

Ürgün, S. ve Yıldırım, F. (2020). The Importance of the Health Literacy Interventions From Social Work Perspective. *Toplum ve Sosyal Hizmet*, 31(1), 203-217.

Derleme

Makale Geliş Tarihi: 24.04.2019

Makale Kabul Tarihi: 06.10.2019

THE IMPORTANCE OF THE HEALTH LITERACY INTERVENTIONS FROM SOCIAL WORK PERSPECTIVE¹

Sosyal Hizmet Perspektifinden Sağlık Okuryazarlığı Müdahalelerinin Önemi

Selim ÜRGÜN*

Filiz YILDIRIM**

* Arş. Gör., Erzincan Binali Yıldırım Üniversitesi İktisadi ve İdari Bilimler Fakültesi Sosyal Hizmet Bölümü, ORCID ID: 0000-0002-6842-4200

** Doç.Dr., Ankara Üniversitesi Sağlık Bilimleri Fakültesi Sosyal Hizmet Bölümü, filiz06yildirim@gmail.com, ORCID ID: 0000-0002-6987-9485

ABSTRACT

Social workers can contribute to positive health outputs by planning and managing the initiatives aimed at increase in health literacy level. In this context, social workers are required to recognize clients with a low level of health literacy and to know about their needs and barriers.

The knowledge and skills of social workers being an important part of interdisciplinary health team are important in terms of performing micro, mezzo and macro health literacy interventions. Micro level health literacy interventions are needed to provide the individuals with the information which they are in need of. Mezzo level health literacy interventions are important to ensure the efficient use of health resources. Macro level health literacy interventions are carried out to reduce health inequalities. The aim of this review study is to explain the importance of health literacy interventions in social work education. In order to achieve this goal, first of all, the relation between social work education and health literacy is explained. Afterwards, the micro, mezzo and macro health levels of literacy interventions are introduced. Consequently, it is important that the social workers have the competence to

¹ A part of the master's thesis, completed by the first author under the supervision of the second author in the Department of Social Work at Graduate School of Health Sciences of Ankara University, has been extended.

strengthen the patients and their families and to contribute to the development of health services and health personnel.

Key Words: *Health literacy, intervention, health, social work*

ÖZET

Sosyal hizmet uzmanları, sağlığa erişimin önündeki engelleri belirleyerek, sağlık okuryazarlığı düzeyini artırmaya yönelik girişimleri planlayarak ve yöneterek olumlu sağlık çıktılarına katkıda bulunabilirler. Bu bağlamda sosyal hizmet uzmanlarının düşük düzeyde sağlık okuryazarı olan müracaatçıları tanımaları, bu müracaatçıların ihtiyaçlarını ve karşılaştıkları engelleri bilmeleri gerekir.

Disiplinlerarası sağlık ekibinin önemli bir parçası olan sosyal hizmet uzmanlarının bilgi ve becerileri mikro, mezo ve makro düzeyde sağlık okuryazarlığı müdahalelerini gerçekleştirebilmeleri açısından önemlidir. Mikro düzey sağlık okuryazarlığı müdahaleleri, bireylere ihtiyaç duydukları bilgiyi ve eğitimi vermek açısından önemlidir. Mezo düzey sağlık okuryazarlığı müdahaleleri, sağlık kaynaklarının etkin ve uygun kullanımını sağlamak için gereklidir. Makro düzey sağlık okuryazarlığı müdahaleleri ise sağlık eşitsizliklerini azaltmak için gerçekleştirilmektedir. Mevcut çalışmada sağlık okuryazarlığı müdahalelerinin sosyal hizmet eğitimindeki önemini açıklamak, bu çalışmanın amacını oluşturmaktadır. Bu amacı gerçekleştirmek için öncelikle sosyal hizmet ve sağlık okuryazarlığı arasındaki ilişki açıklanmaktadır. Daha sonra bireysel, örgütsel ve toplumsal düzeydeki sağlık okuryazarlığı müdahaleleri ile bu müdahalelerdeki yöntemler tanıtılmaktadır. Sonuç olarak sosyal hizmet uzmanlarının, hastaları ve ailelerini güçlendirmek, sağlık hizmetlerinin ve sağlık personelinin gelişimine katkıda bulunabilmek için yetkin olmaları önemlidir.

Anahtar Sözcükler: *Sağlık okuryazarlığı, müdahale, sağlık, sosyal hizmet*

INTRODUCTION

Many professions in the field of health services focus on the disease of patient; that is to say, evaluate the patient by adapting the medical model. Medical model evaluates the diseases of patient only in the light of objective data and ignores the psychological and social dimensions of patient (Doak, 2015: 10). Besides, professions focusing physically on the diseases may be insufficient to understand and meet the psychosocial needs of patients (Uçan et al., 2015: 96). Social workers use the biopsychosocial model. This model, which enables the evaluation of the physical, mental and social needs of individual, provides an opportunity to evaluate patients in a holistic way. Thus, it is possible for social workers to make a more effective intervention by determining the client's needs, which cannot be met (Beder, 2006: 3).

That social workers evaluate the patients within the frame of relations with their environment, and gain evidence-based knowledge and practice skills related to social systems is important for them to take on several roles such as patient advocate, care coordinator and health behavior consultant (Andrews et al., 2013: 68). These roles also enable the patients to reach the resources which they need by facilitating the communication between health personnel and the patients (Uçan et al., 2015: 98).

Creating a solution to emotional and social problems affecting the lives of individual and the family, which come to existence with the disease or during the treatment of the disease, is important in the field of social work. Social workers can also take steps to meet the economic needs of patients and their families and make them have access to social aids. At the same time, they play a role in coordination with health personnel and informing the health team about the patient, the family so as the patients to benefit from the treatment process to the maximum extent. Finding solution to the psychosocial problems of the patients and the mobilization of social support mechanisms in order to ensure their social functioning, and the strengthening of their adaptation to their environment are among the roles expected from social workers. In addition, the catch-up works about the legal rights of patients, the services available in the society and access to these services may be listed among the roles expected from social workers (İçağasioğlu-Çoban and Özbesler, 2016: 96). That social workers perform these roles requires them to be health literate. Because health literacy, which is provided to access to health information, understanding, evaluation and use of this information, is necessary for social worker himself as well as to serve his clients (Stanhope et al., 2015: 399).

Many universities adopt the generalist approach to social work education. According to this approach, a social worker having been educated has the ability to use the knowledge and skills which he has acquired in all social work fields (Tuncay and Tufan, 2011: 550). This model, while making it possible for social workers to use the knowledge and skills which they have gained in different fields, may lead to specialization to be disregarded (Özdemir, 1999: 30). In a study conducted by Özbesler and İçağasioğlu-Çoban (2010: 42) on social workers who took an active role in the field of health, 90% of the participants stated that they needed education after graduation. This shows that social workers need more education in addition to formal education to work in the field of health. In this sense, it is important for medical social workers, in particular, to be educated in a system that will increase the competence in the field of health (Yanardağ, 2017: 89). From this point of view, the aim of this review study is to explain the importance of health literacy interventions in social work education. In order to achieve this goal, first of all, the relation between social work education and health literacy is explained. Afterwards, the health literacy interventions on individual, organizational and social levels as well as the methods applied in these interventions are introduced.

Social Work and Health Literacy

Health literacy is defined according to three dimensions as functional, interactive and critical health literacy. The functional health literacy, the first and basic level, includes skills such as utilizing the health system acquired through traditional health education based on phenomenal knowledge, and being aware of health risks. An individual with this level of skills can perform basic functions such as reading and writing the basic health materials, making appointments from hospital, discharging procedures (Demir-Avcı, 2016:261). The individual at this level lack skills of advanced communication, care and autonomous mobility (Nutbeam, 2000:265).

Interactive health literacy refers to the acquisition of advanced knowledge and skills through formal education. An individual at this level can act more autonomously thanks to the acquired knowledge and skills. Interactive health literacy provides the individual with self-confidence and motivation to follow the instructions on health. This offers the individual an opportunity to take actions that will be beneficial to himself and the society (Nutbeam 2000: 265; Demir-Avcı, 2016: 262). The individual at this level recognizes the social and political aspects of health. He knows that the health system should be developed not only for the individual but also for the society. Critical health literacy can be reached through education aimed at gaining the skills of communication and researching and understanding the political practices, as well as the study skills of institutional opportunities, in addition to health education. The individual who is a critical health literate has advanced social skills. Hence, critical health literacy brings both individual and social benefit together. The individual at this level, since being aware of social, environmental and economic determinants of health can also take actions to change them in a positive way (Nutbeam, 2000: 265; Özdemir et al., 2015: 81; Demir-Avcı, 2016: 262).

Social workers can contribute to positive health outputs by planning and managing the initiatives aimed at increase of health literacy level (Findley, 2015: 73). In this context, social workers are required to recognize clients with low level of health literacy and to know about their needs and barriers.

On the other side, social workers can empower their professional roles thanks to their skills of health literacy, can have a higher voice in the field of health, and introduce new roles to the profession (Singleton, 2003: 16). Moreover, that the social workers are health literate enables them to make a comfortable communication with their

clients on health, and to use a common language with health personnel (Liechty, 2011: 102).

Ethical codes that emphasize the value and dignity of the individual and are part of the social work education increase the importance of focusing on the issue of low health literacy (Singleton, 2003: 19). Because social work is a profession and discipline that adopts and accepts the principle of self-determination (Küçükkaraca, 2013: 87). In order for the individual to be able to determine his own destiny, he should be competent in the related subject. For this reason, it is not possible for an individual with insufficient level of health literacy to make rational decisions by himself about his health (Yılmaz-Dileköz and Kumbasar, 2004: 57).

Since its emergence, social work has been working with disadvantaged groups such as refugees, asylum seekers, people with disabilities, the elderly, children, the young, people with mental illness and the poor. These groups need to be empowered to cope with the problems they go through. The purpose of empowerment approach is to provide the individual with critical thinking, and being strong in the face of oppressive policies and practices, with self-confidence and the skills to defend their rights (Erbay, 2019: 43). The empowered individual becomes able to do things which he could not previously do on his own such as decision-making, taking action, making choices, working with others, and happens to have a say on his life and can struggle for a better life (Erbay, 2019: 47).

The people with sufficient health literacy can make decisions to minimize the losses in their standards of living while maintaining their health in a swiftly changing environment (Ellermann, 2017:200). Health literacy gives the individual the opportunity to make conscious decisions about his health and to maintain a healthier life. In addition, the individuals with health literacy can actively intervene in the social, economic and environmental determinants of health (Zarcadoolas et al., 2006: 21). Thus, health literacy imposes responsibility on social workers about raising the level of health literacy of their clients since it facilitates the adaptation of the individual to the health system by enhancing the social functionality of the individual (Uçan et al., 2015: 99).

A social worker effectively recognizes the clients with low level of health literacy and is aware of the needs of these clients and their barriers in the field of health. Besides, the fact that social workers have been a complementary component of the system in the provision of health services for more than a hundred years, diagnose the complex

psychosocial status of the patients with doctors, nurses and other health personnel, and make intervention for treatment has provided the social workers with a rich experience to contribute to health literacy (Liechty, 2011: 106). This experience and equipment which social work education should provide does not mean that every social worker is a health literate. Because the education in some social work curriculum may be limited with the components of health, health beliefs and experience of the client. Social workers working outside the field of health can also provide the clients with inadequate and inaccurate information that is appropriate for the clients' situation by relying on their limited or inaccurate knowledge on health and certain fields of health and their individual experience (Singleton, 2003: 18). In this context, the health literacy levels of social workers are determinant in their clients to be health literate. That is why, it is important for social workers to acquire the skills of health literacy and to have accurate health information (Stanhope et al., 2015: 400).

Social workers should focus on ethnic, cultural and socio-economic inequalities as well as inequality in health. Because the issues such as equality in health, qualified health service, access to health services, biopsychosocial and mental well-being, cultural competence, structural, economic and organizational problems that prevent access to health services, empowering and education of the client, which are related to health literacy, are included in the scope of social work education (Findley, 2015: 74; Liechty, 2011: 106).

Health Literacy Interventions of Social Workers

Health literacy interventions usually have three main objectives. These are to reduce the risk of misunderstanding and being misunderstood by strengthening the communication channels between the patients and health personnel, to adjust the health system in a way for everyone to get benefit from, and to support the efforts of the patients to improve their own health (Brega et al., 2015: 1).

The change which occurs in the physical and mental states of the individual and the interaction between these states can stimulate or prevent the individual from reaching health services by influencing the functionality of the individual. The social workers, who are aware of this interaction that affects the continuity and quality of the functions of the individual, can develop health literacy interventions, which are sensitive to culture and beliefs of the clients based on their knowledge and skills (Andrews et al., 2013: 67).

The interventions to be made to improve negative health outcomes occurring as a result of low level of health literacy are expected to be directly intended for patients, caregivers, health workers and health system. Social workers who are an important part of interdisciplinary health team are required to have knowledge, skill and value-base so as to make health literacy interventions in micro, mezzo and macro levels (Liechty, 2011: 100).

Micro Level Health Literacy Interventions

Using easy-to-understand words and terms instead of medical concepts, printing the printed materials in an easy-to-read way, speaking slowly and clearly, detecting auditory and visual barriers in advance, ensuring to monitor the medical tracks of the patients, reviewing the medical guidelines for the patients in accompany with health employee, receiving feedback concerning the practices having been made, raising the health literacy of the patients are within the scope of micro level interventions, which are expected from social workers. In addition, many empirical validated intervention methods such as ensuring the acquiring accurate health information, facilitating the understanding of health information by using visuals and models for the patients with insufficient language skills are carried out by social workers, as well (Findley, 2015: 74). Social workers apply some methods in their micro level interventions. These applications are below described in subheadings.

Progressive information sharing: Because the low level of health literacy is a problem which is difficult to recognize in the society, social workers need to be aware that the clients can have a low level of health literacy. Since the clients may have difficulty understanding the health information, social workers are expected to communicate and share information in a way that everyone can understand (Brega et al., 2015: 1). The information should be given to the client starting from the most important, step by step, in a need-oriented way and in a logical framework. So as to make the client understand the importance of health information and comprehend this information, repetitions should be made with client (Doak, 2015: 22). Social workers should also be aware that some information which they share may mentally disturb clients or may cause psychosocial problems in clients (Findley, 2015: 77).

Ask me three: Social workers must teach their clients to use structured “Ask Three Questions” interview tool in routine interviews and case meetings so that they can acquire health information and gain research skills. This tool is a series of questions such as “What do I need to do?”, “What is my basic problem?” and “Why is it important

to do this for me?” that enables the client to obtain the correct information and ensure the client to understand this information correctly. Social workers need to encourage the clients to ask these questions in each interaction they have made with doctors or other health personnel. The clients play an active role by asking these questions in medical interviews, and understand significant health instructions by asking other questions (Liechty, 2011: 104).

Speaking in plain language: The use of plain language which has been purified from medical terms and concepts is one of the important methods of health literacy interventions. Plain language method is the evidence-based health literacy with the higher success level. In plain language method, the daily language is used and attention is paid to use the words which the society uses to define and understand the health concepts. Social workers should pay attention to use plain language method while communicating with their clients and providing them information. For this reason, it is important that the words which social workers use must be understandable and not include abbreviations and professional terms (Doak, 2015: 25).

Show me – Teach back method: The information that is acquired by interaction, and repeated is more permanent. “Show Me Method” in which the information is confirmed by individual’s retelling the information he has acquired is one of the interactive learning methods. Social workers who use this method ask the client to retell what the client has learned during the interview process so as to determine the status of understanding of the client (Doak, 2015: 24).

E-health Coaching: E-health consultancy is applied to support the individuals to increase their control over their health. Access to information, which the individuals need, on the internet, to interpret, eliminate this information and understand the reliability of this information is acquired within e-health consultancy (Findley, 2015: 76; Liechty, 2011: 104). E-health consultancy is one of the new intervention methods which social workers can use to improve health literacy. Social workers need to develop the skills of their clients about the computer and internet use and encourage them to benefit from e-health consultancy in order to facilitate the access of their clients to correct and reliable information related to health (Findley, 2015: 76).

Using multiple methods: Reading and understanding long texts can be difficult for some clients. Benefiting from more than one method in order to explain the complicated diagnoses and treatments described in these texts can facilitate the

clients to understand their health problems and change their attitude towards them. Social workers can benefit from pictures and models, anatomical interactions and anatomical structure to explain health information to the clients having difficulty in reading long texts (Doak, 2015: 27).

Mezzo Level Health Literacy Interventions

Social workers can lead in the current health literacy practices implemented in hospitals. Developing the materials in which medical terms and concepts are not used, organizing plain language panels to reinforce and support the communication between patient and doctor, providing the hospital staff with health literacy training are within the interventions of social workers. In addition, identifying and standardizing the referral criteria, ensuring the scanning aiming at health literacy with valid and reliable health literacy scales are listed among the main health literacy practices, which are expected from social workers (Findley, 2015: 75).

That the health personnel and the patients understand one another well and share the responsibilities is possible with both patients and health personnel to be health literate (Taş and Akış, 2016: 120). Since health literacy is the key element enabling the communication between patient and health personnel (McCulloh, 2015: 3), health literacy interventions serve to raise the health literacy levels of health personnel and to increase the awareness towards the patients who are not health literate.

Active communication is the essential condition for an effective health service. Health outcomes can improve in many ways in case of using the techniques that facilitate and support the exchange of information between health personnel and patient. As the quality of the communication increases, the patients can express their symptoms more clearly and comprehensively. Thus, the problems and the needs of patients can be understood correctly by health service providers (Gehlert, 2012: 237). Social workers working in the field of health also prepare the opportunities which enable effective communication between health service users and providers and the conditions which facilitate for both parties to understand each other (Dikmen-Özarslan, 2016: 257).

Low Health Literacy Screening: The low level of health literacy of the patients can be detected with the scan concerning health literacy, which is made in the process of admission to hospital. In this context, it is important to make necessary guidance for the patients with low health literacy. At this point, social workers are expected to

encourage the health personnel to make scan to identify the patients with low level of health literacy (Liechty, 2011: 105).

Plain Language Review Panels: Identifying the target audience gives an idea of what language should be used towards the audience. Since the social workers are expected to be familiar with the individuals with low health literacy and have detailed information about them, they need to have a comprehensive knowledge of the language required to be used in communication with the clients. They must therefore also be competent in leading the organization and implementation of plain language panels to train the health personnel. Social workers can enable the forms, consent documents, brochures, and hospital direction signs to be written in a simple and understandable language by organizing plain language panels in hospitals. They can inspect and correct health materials so that they can comply with plain language principles. As they are aware of the needs of the clients, they can also contribute to written materials and direction signs to be arranged in line with these needs (Liechty, 2011: 105).

Staff Training in Health Literacy: Increasing the awareness level of personnel about health literacy and barriers that the patients face with, facilitating them to recognize the patient with low-level of health literacy, and teaching the personnel the evidence-based communication methods are within the scope of personnel training programs. Furthermore, these trainings can be benefitted to inform the health service providers and other personnel about accurate internet resources and to provide appropriate referral to support services. Social workers are required to develop health literacy training given to personnel and to possess the sufficient equipment to give this training to personnel (Liechty, 2011: 105).

Macro Level Health Literacy Interventions

Health is a human right. Inequality in health is not a problem that can be solved only by improving the delivery of medical care services (Elbek and Adaş, 2009: 43). Social determinants of health such as age, income, job, social status, disability, ethnicity, gender, faith, sexual orientation, and negative life experiences are closely related to inequality in health (Fish and Karban, 2014: 16). The concept of social determinants of health is the social factors which lead to the development or deterioration of individual or of social health (Polat and İçağasıoğlu-Çoban, 2015: 180).

Health literacy as an important determinant of health is highly related with health inequalities. The disadvantaged groups are often limited health literate because of

being at risk in terms of social determinants of health. Today, the increase of demands for migration and staying healthy in modern societies especially due to aging raises the need for the strategies to promote health literacy to reduce health inequalities (Ellermann, 2017: 200).

In the reduction of health inequalities, it is important to improve the living conditions, to ensure a fair distribution of power, and to have professions specialized in the social determinants of health (World Health Organization, 2008: 26).

Social work is a profession and discipline which conducts studies to eliminate injustice and inequality, and focuses on change and problem solving. Increasing the problem solving skills and developmental capacities of people, establishing a connection between people and resources, adjusting, developing and transforming the systems that provide service in a way to respond the needs of the society, taking a part in development of social policies are among the purposes of social work (Duyan et al., 2008: 38).

On the other side, the individual requires to adapt to change since he is in a constant change. It is possible that an individual who cannot adapt will have a conflict with his environment. Social work profession and discipline help the people who are in conflict with their environment and in need of help. At this point, social workers work to build a supportive environment (Duyan, 2010: 19). People may not have the opportunity to change their living conditions. The causes such as economic difficulties, lack of information and language problems can prevent access to needed health services. The individuals need to be able to influence the determinants of health to protect and maintain their health (Uçan et al., 2015: 92).

The health literacy interventions at macro level in social work are highly important in terms of eliminating health inequalities (Coulter et al., 2008: 13). Social workers are expected to focus on improving social determinants such as social justice, poverty, discrimination and lack of education in these interventions (Fish and Karban, 2014:19). They, in order to reduce health inequalities, are responsible for providing the disadvantaged groups with knowledge and skill to make conscious choices; for carrying interventions out by making the government and society sensitive to health inequality (Bywaters, 2009: 362).

Besides, as social workers have experience in working with individuals with limited health literacy, they need to have the qualifications to lead to the implementation of health literacy initiatives and programs in the field of health and in societal level

(Findley, 2015: 73). Social work is a profession which has the potential to identify the patients in the level of low health literacy, and the needs of these patients earlier than other professional groups. The education which social workers have received should provide an opportunity to determine the needs and barriers in front of access to health not only for individuals but also for groups and communities. The social workers who are aware of these needs and barriers perform successful health literacy interventions. These interventions allow social workers to be involved in organizations, and counseling teams of local and national level of health literacy (Liechty, 2011: 106).

Social workers can struggle to raise the health literacy level by participating in associations and committees of educators, health workers and government institutions which are active in health literacy. Besides, they can also advocate for private or government funding for health literacy initiatives or to increase the existing funds by organizing social and political forums (Singleton, 2003: 19).

CONCLUSION AND RECOMMENDATIONS

The opportunity for every person to have access to services and resources is not equal. This situation can lead to injustice at individual and social level. Human rights, social justice are core values of social work profession and discipline. The main purpose of social work is to establish social justice. In order to ensure social justice, opportunities and societal resources should be available to all citizens (Küçükkaraca, 2013: 87).

Social workers, who provide service in the field of health, facilitate the access of disadvantaged individuals to health services. They carry out all kinds of information and awareness-raising activities which enable the individuals to reach health services (Uçan et al., 2015: 97). They have been striving to provide the individuals and communities with the highest quality service in line with professional values and principles and in interdisciplinary team for more than a hundred years. They contribute to the practices to improve health, to prevent diseases, and to sustain the biopsychosocial approach in health (Maramaldi et al., 2014: 533).

Not only social workers working in the field of health, but also every social worker should have a high level of health literacy. Because social workers work with the disadvantaged groups, and these groups are most likely to be the low health literates. Social workers ensure these clients to decide on their own health by strengthening their weaknesses and revealing their strengths. Upon examining the micro, mezzo

and macro levels of interventions on health literacy, it is clear that social workers have important roles and responsibilities in raising the level of health literacy. For this reason; having courses which acquire information, skills, value-base directly pertaining to health literacy in associate degree and undergraduate programs of the universities can contribute to social workers about reaching the accurate health information, understanding, interpreting, evaluating and using this information. Such an education policy should be considered as an investment in improving the level of health literacy of clients and thus the society.

REFERENCES

- Andrews, C.M., Darnel, J.S., McBride, T.D., Gehlert, S. (2013). Social work and implementation of the Affordable Care Act. *Health and Socioal Work*, 38(2), 67-71.
- Beder, J. (2006). *Hospital social work: The interface of medicine and caring*. New York: Routledge.
- Brega, A.G., Barnard J., Mabachi, N.M., Weiss, B.D., Dewalt, D.A., Brach, C., Cifuentes, M., Albright, K., West, D.R. (2015). *AHRQ health literacy universal precautions toolkit* (2nd ed.). Rockville: AHRQ Publication.
- Bywaters, P. (2009). Tackling inequalities in health: a global challenge for social work. *British Journal of Social Work*, 39, 353-367.
- Coulter, A., Parsons, S., Askham, J. (2008). Where are the patients in decision-making about their own care? World Health Organization, Copenhagen.
- Demir-Avci, Y. (2016). Personal health responsibility. *TAV Preventive Medicine Bulletin*, 15(3), 259-266.
- Dikmen-Özarslan A. (2016). Sağlık alanında sosyal hizmet. In P. Akkuş & Ö. Başpınar Aktükün (Eds.) *Sosyal hizmet ve öteki disiplinlerarası yaklaşım* (2nd ed., pp. 246-271). Ankara: Bağlam Yayıncılık.
- Doak, K.L. (2015). *Health literacy and social work in New Zealand: A pathway to empowerment*. Unpublished master's thesis, University of Otago, Dunedin, New Zealand.
- Duyan, V. (2010). *Sosyal hizmet temelleri yaklaşımları müdahale yöntemleri*. Ankara: Aydınlar Matbaacılık.
- Duyan, V., Özgür-Sayar, Ö., Özbulut, M. (2008). *Sosyal hizmeti tanımak ve anlamak: Sosyal hizmet uzmanları ve sosyal hizmet alanında çalışanlar için bir rehber*. Ankara: Öncü Basım Evi.
- Elbek, O. and Adaş, E. B. (2009). Sağlıkta dönüşüm: Eleştirel bir değerlendirme. *Türkiye Psikiyatri Derneği Bülteni / Bulletin of PAT*, 12(1), 33-43.
- Ellermann, C. (2017). Promting health literacy to reduce health inequalities in societie. *European Journal of Public Health*, 27(3), 200.

- Erbay, E. (2019). Social work practice in the context of power and empowerment concepts. *Journal of Socail Policy Studies*, 19(42), 41-63.
- Findley, A. (2015). Low health literacy and older adults: meanings, problems, and recommendations for social work. *Social Work in Health Care*, 54(1), 65-81.
- Fish, J. and Karban, K. (2014). Health inequalities at the heart of the social work curriculum. *Social Work Education*, 33(1), 15-30.
- Gehlert, S. (2012). Communication in health care. In S. Gehlert & T. Browne (Eds.), *Handbook of health social work* (pp. 237-262). Hoboken, New Jersey: John Wiley and Sons.
- İçağasıoğlu-Çoban, M.A. and Özbesler, C. (2016). Burn-out and job satisfaction of social workers in hospitals. *Başkent Üniversitesi Sağlık Bilimleri Fakültesi Dergisi / Başkent University BÜSBİD*, 1(2), 90-109.
- Küçükkaraca, N. (2013). İnsan hakları, sosyal adalet ve sosyal hizmet. In H. Acar, N. Negiz, & E. Akman (Eds.), *Sosyal politika ve kamu yönetimi bileşenleriyle sosyal hizmet temelleri ve uygulama alanları* (pp. 83-96). Ankara: Maya Akademi.
- Liechty, J.M. (2011). Health literacy: critical opportunities for social work leadership in health care research. *Health & Social Work*, 36(2), 99-107.
- Maramaldi, P., Sobran, A., Scheck, L., Cusato, N., Lee, I., White, E., Cadet, T.J. (2014). Interdisciplinary medical social work: a working taxonomy. *Social Work in Health Care*, 53(6), 532-551.
- McCulloch, E.C. (2015). *Health literacy knowledge and experiences of social workers at north shore-lij health system*. Unpublished master's thesis, Fordham University, New York, USA.
- Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267.
- Özbesler, C. and İçağasıoğlu-Çoban, A. (2010). Social work practice in the hospital setting: The case of Ankara. *Society and Social Work*, 21(2), 31-46.
- Özdemir, B., Yıldırım, F., Hablemitoğlu, Ş. (2015). Aktif yaşlanma için sağlık okuryazarlığı. In F. Yıldırım & A. Keser (Eds.), *Sağlık okuryazarlığı* (pp. 75-90). Ankara: Ankara Üniversitesi Sağlık Bilimleri Fakültesi Yayını.
- Özdemir, U. (1999). Türkiye'de sosyal hizmet eğitimi. In *Prof. Dr. Sema KUT'a armağan: yaşam boyu sosyal hizmet* (pp. 21-32). Ankara: Aydınlar Matbaası.
- Polat, C. and İçağasıoğlu Çoban, A. (2015). Health inequalities in 21st century and social work's role in tackling inequalities. *Society and Social Work*, 26(1), 177-189.
- Singleton, K. (2003). Health literacy and social work. Virginia Commonwealth University: Richmond.
- Stanhope, V., Videka, L., Thorning, H., Mckay, M. (2015). Moving toward integrated health: an opportunity for social work. *Social Work in Health Care*, 54(5), 389-407.
- Taş, A. and Akış, N. (2016). Health literacy. *Journal of Continuing Medical Education*, 25(3), 119-124.

- Tuncay, T. and Tufan, B. (2011). Social work education and training in Republican Turkey. In S.Stanley (Ed.), *Countries of the east: Issues and challenges* (pp. 543-562), New York: Nova Sience Publishers.
- Uçan, Y., İldan-Çalım, S., Yıldırım, Ş. (2015). Sosyal hizmet uzmanlarının sağlık iletişimi alanındaki rol ve fonksiyonları. *Celal Bayar Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi / Celal Bayar University-Health Sciences Institute Journal*, 2(4), 91-100.
- World Health Organization (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva.
- Yanardağ, U. (2017). Tıbbi sosyal hizmet uzmanlarının gözünden tıbbi sosyal hizmet alanı. In S. Attepe Özden & E. Özcan (Eds.), *Tıbbi sosyal hizmet* (pp. 85-90). Ankara: Nobel Akademi.
- Yılmaz-Dileköz, A. and Kumbasar, H. (2004). Tıp alanında sosyal hizmet uzmanının rolü. In A. İçağası Çoban & H. K. Arslanoğlu (Eds.), *Türkiye’de sosyal hizmet uygulamaları sorunlar ve ihtiyaçlar* (pp. 57-63). Ankara: Başkent Üniversitesi Yayınları.
- Zarcadoolas, C., Pleasant, F.A., Greer, D.S. (2006). *Advancing health literacy a framework for understanding and action*. San Francisco: Jossey-Bass.