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COMMUNITY HEALTH: *Health Literacy*

James Carroll, APA, APHA, IEDC

Senior Community Health Planner

The health of a community and the capacity of its residents to remain healthy is a common goal. Defining a healthy community is challenging and has many different perspectives making this goal appear to be an intangible and unattainable (Goodman et al., 1998). Life expectancy and infant mortality are social determinant measures that have become increasingly more accepted in defining a population's health over the last decade, (Laureate Education, 2011). Early in the 20th century, curative approaches to health care were achieving great successes, and in the 21st century, the benefits of a preventative approach to health inequalities were being realized in communities across North America (Laureate Education, 2011).

Public health and the private sectors are learning the health of the community is more than medicine and medical treatments (Laureate Education, 2011). Other social factors to be considered in the health of a community include economic, environmental, educational, and ecological and equity, rather than being solely dependent on the physical health, (Asterhill, 2012). There is a gap in the research concerning the relationship of these factors and community health (Goodman et al., 1998). While the volume of research has increasingly studied community health and outcome, there is lack of consensus of "what defines a healthy community." Life expectancy and infant mortality are social determinants commonly used to measure a community or county's health. More research is needed to study the relationship of these factors, the influences of social capital, and the health of the most vulnerable populations.

The health of a community has been measured by many variables depending on the stakeholders or service providers' perspectives (Goodman et al., 1998). With so many views on what determines a healthy community, it becomes challenging to find common ground to agree on. Nationally and worldwide life expectancy and infant mortality have become two measures generally accepted and referred to as social determinants in defining a population's health (Laureate Education, 2011). Using these standards, the United States ranks 51st in life expectancy and 173rd infant mortality worldwide (CIA, 2012). The federal government and states are more familiar in using these standards to make general assessments of population health (Laureate Education, 2011). These social determinants are too general and do not go far enough in determining the health of a community at the local level of government.

Other factors need to be considered in assessing the most vulnerable populations and taking steps to improve their health in the community (Sorensen, et al., 2012). Health literacy is a factor that can impact not only these populations, but the health of the whole community (Sorensen, et al., 2012). For the purpose of this study, is to measure the association between health literacy and quality of life the elderly population in rural communities. The target population can be defined as the elderly, ages 65 years old and older (U.S. Census, 2010). Researchers and public health professionals have theorized promoting and educating the elderly will improve their health, well-being and reduce the cost burden to community such as repeat visits to hospitals (Manafa & Wong, 2012).

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