
A HEALTH LITERACY PROMOTION PROGRAMME TO PREVENT AND CONTROL HYPERTENSION AMONG ELDERLY IN CHINA

By Liu Kexing

Definition

Health Literacy (HL) has been defined 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. (1)

Hypertension was defined as a systolic blood pressure (SBP) of at least 140 mmHg, or a diastolic blood pressure (DBP) of at least 90 mmHg, or currently taking anti-hypertensive medications. (2)

Background

As China entering an aging society, the proportion of the elderly population is increasing. We need to pay more attention to the health of the elderly.

Hypertension may cause stroke, heart disease, it's the main disease among the elderly and contributes to a quarter of all-cause mortality in China.

In 2016, the *Healthy China 2030* calls for a transition from disease treatment to a focus on health, risk factors of hypertension such as high salt intake, overweight or obesity, and insufficient exercise should be addressed while strengthening screening and management for hypertension. At the same time, the *Healthy China Initiative (2019–2030)*, which was initiated by the Chinese government in 2019, has established goals for hypertension prevention and control such as regular blood pressure (BP) monitoring for adults aged 18 years or older, increasing awareness rates, and normalizing the management, treatment, and control of hypertension. (3) (**Refer Table 1 in the appendix A**)

HL means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, HL is critical to empowerment. Low HL is recognized as a major risk factor in blood pressure control and has adverse effect on health outcomes. What's more, low HL rate is much higher in minority groups, such as elderly who are poor and with less education. (1)

Because of a lack of hypertension knowledge and poor compliance with medication, patients with low health literacy may be accompanied by an unhealthy lifestyle and more cardiovascular risk factors. (2)

Current issues

Globally, it is predicted that about 1.5 billion people worldwide will live with hypertension by 2025.

Locally, there are 270 million patients with hypertension, and it had become the primary contributor to disability-adjusted life years which contributes to 24.6% of all-cause mortality in China according to the result from Global Burden of Disease (GBD). The proportion of lost life years from an early death caused by hypertension in cardiovascular and cerebrovascular disease is 64.5% and 72.8%, respectively, ranking first among all risk factors of cardiovascular and cerebrovascular diseases. (3)

Although extensive knowledge about ways to prevent and treat hypertension, its global incidence, and cardiovascular complications are not reduced, partly due to the low health literacy level among elderly, which results in in-adequacies in prevention of the disorder.

Recommended actions

Improving populations health need a multidisciplinary approach and solutions. The recommended actions suggested below can prevent and control hypertension through different aspect of health literacy.

Spreading health knowledge

Lower HL was associated with less hypertension knowledge. Those who were illiterate and without regular reading habits had poorer hypertension knowledge than those with elementary or higher levels of schooling. What 'more, the people with chronic diseases had better hypertension knowledge than those who did not because that they have more opportunities to participated in the educational sessions provided by healthcare workers. However, the elderly in rural areas generally do not go for regular health examinations unless they have a health problem, and thus have few opportunities to learn about hypertension. So, hypertension educational sessions should be continuously provided by village health practitioners, such as physicians and nurses, and should further target the marginal populations such as individuals who are not married, are illiterate or have poor mental health status. Since health practitioners live in the village, they are familiar with each individual's social and cultural characteristics and health status and are therefore in a position to identify these target groups. In addition, village residents are likely to trust them, and therefore attend and follow the instructions provided in the educational sessions. (1, 3)

The essential information about hypertension should be disseminated through radio, mobile phone text message, and posters at the village clinics.

Promoting a healthy lifestyle

In fact, hypertension can be controlled and prevented by changing lifestyles, such as increasing physical activity, keeping healthy weight,

and having healthy diet.

High sodium intake is the leading risk factor of hypertension. The World Health Organization (WHO) recommends a 30% reduction in salt intake by 2025, with an eventual target of less than 5 grams per day worldwide. Salt reduction and weight loss are of particular importance for the prevention and control of hypertension. Launching an activity such as which focus on “ten thousand steps a day and a balance between eating and moving” as well as health education, the distribution of salt-restriction spoons, and promotion of low-sodium products to promote a healthy lifestyle. (2, 3)

Raising awareness of prevention

People with low health literacy have poor compliance with medication. We need to raise the awareness of prevention of elderly to conduct hypertension screening and management, includes BP measurement at least once a year. At the same time, the community-based medical institutions such as primary hospitals, health centers, and clinics can take face-to-face follow-ups (including symptom assessment, check-ups such as measurement of body mass index, and lifestyle intervention), and comprehensive physical examination per year for elderly with hypertension, medication guidance, and referral services. These behaviors will virtually increase the awareness of the elderly to prevent and treat hypertension. (3)

References

1. Du S, Zhou Y, Fu C, Wang Y, Du X, Xie R. Health literacy and health outcomes in hypertension: An integrative review. *International Journal of Nursing Sciences*. 2018;5(3):301-9.
2. Shi D, Li J, Wang Y, Wang S, Liu K, Shi R, et al. Association between health literacy and hypertension management in a Chinese community: a retrospective cohort study. *Internal and Emergency Medicine*. 2017;12(6):765-76.
3. Hou L, Chen B, Ji Y, Wang B, Wu J. China CDC in Action — Hypertension Prevention and Control. *China CDC Weekly*. 2020;2(40):783-6.

Appendix A:

TABLE 1. Goals of hypertension prevention and control in *Healthy China Initiative*.

Indicators (%)	Baseline	In 2022	In 2030
Awareness rate in residents aged 30 years or older	47 (in 2012)	≥ 55	≥ 65
Normalized management rate in patients managed	50 (in 2015)	≥ 60	≥ 70
Treatment rate in patients	41.1 (in 2012)	Rising	Rising
Control rate in patients	13.8 (in 2012)	Rising	Rising