Cristina Vaz de Almeida

The evidence highlights the importance of reflecting on “literate organizations” (Brach et al., 2012) both in the health and social areas (and eventually others) with strong repercussions in increasing the level of literacy in health of individuals already well characterized by this low LS: elderly, people with socioeconomic deprivation, migrants (Sorensen et al., 2012), people with long-term and chronic illnesses, young people (Svendsen and others, 2020), long-term unemployed (Espanha and others, 2016).

Health literacy has always been associated with health domains, although it has started to be addressed in the area of education (Simonds, 1974).

In view of the challenges of increasing evidence that populations are aging, and it is in the elderly that we find the highest levels of low health literacy, there is an urgent need to reflect on academic, social, organizational and social policy investments that provide for increased investment in the area of particularly in the context of social organizations. Let us not forget, however, young people who, learning through modeling (Bandura, 1986) would benefit from learning that reinforces the benefits of health promotion (Nunes, Almeida & Belim, 2020), in addition to disease prevention and health care.

As early as 2012, Brach and his colleagues looked at “Ten attributes of health care organizations with knowledge in health” and considered that health literacy is the product of the capabilities of individuals and the requirements and complexities related to Literacy in health and the health system (p. 1). The authors consider (Brach et al., 2012) that the lack of communication that negatively affects patient care and results is very common, and misunderstandings occur not only in clinical situations (p.2).

Although Brach and colleagues (2012) mentioned that the 10 attributes are most relevant for organizations that directly provide health care and include community health centers, we believe that social support organizations in all countries that combine support and social service with health services and services, such as the IPSS of Portugal or the Misericórdias at national level, among others.

The authors (Brach et al., 2012) defined the 10 steps of these literate organizations (p. 3):

1. Has leadership that integrates health literacy in its mission, structure and operations.

2. Integrates health literacy into planning, assessment measures, patient safety and quality improvement.
3. Prepare the workforce to be health literate and monitor progress.
4. Includes populations served in the planning, implementation and evaluation of health information and services.
5. Meets the needs of populations with a variety of health literacy skills, avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Designs and distributes print, audiovisual and social media content that is easy to understand and act.
9. Addresses health literacy in high-risk situations, including transitions in care and communications about medicines.
10. Clearly communicate what health plans cover and what individuals will have to pay for services.

It is also in social organizations that we find a large mass of individuals, especially the elderly, with low health literacy who go through these 10 attributes and who would benefit from an incentive for their better preparation, access, understanding and use of information and services.

Recently, some articles have been published that allow us to reflect on this importance. One is the article in "The impact of health literacy on medico-social follow-up visits among French cancer survivors 5 years after diagnosis: The national VICAN Survey" (Ousseine et al., 2020). In the study by Ousseine et al (2020) "The majority of cancer survivors (66.7%) were followed up by a general practitioner after the initial cancer diagnosis". Researchers observed that, regarding the monitoring of the social worker, "only 14.5% had contact with a social worker since the diagnosis, but in individuals with a low level of health literacy their contact and visits to the family doctor increased significantly contact with social workers ".

Health literacy is a guarantee of health outcomes, as it allows, in a refined way, through several well-defined instruments, access, understanding and the correct use of health information that interests each individual, so that it maintains and improve your health.

In fact, people with low health literacy are currently well identified (Espanha and others,

2016, Sorensen and others, 2012), but we are seeing other evidence of low health literacy, such as the case of the study by Svendsen, Kronborg, Sørensen , Pelikan et al. (2020), ”Associations of health literacy with socioeconomic position, health risk behavior, and health status: a large national population-based survey among Danish adults” (2020). In this study that used the summarized European Health Literacy Questionnaire (HLS 16), it was found that young people also have low health education, in addition to populations known as those with low socioeconomic status, migrants, people with chronic diseases, etc.

It is important to reflect on “literate organizations” in the social, health and education areas (and possibly others), with strong effects on the level of health literacy of individuals already well characterized by this low LS.

This is because social organizations also have a strong component of health intervention and continuously deal with these publics with low health literacy. That is why they have an evident level and proximity that allows intervention on health literacy issues.

In the field of social organizations, it is the assistants and managers and social technicians in partnership with health (nurses, doctors, psychologists, pharmacists, therapists, oral hygienists and others) who, if properly prepared, can also make a huge contribution to health. improvement of living conditions and “well-being”, in addition to the health of these individuals.

We see that in addition to health interventions on the “well-being” of individuals and populations, it has a great impact on their quality of life (Kottke et al., 2016) essential in these populations, for example to socially and actively reintegrate people with diseases chronic or recovering from oncological situations, while having multiple limitations such as economic needs, low educational level and low perception of the complex world of health.

Through the training of health professionals (Almeida, 2019) and other areas, it is possible to obtain results.

This should also be a motto for new reflections on literate organizations, such as those that exist in Portugal of medium and large dimensions.

Health literacy is the result of a good control of the bases of health: ensuring that access, understanding and use are correct for each individual, regardless of their circles of proximity,

and reaching where they may be affected, whether in organizations health, social, educational or cultural.

References

Almeida, C. V. (2019). Modelo de comunicação em saúde ACP: As competências de comunicação no cerne de uma literacia em saúde transversal, holística e prática. In C. Lopes & C. V. Almeida (Coords.), Literacia em saúde na prática (pp. 43-52). Lisboa: Edições ISPA [ebook]

http://repositorio.ispa.pt/bitstream/10400.12/7305/5/Literacia%20da%20Sa%C3%BAde%20na%20Pr%C3%A1tica%20%28E-Book%29.pdf

Brach, C., Keller,D., Hernandez,L.M., Bauer, C., Parker, R., Dreyer, B., Schyve, P., Lemerise, A.J. & Schillinger, D. (2012). Ten Attributes of Health Literate Health Care Organizations.

Espanha, R., Avila, P., & Mendes, R. M. (2016). *A literacia em saúde em Portugal*. Lisboa: Fundação Calouste Gulbenkian.

Kottke, T.E, Stiefel, M., & P. Pronk, N. P. (2016). "Well-Being in All Policies": Promoting Cross-Sectoral Collaboration to Improve People's Lives. *Preventing chronic disease – Public health research, practice, and policy 13*(e52), 1-7.

DOI: http://dx.doi.org/10.5888/pcd13.160155.

Nunes, C., Almeida, C. & Belim, C. (2020) Health Literacy in Younger Age Groups: Health Care Perceptions: Informed People Will Be More Prepared People. *Open Access Library Journal*, 7, 1-14.
doi: 10.4236/oalib.1106187. https://www.scirp.org/journal/paperinformation.aspx?paperid=98997

Simonds, S. K. (1974). Health education as social policy*. Health Education Monograph*, *2,* 1-25.

Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health Literacy and public health: A systematic review and integration of definitions and models. *BMC Public health*, *12,* 80.

Veiga, A., & Vaz de Almeida, C. (2020). Problem-Solving in Prevention of Type 2 Diabetes Mellitus in Older People. Patient Safety & Quality Health Care - PSQH [online) Retrieved from: https://www.psqh.com/analysis/problem-solving-in-prevention-of-type-2-diabetes-mellitus-in-older-people/

Youssoufa M. Ousseine; Y.M., Bouhnik, A-D, Peretti-Watel, P., Sarradon-Eck, A., Memoli, V., Bendiane, M-K., Durand, M-A., Mancine, J., (2020). The impact of health literacy on medico-social follow-up visits among French cancer survivors 5 years after diagnosis: The national VICAN survey

https://doi.org/10.1002/cam4.3074

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