravstvene pismenosti će postepeno omogućiti veću autonomiju i lično osnaživanje, a proces zdravstvene pismenosti može se posmatrati kao deo razvoja pojedinca ka poboljšanju kvaliteta života. Zdravstvena pismenost je sredstvo za poboljšanje osnaživanja ljudi u domenima zdravstvene zaštite, prevencije bolesti i promocije zdravlja. Zdravstvenu pismenost treba shvatiti kao ključnu determinantu zdravlja prilikom formulisanja strategija i akcija za njeno unapređenje.

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that an inadequate level of health literacy is more often present in older people (13). The results of various studies point to the fact that the level of education is an important determinant of health literacy. It was noted that people with higher levels of education have higher levels of health literacy (15). Also, people of better material status have higher levels of health literacy (16).

The results of studies dealing with health literacy in Europe showed that those who reported lower levels of education and lower salaries usually had a lower level of health literacy. Also, the greatest percentage of limited health literacy was noted in people, who during the self-assessment of their health condition, opted for very bad (78.1%) or bad health (71.8%), with multi-morbidities (61%), as well as for those who used the health care services more often (58.9%). The greater percentage of people with limited health literacy was among those with very low (73.9%) and low socioeconomic status (60%) and among people aged between 66 and 75 years (58.2%) or 76 years or older (60.8%). In relation to the level of education, limited health literacy was mostly present in people with the lowest (68%) and low levels of education (57.2%) (6). It was partly confirmed in the countries across Asia and the Middle East (17). Further, in accordance with the findings from the United Stated in America, some studies pointed to the fact that the level of health literacy was generally lower in the population of immigrants than in the native population (18).

There are data that people with lower levels of health literacy report more frequently symptoms of depression, functional limitations, and chronic diseases such as diabetes, asthma, and cardiovascular diseases. Also, such persons use medications more often and they do not adhere to the recommendations which they get from health care workers, they have a low level of knowledge related to issues connected with health and they more rarely participate in decisions which concern health (19). The distribution of health literacy also varies in different cultures. Cultural differences in relation to the level of health literacy were noted when comparing different regions, countries or language groups. Culture is an important factor, which should be taken into account, especially in the context of research of health disparities and connectedness with heterogeneous populations (20).

The research studies of health literacy are mainly focused on separate factors which influence health literacy and differences connected with it. However, little attention has been paid to the estimation and potential separation of the relation between living conditions and health literacy. The use of social, ecological and integrative approaches to social determinants would support current efforts in solving the lack of research in the field of health literacy (21,22).

Conclusion

Health literacy presents a challenge to public health. The improvement of health literacy will gradually enable greater autonomy and personal empowerment of people, while the process of health literacy can be observed as a part of individual development towards the improvement of the quality of life. Health literacy is a means of empowering people in the domain of health care, prevention of disease and promotion of health. Health literacy should be perceived as a key determinant of health during the formulation of strategies and actions for its promotion.

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