Functional Health Literacy: Reflections and concepts on its impact on the interaction among users, professionals and the health system

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ABSTRACT

Functional Health Literacy (FHL) is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. This theme concerns researchers/health professionals/public policy makers. In Brazil there aren't any nation-wide polls which show the degree of FHL and if this phenomenon affects the population's health. Its interdisciplinary, relational and interactional nature indicates that the FHL is influenced by health/educational systems, media, family, work, community and policy-making spaces. Concepts of FHL are analyzed opposed to the interaction user-professional-health care system, guided by the following questions: What is FHL? To what extent FHL interferes in communication between users, professionals and the health care system? What are its consequences on public health? Measures to the elevation of FHL should improve individual skills and humanized health services, improving their written and oral communications, meeting the needs/abilities of users.

Keywords: Health Education; Functional Health Literacy; Health Care Systems; Communication.

Introduction

Literacy is a phenomenon that results from the process of learning to read and write; it is the status or condition that an individual – or a social group – acquires after appropriating writing and its social practices. On the other hand, functional literacy is characterized by the reading and writing skills and knowledge that enable the individual to be involved in the specific activities of the area that requires this involvement (Soares, 2006). Extending and applying this concept to the field of health, Functional Health Literacy (FHL) is the cognitive capacity to understand, interpret and apply written or oral health information, so that, in practical terms, a person with a satisfactory literacy level would have a better health condition than an individual with limited literacy level, who would have less notion of the importance of preventive measures, for example, or greater difficulty in understanding instructions about the medication (Adams et al., 2009).

Due to this, FHL is a theme that increasingly worries researchers, health professionals (Jovic-Vranes, Bjegovic-mikanovic, Marinkovic, 2009; Kondilis et al., 2008; Olney et al., 2007) and public policy-makers (IOM, 2004), involved in health promotion and protection and also in disease prevention, since many studies have evidenced people's low FHL level (WHCA, 2010; Jovic-Vranes, Bjegovic-Mikanovic, Marinkovic, 2009; IOM, 2004; Parker et al., 1995). In the North American population, for example, nine out of every ten adults manifest lack of the necessary competency to manage their own health and prevent diseases (IOM, 2009). Studies developed by WHCA (2010) show that in the United Kingdom, in the United States, in Australia and in Canada, from 20% to 50% of the population have low competency in FHL, which can negatively affect the individual and collective health status (WHCA, 2010; Ishikawa,Yano, 2008). This results in the individual's low capacity to manage their own health and the disease process, low adherence to measures of health promotion and disease prevention and to the use of medicines and, finally, low levels of knowledge about chronic diseases, healthcare services and global health (WHCA, 2010; Rawson et al., 2010; Jovic-Vranes, Bjegovic-mikanovic, Marinkovic, 2009; Ishikawa,Yano, 2008).

In Brazil, there are no nationwide surveys that can evidence the FLH degree and whether this phenomenon may be affecting in some way the health result of the Brazilian population. The main study in the country was developed by Carthery-Goulart et al. (2009), who investigated patients and healthy volunteers from two public hospitals in the city of São Paulo, both of them healthcare providers through *Sistema Único de Saúde* (SUS – National Health System). The research showed that 32.4% of the subjects had inadequate/marginal FHL, and that level of schooling was significant to performance in the S-TOFHLA (Short Test of Functional Health Literacy in Adults) ($p < 0.001$).

Other studies developed in Brazil focus on very specific contexts, like: the studies carried out by Berberian, Mori-de Angelis and Massi (2006) in the field of Speech-Language Pathology and Audiology; the systematic review conducted by Volpato, Martins and Mialhe (2009), who analyzed drug

leaflets and the patients' understanding of them; the investigation performed by Maragno (2009), who searched for an association between health literacy and adherence to drug therapy; and the study by Oliveira, Porto and Brucki (2009), who measured *alfabetismo functional* (functional literacy)[1] in patients with Mild Alzheimer's Disease and Mild Cognitive Impairment, comparing them to healthy controls. In this study, level of schooling also correlated significantly with S-TOFHLA ($r = 0.564$; $p < 0.010$). It is important to notice that these studies are all very recent, which shows the increasing interest in the theme in Brazil.

The reflections exposed in the present paper are guided by the following questions: What is FHL? To what extent does FHL interfere in communication between users, professionals and the health care system? What are its consequences to public health? It is expected that such questionings are a point-of-departure to raise other questions that are able to foster research in this field, rather than to find definitive answers to them.

Health Education, *Alfabetização* and *Letramento*

There is a very close link between Education and Health: "[…] health education results from the confluence of these two phenomena" (Brasil, 1998, p.259). The Ministry of Health defines Health Education as:

> [...] a set of pedagogical and social practices with technical, political and scientific content which, in the scope of the healthcare practices, should be experienced and shared by the workers of the area, the organized sectors of the population and by consumers of health goods and services (Brasil, 1993, p.13).

The concept of Health Education is articulated by a set of disciplines that interact with each other, in an interdisciplinary perspective. Education, health, psychology, sociology, philosophy and anthropology are the main areas of knowledge that contribute to the formation of this multifaceted field (Fonseca *et al*., 2004; Pereira, 2003; Schall, Struchiner, 1999).

Concerning *alfabetização* (literacy), it has been considered a plural and dynamic concept (UNESCO, 2009), with many "facets", according to Soares (2008). When the author points to the several dimensions or perspectives involved in the process of *alfabetização*, she cites the areas of knowledge that converge to the formation of this process: Linguistics, Psycholinguistics, Sociolinguistics and Psychology.

The definition of *alfabetização* proposed by the UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO, 2009) emphasizes the context and the utilization of this concept, which is conceived as:

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[1] *Alfabetismo*: complex phenomenon that indicates the status or condition of the person who learns to read and write (Soares, 2008; 2006). It has the same meaning of *letramento* (literacy) (Soares, 2006, p.44).
Alfabetismo Funcional has the same meaning of *Letramento Funcional* (Soares, 2008, p.41). Both of them are translated into English as Functional Literacy.

[...] the ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve his or her goals, develop his or her knowledge and potential, and participate fully in community or wider society (UNESCO 2005a, p.21).

To the UNESCO, no definition of *alfabetização* can have a permanent character, mainly because it should be viewed as a process, the entrance to basic education and a means that leads to lifelong learning, not as an end point. This conception is related to the pragmatic questions of learning the language, and it configures itself as an instrument targeted at people's empowerment (UNESCO, 2009).

In opposition to the definition above, Soares (2008) critically discusses today's tendency of attributing to *alfabetização* a very comprehensive meaning, when it is considered a permanent process that would extend throughout life and would not end when the person learns how to read and write. To the author, language acquisition, both written and oral, is different from its development. Soares (2008; 2006) considers the strict meaning of the term *alfabetização*: "making an individual become literate is making him/her capable of reading and writing" (Soares, 2006, p.31), as, in the author's conception, the word *alfabetização* is not able to include, at the same time, neither etymologically nor pedagogically, language acquisition and development.

Regarding the phenomenon of *letramento*, this is a word translated into Portuguese from the English word *literacy*, defined by the dictionaries as *the condition of being literate*. The vocabulary was introduced in the Portuguese Language, in Brazil, by Mary Kato in 1986 (Kleiman, 2008). *Literacy* comes from the Latin word *littera* = letter; *cy*: suffix = quality, condition, state (Soares, 2006). Therefore, *letramento* can be conceptualized as "The result of the action of teaching and learning the social practices of reading and writing"; "The state or condition that a social group or an individual acquires as the consequence of having appropriated writing and its social practices" (Soares, 2006, p.39).

Thus, although in Portuguese there is the word *alfabetismo,* which, according to the dictionaries, means "the state or quality of *alfabetizado*" (literate), it is not a term that is currently used (Soares, 2006). According to Soares (2006), maybe this is the reason for the transposition of the term *literacy* from English to Portuguese, with the consequent creation of a neologism in Portuguese: *letramento*. Therefore, *alfabetização* focuses on the acquisition of reading and writing and *letramento* focuses on the social-historical aspects of the phenomenon (Tfouni, 2006). Soares (2004) discusses that in developed countries, like France and the United States, for example, this differentiation is clear, but in Brazil "the concepts of *alfabetização* and *letramento* are mixed" (Soares, 2004, p.3).

According to Soares (2006), the diffusion of the term functional literacy (in Portuguese, *letramento funcional* ou *alfabetização functional*) occurred after the publication of an international study about reading and writing, carried

out by Gray, in 1956, to the UNESCO. In the General Conference of 1978, the UNESCO adopted a definition for functional literacy which is conceived up to the present day:

A person is functionally literate who can engage in all those activities in which literacy is required for effective functioning of his group and community and also for enabling him to continue to use reading, writing and calculation for his own and the community's development. (UNESCO, 2005b, p.154).

Soares (2006) discusses that the focus on functionality in UNESCO's definition had the purpose of an international standardization of the educational statistics.

Functional Health Literacy: concepts, scope and implications

In relation to the construct Health Literacy, there is no consensus yet regarding its definition. It was mentioned for the first time by Simonds (1974) in a paper entitled *Health education as social policy*. In 1999, the report of the *Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs*, of the *American Medical Association* (AMA, 1999) mentioned the term *Functional Health Literacy*, in which the operationalization (the practice) of literacy is implicit in the concept itself.

The concepts of Health Literacy which are most cited in the literature are those of the World Health Organization (WHO), of the Institute of Medicine (IOM) and of AMA. The WHO refers to the construct as the "cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health." (WHO, 1998, p.10). As for AMA, FHL is

[...] the constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment. Patients with adequate health literacy can read, understand and act on health information [...].(AMA, 1999, p.553).

To the IOM (2004) and the U.S. Department of Health and Human Services (USDHHS, 2000), Health Literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health" (RATZAN; PARKER, 2000 apud IOM, 2004, p.32; USDHHS, 2000, p.20).

The IOM (2004) considers that the health contexts cause a demand in Health Literacy that requires, besides reading skills, competencies in writing, in numeracy, oral and listening skills, the use of technology, etc. These competencies include, among others: understanding, interpreting and analyzing health information; applying health information to a variety of events and life situations; understanding and giving consent, etc.

The IOM (2004) argues that literacy is always functional, in view of the fact that a reader's search for any text aims at the accomplishment of a specific task. However, although an individual has the necessary competencies for basic literacy, this does not guarantee that he/she has the same competency to read and understand all types of written texts. To achieve this, the reader

must know the words individually and understand the terms and concepts that are being approached in that specific text. In addition, a person may have the ability to read a certain type of text (newspapers, novels, the Bible, etc.), but he/she may not have the same competency to read others (drug leaflets, operating instructions of electronic devices, for example), according to the report mentioned above.

Therefore, FHL can be conceived as an amalgam that unites the network constituted by a complexity of phenomena. It is within this context that the World Health Communication Associates (WHCA, 2010), giving a panorama of the concept and implications of FHL, states that the construct requires competencies that are necessary to obtain and process health information, and also for people to act according to such knowledge. To achieve this, it is necessary to master basic reading, writing, numeracy, communication, risk recognition, critical sense for the analysis of conflicting information and decision-making concerning health. Furthermore, the text refers to the exercise of citizenship in the sense that the individual should claim for changes when the governmental policies and the health system are not adequately meeting people's health literacy needs (WHCA, 2010).

The lack of a consensus regarding the FHL definitions shows conceptual incompleteness and denotes a phenomenon in evolution, under construction, which cannot encompass the entire complexity of the construct. In fact, they focus only on the level of individual and/or social competencies and abilities. However, competencies and abilities can also be seen from a broader context, beyond the individual scope and in multiple levels, as proposed by the WHCA (2010).

In this way, analyzing the definition proposed by the AMA (1999), it is possible to notice that the construct is circumscribed to the medical context. This becomes clear through the reference to the word "patient", which indicates a determined position of the individual in a very specific health context. Such definition does not situate FHL in a broader health ambiance. This is the concept that has the least relation with the social and collective aspects of health; therefore, it is not the construct that guided the reflections of this text.

The WHO (WHO, 1988), in turn, mentions cognitive and social skills. In this perspective, FHL is seen as a result of actions of health education and promotion, with individual and social benefits, in which cognitive skills combined with social skills, like communication, for example, would enable an improvement in the individual and the community's health condition (Speros, 2005). Cognitive skill is the individual's capacity for symbolic interaction with the environment (Gatti, 1997) and social skill corresponds to the different classes of social behaviors that determine the quality of interpersonal relations (Del Prette, Prette, 2001). This definition is not restricted exclusively to the medical context and considers the relation of FHL to health promotion.

The definition proposed by the IOM (2004) mentions 'capacity' or 'competency', taken in a comprehensive sense because these individual peculiarities are mediated by education, culture, language, beliefs, etc.

Likewise, “make appropriate decisions regarding their health” depends on several factors, like the subjects’ relation to health professionals, the media’s influence, the market, the government’s policies, etc.
. This conception takes into account both the individual and the social factors which, in turn, influence the interaction among users, professionals and the health system, the object of analysis in the present paper.
These aspects, besides being broadly discussed in the IOM reports (2009, 2004), provide elements for public health intervention, mainly in the public health systems. For this reason, this is the definition that was taken as the main basis for the reflections exposed in this paper, as it comprehends broader contexts and includes the social and community aspects that integrate the public policies when the discussion is about increasing the population’s FHL.
In light of the need of providing support for individuals who have difficulty in understanding written or oral health-related messages, the reflection on FHL emerges. FHL is conceived as a social practice that includes, besides reading and writing skills, competencies in oral expression and comprehension and numerical calculations (WHCA, 2010; Rudd, Anderson, Nath, 2007; Kutner et al., 2006; Zarcadoolas, Pleasant, Greer, 2005; IOM, 2004; Parker et al., 1995). In this context, low functional literacy may affect the person’s health status, as its implications are negative to the subject’s functioning in society. It may even be the cause of social stigma (Parikh et al, 1996).
Due to this, special attention should be given to the language of texts related to the field of health, as a high educational level may not be enough to the understanding of the meaning of medical and technical language. Health-related terms may have a level of difficulty that is higher than that required for the basic skills of reading and comprehending other texts (AMA, 1999). This complexity, together with the lack of consensus concerning the definition of FHL, generates the need to search for criteria to evaluate people’s degree of FHL (Ozdemir et al., 2010; Barber et al., 2009; Ishikawa, Yano, 2008; Baker, 2006; Parker et al., 1995).
Although we do not intend to discuss in the present paper analyses involving the instruments that measure FHL, we will make some reflections on them. Many studies discuss critically that such instruments are structured to evaluate skills of reading, writing and comprehending texts and numerical questions in the health context, not directly in the multi-dimensionality of FHL itself. None of them is able to capture the complexity and scope of the construct itself (WHCA, 2010; Bennett et al., 2009; IOM, 2009; Baker, 2006; IOM, 2004), because they do not evaluate all the aspects of the concept (Ishikawa, Yano, 2008), although they have the advantage of providing information about the situation of vulnerable populations (IOM, 2004).
One of the most widely used instruments to evaluate FHL is the Rapid Estimate of Adult Literacy in Medicine – REALM (Davis et al., 1993), which aims at the recognition and pronunciation of 66 words in the medical field, and the Test of Functional Health Literacy in Adults - TOFHLA (Parker et al., 1995), which evaluates numerical ability (numeracy) and

reading comprehension. Another test, which is fairly recent, is the *Newest Vital Sign* - NVS (Weiss *et al*., 2005), which measures numerical capacity using the nutritional label of an ice-cream.

The multidimensionality of FHL, which was mentioned above, concerns both individual factors (cognitive skills: reasoning and memory; physical skills: vision, hearing, verbal fluency, age) and sociodemographic characteristics (occupation, job, income, social support, culture, language) regarding access to and utilization of the health system, patient-health professional interaction and self-care. This means that FHL forms a complex network of interaction with the health system, the educational system and with the social and cultural factors in which the individual is immersed. However, today no instrument measures these multiple dimensions of FHL (IOM, 2009, Baker, 2006). This would include the health systems' organization, navigation in the system by individuals with different FHL levels, not to mention the evaluation of how the system provides its users with the necessary information for the self-management of their health.

This is one of the contradictions that generate criticism against the current FHL measurement instruments. In these instruments, there is no reference whatsoever to users' interaction with the health system, including here the relationship with health professionals. Even with all these restrictions, the instruments provide important information to guide the public health and education policies, as they portrait the low level of FHL of socially marginalized populations.

To the IOM (2009), a critical point of the tests that measure FHL regards the consideration that the construct "is a social good under construction" (IOM, 2009, p.20), which exists based on social interaction and, therefore, it should not be treated as "a biomedical question with social roots. On the contrary, it is a social question with biomedical implications" (IOM, 2009, p.20-21). In this case, the instruments could not be limited to the knowledge of medical terms, as it frequently happens; the use of materials and techniques of social research is necessary for these measurements.

Functional Health Literacy: users, professionals and the health system in interaction

The interaction network constituted by the professionals, the health systems and by users' FHL conditions is extremely relevant for the FHL questions (WHCA, 2010; Shab et al., 2010; IOM, 2009; Fang et al., 2006; Schillinger, et al., 2006; IOM, 2004; Davis, Wolf, 2004; Schillinger et al., 2004). Much of the information in the routine of assistances in the health system is provided for users in writing (Rudd et al., 2005; Davis, Wolf, 2004; Bass et al., 2002), or even orally (Bass et al., 2002) and, in these cases, the health system may be a constraining element for individuals with limited FHL. Such limitations are often manifested through problems of comprehension of written (or oral) instructions, even simple ones, about medication, suitable dosage, disease prevention and form-filling (Davis, Wolf, 2004; Bass et al., 2002).

Patients with limited literacy, when compared to those who have an adequate level, frequently report that doctors use many incomprehensible words, speak too fast, do not provide sufficient information on their health status, and do not check whether the patient effectively understood his health problem (Rudd et al., 2005; Schillinger et al., 2004). Due to this, as important as the patients' literacy competency is the health professionals' vocabulary and communication skills. The authors also consider that communication through simple language should be considered a relevant skill, together with other competencies, of those who exercise professions in the field of health. In addition, there is the fact that the patient's physical and cognitive conditions may be negatively affected by the illness, by fear, stress or by other discomfort that causes him/her embarrassment and awkwardness in view of a highly literate health environment, due to the professionals' academic background (Rudd et al., 2005).

The quality of healthcare and its successful management are related to understanding the information that is relevant to the patients' conditions, whether these conditions are acute or chronic (Rawson, Gunstad, Hughes, 2010). Therefore, it is necessary to raise the individuals' FHL degrees, in view of the fact that the inquiries reveal that, both in developed countries and in developing ones, there is a large number of illiterate people in this specific context (WHCA, 2010; Kutner et al., 2006; IOM, 2004). But who would be in charge of this function? Who is responsible for keeping the population healthy?

The answer to this questioning is necessarily related to the reflection on the purposes of public health, established as a field that aims at the promotion of populations' health and which has always been articulated with medicine (Czeresnia, 2009). The biomedical model, based on scientific medicine, has always structured medical education and the health practices (Almeida Filho, 2010; Barros, 2002; Koifman, 2001). This model is based on the premise that the biological phenomenon results from purely physical-chemical reactions.

Almeida Filho (2010) discusses that, from the pedagogical standpoint, this model determines a medical education of "massifying, passive and hospital-centered character, individualistic and tending to overspecialization, with adverse (and even perverse) effects on professional health education" (Almeida Filho, 2010, p.2235). For this reason, professional educational in public health is extremely important, mainly because the contribution of the social sciences provides the professional with the necessary competency for education and communication in public health. The WHO (2000) clarifies that the communication strategies that increase the access to information and provide the capacity to use it can enhance FHL.

An extended view of health determinants, in the perspective of health promotion, fills the gap created by the insufficiency of the biomedical model, in light of the need of considering health as a resource for life and its multiple dimensions, like: peace, housing, education, food, income, stable ecosystem, sustainable resources, social justice and equity, etc.

Health promotion is "the process of qualification of the community to act in order to improve its quality of life and health, including greater participation

in the control of this process" (Brasil, 2002). It is not the exclusive responsibility of the health sector; it should be performed at school, at home, at workplaces and other community spaces. Health promotion needs to be developed by educational, professional, commercial and voluntary organizations, and also by governmental institutions, with the aim of strengthening the community's power, besides developing personal skills through health education, so that the populations have greater control over their health (Brasil, 2002).

Health Literacy taken in the context of health promotion is the one in which people's cognitive and social competencies give them conditions to have access to, understand and use the information to promote and keep good health (Nutbeam, 2000).

As for the health systems, Rudd et al. (2005) argue that they depend on written texts to transmit diverse instructions but that the readability of such texts frequently exceeds users' reading capacity. The authors also comment that dissonance may occur between the health system's actions and people's real literacy competencies, and exemplify this with health campaigns, which many times require knowledge of complex concepts like risk and probability.

In Brazil, for example, the "pocket version" of *Guia Alimentar para a População Brasileira* (Nutrition Guide for the Brazilian Population) (Brasil, 2011a), targeted at guidance to the general public, uses terms like Body Mass Index (BMI), which requires that the reader understands the concept of fraction, including the meaning of the relation between weight and height; scientific/mathematical concepts, like calories, caloric value, average quantity, equivalences between food portions, among others.

Many studies consider that low FHL levels may negatively affect the functioning of the health system because they affect the communication dynamics between user and health professional, making the care conditions through the system become precarious (USDHHS, 2000; Gazmararian et al., 1999; Parker et al., 1995). However, given the privileged place they occupy in relation to health care, the health systems have great potential to promote health and serve as an instrument for other sectors, in a partnership for health promotion (WHO, 2000). The health services need to adopt a comprehensive posture that perceives and respects cultural peculiarities. This posture should meet individual and community's needs for a healthier life, opening channels between the health sector and the social, political, economic and environmental sectors (Brasil, 2002).

The health systems' intervention to improve FHL can be divided into four categories (WHCA, 2010): supply of simplified and attractive written materials; communication techniques based mainly on technology; navigation in the system; teachers' and health professionals' education. Materials written in simplified language, the presence of graphics, letter format and spacing increase FHL because they facilitate the use of information according to users' interest and need. Technology improves FHL because it provides people with the possibility of choosing the information that can be accessed. The problem is that digital technology is a factor of segregation that is greater than any health or income inequality.

Besides these factors, teacher's and health professionals' education, through qualification in communication techniques and awareness-raising towards the understanding of cultural diversity, is extremely important to increase the FHL of the health system users (WHCA, 2010).

In relation to these questions, the Brazilian Ministry of Health has educational materials in the section *"Saúde para Você"* (Health for you), targeted at the health of women, youths and adolescents, children, people with disabilities, workers, men, elderly people, at mental health and health in the penitentiary system. In the section *"Orientação e Prevenção"* (Guidance and Prevention), the information regards the themes AIDS, smoking, healthy eating, vaccination, transplantations, medicines and diabetes (Brasil, 2011b). However, the comprehension of such materials taking into account aspects of functional literacy has not been tested yet; in fact, there is no national portrait of the Brazilian population's FHL. Thus, it is worth highlighting that importance should be given to educational measures and to FHL, so as to improve the understanding of health care instructions (Volpato, Martins, Mialhe, 2009). Above all, it is necessary to consider the role that the low FHL level plays in individual and collective health, when one deals with the planning and management of health services.

Final remarks

FHL still is a field of investigation under construction. Due to this, there are remarkable epistemological differences between the diverse conceptions of the construct that, probably, influence the actions targeted at the population. The individual's basic literacy skills are not the only elements that condition FHL. It starts to be defined, above all, based on an interaction, involving the search, the interpretation and the use of information within a system.

In 2003, UNESCO coordinated the Plan of Action for the Literacy Decade 2003-2012, established in the 56th session of the General Assembly of the United Nations Organization (UNO), in 2001 (Richmond, Robinson, Sachs-Israel, 2009). This Plan was guided by the goals of the World Education Forum, held in Dakar, Senegal, in 2000. These goals focused, among other important points, on a 50% reduction in illiteracy, as well as on the elimination of gender disparities in the access to high-quality basic education and to lifelong education opportunities. Thus, the promotion of the literacy of youths and adults and the overcoming of illiteracy in Brazil are viewed as a challenge that is still far from being met in the country (UNESCO, 2008).

In Brazil, although studies have shown an improvement in the literacy levels during the last decade, the index of functional illiterates in the population aged 15 to 64 is still high, 28% (7% of absolute illiterates and 21% in the rudimentary literacy level), according to the *Indicador de Alfabetismo Funcional* (INAF - Functional Literacy Indicator) of 2009 (IPM/IBOPE, 2009). Data from this research show that functional illiteracy predominates among people belonging to families with income up to one minimum salary and that 20% of this group is in the level of absolute illiteracy (IPM/IBOPE, 2009). This scenario becomes even more worrisome if we consider the

possibility of the existence of a disparity between the necessary competencies for an adequate FHL and the competencies of the adult population's literacy, as argued above.

In light of what was exposed here, it is important to highlight that the measures to increase FHL levels should concentrate both on the enhancement of individual competencies and on the role played by the humanized health services, so as to perfect their written and oral communications in order to meet the needs (and skills) of their users. Although there are no studies in Brazil focusing on the public's understanding of the messages issued by the health system, it is possible to suppose that the country's reality is not much different from the one found in studies conducted in developed countries.

Furthermore, it is also pertinent to mention, as a synthesis of the reflections exposed here, that the SUS plays "the active role in the reorientation of the strategies and of the ways of providing care, treating and monitoring individual and public health" (Brasil, 2004, p.8). This demands innovative strategies in the "ways of teaching and learning" (Brasil, 2004, p.8). Schaedler (2004) considers that, in the same way that the SUS requires new health practices, new pedagogical practices are necessary in the professionals' education, in health education, in knowledge production and in services provision. Therefore, it is necessary to increase the individuals' FHL and to enhance communication among professionals, the health system and its users.

Collaborators

The authors worked together in all the stages of the manuscript production.

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