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Letter to the Editor

Health Literacy and Aging

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The reduction in health literacy with aging is considered a critical challenge and an imposed risk in health care systems. The contagion of chronic diseases, rate of visiting doctors, hospitalization and death in health-illiterate people are higher, and these people are charged with higher medical costs in general. Healthpromoting mechanisms in the elderly such as high health literacy and self-efficacy will reduce health care costs. Low health literacy leads to unenviable clinical outcomes which are consequently considered a critical barrier for receiving high-quality health care. On the other hand, low health literacy will affect the selfefficacy of the elderly people, which is the main goal of active aging. Low levels of health literacy is also associated with inadequate understanding of health information, medical education, compliance, less participation in preventative behaviors, latency in disease diagnosis, inability to self-care, and lack of compliance in healthy lifestyle behaviors (1).

Recent studies have shown that 80% of the elderly people suffer at least one chronic illness which puts them at a higher risk for disability or mortality than others. Therefore, it is obvious that with the aging of the population, the priority of issues regarding the public health transfer into particular importance, of which the increase in chronic diseases in the elderly is noted, which is currently an earnest threat to the healthcare system (2). Thus the elderly require a great level of health literacy. The elderly people with the optimal level of health literacy will be referred promptly to specialists who deal with issues, problems, and disorders before the elderly people have been led to disability; therefore, they learn to act even before they get incapacitated (1). Health literacy is also one of the

most powerful prognosticators of health status, so that its effect on health is beyond some factors such as income, employment status, level of education, ethnic or racial groups (3). Improving health literacy in people leads to consequences such as increase in patients' potential ability to make knowingly decisions, health threats reduction, increase in disease prevention, improvement of safety and quality of life as well as increase in the health care quality (4).

Considering health literacy in increasing self-efficacy and reduction in financial care burden for the elderly people, it is necessary for health policymakers to pay sufficient attention to the issue of health literacy in health system programs.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' participation

S.H. and V.B. conceived of the presented idea. N.H. and V.B. wrote the manuscript with support from S.H. All authors read the manuscript and verified it.

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