

Health literacy and self-reported health. A cross-sectional study on 3.116 individuals with cardiovascular disease.

Type

No specific wish

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Health Literacy, cardiovascular disease, subjective health status

Background

Health literacy can be defined as people's knowledge, motivation and competences to access, understand, appraise and apply health information. Low HL has been associated with social determinants of health such as low educational attainment, low income level, ethnic minority status and living alone (1). It has been suggested that HL constitutes a link between social determinants and health outcomes marked by social gradients such as subjective health status (2).

Aim

We aimed to analyse associations between health literacy and subjective health status in a Danish population with cardiovascular disease.

Methods

A cross-sectional study was performed based on respondents with current or former self-reported acute myocardial infarction, angina pectoris or stroke aged >25 years from the 2013 survey "How Are You? 2013" in Central Denmark Region (n=3,116). Two HL scales from the Australian Health Literacy Questionnaire (HLQ) were used: 'understanding health information well enough to know what to do' and 'ability to actively engage with healthcare providers' (3).

Outcomes included Short Form Health Survey 12 (SF-12) physical (PCS) and mental (MCS) component scores. The association between each of the two HLQ subscales and health status were examined using linear regression. The analyses were adjusted for gender, age, ethnic background, educational attainment, and cohabitation status.

Results

Preliminary results show that after adjusting for gender, age, educational attainment, ethnicity and cohabitation status, that 'understanding information...' is positively associated with PCS ($\beta = 4.6$, 95% CI [3.0, 5.6], $p < 0.05$, $R^2 = 0.2$) and MCS ($\beta = 4.4$, 95% CI [3.3, 5.5], $p < 0.05$, $R^2 = 0.1$) and 'Ability to actively engage...' is positively associated with PCS ($\beta = 4.4$, 95% CI [3.4, 5.3], $p < 0.05$, $R^2 = 0.2$) and MCS ($\beta = 5.0$, 95% CI [4.0, 6.1], $p < 0.05$, $R^2 = 0.1$).

Perspectives

This study reports on HL competencies needed for optimal utilisation of health care treatment and services. The study shows positive associations between these and subjective health status. Thus, if health literacy is accepted as a proxy for inequality in health, the development of health literacy responsive services may improve the socially unequal distribution of subjective health status in patients with cardiovascular disease.

References

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