Published online 2018 February 12 **Letter**

# Health Literacy and Health Inequity in the Community Medicine Specialists Point of View

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**Received** 2017 July 21**; Revised** 2017 August 10**; Accepted** 2017 August 17.

*Keywords:* Community Medicine, Health Inequity, Health Literacy, Social Determinant of Health

*Dear Editor,*

Community health promotion and decreasing health inequity are the ultimate goal of health care services all around the world and the heart of our work as a community medicine specialist. Improvement in community health literacy is a necessary factor for developing a care system based on wellness, prevention and especially equity. The expression health literacy was started to use in conferences, articles and key word listing since 1990s. According to healthy people 2010, the most frequently definition used for health literacy is as following: “Degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (1).

Although global health has ameliorated through the 20th century, but unfortunately health disparities are increasing too. Differences in national health indexes over the past 20 years indicate that racial and ethnic minorities have worse outcomes for chronic and also treatable disease not only due to factors such as socioeconomic status, but also to differences in understanding and adherence to preventive medicine and self-care advices. On the other hand taking action on social determinants of health (SDH) which includes income, education, employment, health care service, political and social empowerment and the other factors can reduce health disparities. Improvement in health literacy at both community and individual levels through training and education can raise the individual's awareness of the SDH and empower people to take action against health inequities. Understanding of the SDH as a new part of health literacy needs to be improved among the general public. According to the US department of health and human service, the cultural and socioeconomic differences among patients and community have a direct effect on their health literacy, particularly among elderly, adults, racial or ethnic minorities and low income individuals (2). In this concept, health literacy includes the ability to access, understand, evaluate and transmit knowledge and information on the SDH (3).

As we know health education is the most common method for improvement in health literacy (4). However, many health education theories such as the health belief model (5) and theory of planned behavior (6) concentrated on risk factors, behavioral change and improvement in health literacy at the individual level. But community health, the main field of community medicine interventions, is mostly affected by structural and social determinants and also society empowerment. So focus on individual risk factors and health education which is unable to address upstream cannot eradicate inequity across social groups (7). Effective health literacy not only focused on individual health improvement through health education and modifying in lifestyle, but also on community ones by address the health policies and SDH that have impact on community health (8, 9). During the past years, many models and framework attempt to explain and encompass the empowerment of both the individuals and communities about the SDH variables. In 2000 Nutbeam suggested a health literacy model which is compactly addressed these points and now broadly cited and used in professional literature and the policy making process. Nutbeam’s model includes three consecutive levels of health literacy. Level I, the most limited level of health literacy, called functional health literacy, refers to the individual's ability to use basic literacy skills in his/her care such as reading the label on a pill bottle or following care provider,s directions. Level 2, interactive health literacy, focused on improvement of personal cognitive ability and decision making so each person can act and decide alone on the information received. Level 3, called critical health literacy, means an individual's conception about the SDH incorporation with the skills toward supporting at both individual and community levels (10).

Improvement in community health literacy requires a cooperation attempt. Health care practitioners and policy makers have understood the importance of health literacy as a significant interventional point for reducing health disparities. There are large gaps in research dealing with disadvantaged and vulnerable groups and also focused on the interactive or critical levels of health literacy and concerning SDH at the community level. Further research to develop and evaluate practical interventions for improvement in health literacy in community that can be leading to promote health equity is necessary.

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